

Midshires Care Limited

Helping Hands

Southampton

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Helping Hands Southampton is a domiciliary care agency. It provides personal care to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, 30 people were receiving support with personal care.

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

The provider sought people's consent to provide care and support. However, one person needed a decision to be made in their best interests and we were not assured the process for assessing people's capacity and considering best interests was fully understood.

The provider had an induction and training programme in place which covered a range of subjects considered mandatory by the provider, such as moving and handling and infection prevention and control. However, food hygiene training was not considered mandatory and staff were supporting people with food and drink. Most staff had not completed any training on how to prepare food safely.

Management systems had not identified the issues we identified during our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they were happy with the service they received and that their privacy and dignity was respected. People had care plans in place which identified their assessed needs as well as their choices about the support they wanted staff to provide. People were supported to take their medicines by trained staff. Staff supported people by providing them with meals and drinks of their choice, where necessary and identified as part of the care plan. People told us staff respected them and confirmed they made choices with staff support, such as what to wear.

The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. The provider had a recruitment process in place which ensured pre-employment checks were in place before new staff started work at the service.

People had risk assessments in place to minimise risks, for example, moving and handling. We were assured that the provider was using gloves, aprons and masks effectively and safely as part of their infection prevention and control.

People's needs were assessed before the agency offered them a service. Staff worked with other

professionals to ensure they had enough knowledge about people to provide a service which met their needs. Care staff supported people to attend healthcare appointments where appropriate.

The provider had a complaints policy and procedure in place. People's views were sought about the care and support provided. The provider had a system of audits in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people.

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

Rating at last inspection

This service was registered with us on 16 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service has not previously been inspected.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Helping Hands Southampton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not currently have a manager registered with the Care Quality Commission. However, the registered manager had only recently deregistered and a new manager was starting work at the service within two weeks of the inspection. A registered manager from another branch supported this inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 May 2021 and ended on 15 June 2021. We visited the office location on 27 May 2021.

What we did before the inspection

We reviewed all information we had received about the service since registration. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require 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 the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with a registered manager from another branch who supported our inspection and a member of office staff. We reviewed a range of paper and computer records. These included care plans and associated records for five people, six staff recruitment files and policies and procedures.

After the inspection

We spoke with three people using the service and three care staff. We continued to seek clarification from the provider to validate evidence found. We looked at further records which were sent to us electronically, such as training information.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of harm and abuse.
- Staff had completed safeguarding training and were aware of the different types of abuse. Staff knew what they should do if they suspected abuse or had any concerns.
- People told us they felt safe when being supported by staff.

Assessing risk, safety monitoring and management

- People had risk assessments in place. Staff visited people at home and completed risk assessments about the safety of their home environment, medicines and moving and handling.
- Action was taken to mitigate risks, for example, two staff worked together to support people to move with a hoist.

Staffing and recruitment

- The provider had a recruitment process in place which ensured pre-employment checks were in place before new staff started work at the service.
- During the inspection, the manager supporting our inspection manager told us it was company policy to ask for employment history for new staff, for the past five years. The regulations require that a full employment history be provided. The manager supporting the inspection advised the provider and the policy was changed straight away. This meant the correct information will now be in place for new staff at each branch.
- People told us staff arrived on time and stayed the agreed amount of time. Records we reviewed confirmed this.
- Staff told us the rotas they received stayed the same and rarely changed. Occasionally, a staff member might be sick at short notice and their shifts needed to be covered, but this did not happen very often.
- Staff confirmed where they worked as a pair, this worked well and they arrived at the person's home at the same time.

Using medicines safely

- People were supported to take their medicines by trained staff.
- Assessments were in place which identified the risks around medicines and records were completed showing people had taken their medicines. The electronic recording system ensured that medicines records had to be completed before the record of the visit could be completed on the computer.
- Medicines records were audited to ensure they were completed accurately.

Preventing and controlling infection

- The provider supplied staff with the required personal protective equipment (PPE), such as gloves, aprons and masks. Staff told us there was plenty available to them and described how they followed procedures when visiting people at home.
- People told us staff always wore face masks when supporting them.
- The provider ensured staff were tested frequently and regularly for COVID-19 and risk assessments were in place.

Learning lessons when things go wrong

- Accidents, incidents and near misses were recorded. The details were analysed and none had required any further learning or training to be put in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care may not always achieve good outcomes.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and found that the provider had sought consent to care.
- However, one person was assessed as needing a best interests decision for two different decisions. One form had been completed but focussed on one decision only. The best interests decision did not evidence how staff knew the person was unable to retain, weigh and use the information or how staff had tried to communicate the information to the person. In addition, example statements had been copied and pasted into the form which were not relevant to the person's individual needs and were written using the wrong gender. This meant staff were directed to ensure, for example, that the person was wearing their hearing aids, but their records showed they did not have hearing aids. The form was not clear regarding the appointment of a Power of Attorney and whether they had been consulted or not.
- Therefore, we were not assured the process for assessing people's capacity and considering best interests was fully understood by staff responsible for completing the assessment.

Staff support: induction, training, skills and experience

- The provider had an induction and training programme in place which covered a range of subjects considered mandatory by the provider, such as moving and handling and infection prevention and control. However, food hygiene training was not considered mandatory and staff were supporting people with food and drink. Most staff had not completed any training on how to prepare food safely.
- New staff completed the Care Certificate. This is the industry minimum induction training standard for staff new to social care. Further training was provided depending on the needs of people staff supported, for example, catheter care.

- New staff were observed to see how they interacted with people and how they used the personal protective equipment. They received a supervision session after one month and further training if needed.

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

- People's needs were assessed before the agency offered them a service. Staff visited people at home and assessed their needs and sought their views on the care and support they would like.

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

- Staff supported people by providing them with meals and drinks of their choice, where necessary and identified as part of the care plan.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals to ensure they had enough knowledge about people to provide a service which met their needs. For example, they worked with GPs, district nurses and speech and language therapists.

Supporting people to live healthier lives, access healthcare services and support

- Where this was necessary, and agreed, care staff supported people to attend healthcare appointments. For example, records showed staff went with one person to receive their COVID-19 vaccination.
- Staff also supported people in other ways to live a healthier life. We saw from one person's care records, they were supported to go for a walk or a run in their local area. This meant they were able to continue an activity they may have had to give up without support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff respected them. Comments included, "[The staff] are lovely, very respectful" and "[Staff] stand to one side while I shower, but I know they are there."
- Staff told us how they respected people's wishes with regard to equality and diversity. For example, one person's care plan stated, because of their culture, they requested that staff removed shoes before they entered their home. Staff confirmed they did so.
- We heard office staff talking to people on the telephone in a kind and respectful way. For example, the staff member sounded keen to help, said the care worker could do what they were asking for and asked how they normally liked this done. They repeated the information in a patient way and reassured the person they were not to worry.

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

- People confirmed they made choices with staff support, such as what to wear.
- Staff told us how they ensured they involved people with making decisions about their personal care. For example, if their care plan said they needed support with a shower, but declined, staff respected this. Staff offered alternatives to support the person and reported any on-going concerns.
- The manager supporting our inspection told us the provider ethos was that people were supported to live independently and to have choice. They did not want to take anything away from people which would reduce their independence.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff told us when they were supporting people with personal care, they ensured doors were closed, people were comfortable and covered them with a towel.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which identified their assessed needs as well as their choices about the support they wanted staff to provide.
- People's preferences were detailed regarding the specifics of what they would like staff to do for them, and in what order they should be done. One person told us, "[Staff] know what I need doing, if I ask them to do something [else], they'll get on and do it. They're very helpful."
- People's life history was recorded which meant staff had knowledge of them prior to them receiving care and support.
- The service used an electronic recording system which detailed each task that was to be completed on a visit. The system would not allow staff to complete a visit without doing all the necessary tasks or recording why something was not done. This allowed management to monitor any issues during the visit and to be assured the visit was completed.

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.

- The assessment process included asking people about their communication needs. These needs included hearing aids and glasses. Where these needs were noted, care plans stated that staff were to ensure these were worn to aid communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People could complain directly to the office or a central complaints email address.
- People told us they would feel able to complain but had not needed to.

End of life care and support

- The service did not routinely accept care packages known to be end of life. However, if a person was already receiving a service and became end of life, staff would re-assess people's needs and be mindful as to how they supported the person with dignity, as well as being sensitive to the family's views.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

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

- The service had raised a safeguarding alert to the local authority but had not notified the Commission. The local authority had investigated the concern and closed the process within six days without any further action being necessary. We discussed this with the manager supporting the inspection and they later sent us a notification. They also told us they had organised for safeguarding training to be refreshed at the branch office.
- Management systems had not identified the issues we identified during our inspection.
- The provider had a senior management team in place to support the local branches. Office staff included two care training practitioners, a care coordinator and a branch manager.
- There was not a registered manager at the branch but a new manager had been recruited and was due to start work within the next two weeks. They had already begun the process to register with the Commission.
- We received positive feedback about the role of the office staff. People confirmed if they telephoned the office, their call was answered and staff responded to them.
- One staff member told us, "There are no problems [contacting the office], the [office staff] are very contactable, they are very nice. I am very happy [working] with them, they are easy to work with" and another staff member told us, "[They are] all absolutely wonderful, I can always ring up and pop in. They are always on the end of a phone, nothing's too much trouble."

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 provider understood their responsibility under the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found evidence people were supported in a caring and responsive manner and that people could pursue their chosen lifestyles.
- People were involved in their care and support and staff enjoyed working for the service.

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

- People's views were sought about the care and support provided.
- People were contacted four weeks after they started using the service to ensure they were happy with the care and support or if any improvements were needed. They were contacted again after a further two

months and every six months thereafter.

- People were also invited to complete an annual survey and the results were positive.

Continuous learning and improving care

- The provider had a system of audits in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people.
- Where issues were identified, for example, level of detail in daily notes, action was taken to remind staff to write more information.
- There was a system in place which addressed any identified concerns on a weekly basis. Managers had a week to take action.
- The manager supporting our inspection told us there was a system in place which enabled staff to give feedback about their managers and for managers to give feedback on the senior management.
- There was a whistleblowing policy in place to support staff to report any concerns.

Working in partnership with others

- The service worked in partnership with others to ensure care and supported was provided in a way which met people's needs. For example, staff liaised with hospital discharge coordinators and local Clinical Commissioning Groups.