

Midshires Care Limited

Helping Hands Newcastle

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 27 June and 2 July 2018. We spoke with people who use the service and their relatives via telephone on 11 July 2018. The provider was given 48 hours' notice to make sure someone would be in to show us records.

Helping Hands Newcastle is a domiciliary care agency. It provides a service to younger and older adults living in their own homes with a range of care needs. Not everyone using Helping Hands Newcastle receives regulated activity. CQC only inspects the service being received by people provided with 'personal care,' that is help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection there were 42 people using the service, 23 of whom received personal care.

The service provides support to people living in Newcastle, Gateshead, North Tyneside, South Tyneside, Northumberland and Sunderland areas.

The service had a registered manager. 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.

This is the first inspection of this service. The service registered with the Care Quality Commission in April 2017.

During this inspection we found legal requirements were being met and we have given this service an overall rating of good.

People told us they were happy with the care they received. People and relatives felt there were enough staff to carry out visits and said the service was safe.

Staff completed safeguarding adults training as part of their induction, and this was updated regularly. Staff knew how to report concerns and were able to describe various types of abuse. Staff were confident any concerns they had would be taken seriously.

There were thorough recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults.

Risks to people's health and safety were assessed, managed and reviewed regularly. There were clear risk assessments relating to a person's medicines, mobility, nutrition and other areas of need in care plans.

Medicines were managed safely and medicine records were completed accurately.

People and relatives we spoke with said they were happy with the service and felt staff had the right skills to provide the care they needed.

Staff told us they received appropriate training and opportunities to shadow established staff before providing care on their own. Staff received regular spot checks, supervisions and appraisals.

People had 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 care staff were caring, friendly, helpful and respectful. Staff had a good understanding of the importance of treating people with dignity and respect.

Staff spoke fondly about people who used the service and how they enjoyed their role.

Staff had access to detailed information to help them better understand the needs of people they cared for. This information included a person's life history, hobbies, preferences and daily routine.

Care plans and risk assessments were specific to the needs of the individual and were reviewed regularly and whenever a person's needs changed.

People knew how to complain if they had a concern. People were frequently asked for their views about the service and their feedback was acted upon.

The provider ensured the quality of the service was assessed and monitored by carrying out regular audits of all aspects of the care provided. Staff told us they felt supported by the management team and felt able to voice any concerns they may have. Staff told us there was a positive culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and relatives felt there were enough staff to carry out visits, and said the service was safe.

Medicines were managed safely.

Staff had a good understanding of safeguarding adults and their obligations should any concerns arise.

There were robust recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults.

Is the service effective?

Good ●

The service was effective.

People and relatives said staff had the right skills to provide the care they needed.

Staff received training to help them provide the right care and support for people.

Staff received regular supervisions and an annual appraisal. Observations of care happened regularly.

Management and staff understood the Mental Capacity Act 2005 and how to apply this to people in their care.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received.

People told us staff were caring and helpful.

Staff encouraged and supported people's independence.

Staff had a good understanding of the importance of treating

people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Detailed care plans were developed which were specific to the needs of individuals.

When people's needs changed, this was discussed and care plans were updated to reflect this.

People told us they felt confident to express any concerns or complaints about the service they received.

Complaints were dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager. Staff told us there was a positive culture and they felt supported.

Systems were in place to assess the quality of care people received.

People's feedback was sought regularly and acted upon.

Staff told us they could approach the management team at any time.

Helping Hands Newcastle

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 June and 2 July 2018 and was announced. The inspection team consisted of one adult social care inspector and one assistant inspector. An adult social care inspector visited the registered office in Newcastle on 27 June and 2 July 2018. An assistant inspector sought feedback via telephone calls from people who used the service and their relatives on 11 July 2018.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

The provider completed a provider information return (PIR). This 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 contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to inform the planning of our inspection.

During the inspection we spoke with four people and two relatives. We spoke with the registered manager, the provider's head of homecare (North region), the provider's quality partner, the care co-ordinator, a field care supervisor and two care assistants.

We reviewed three people's care records and three staff recruitment files. We reviewed medicine administration records for four people as well as records relating to staff training, supervisions and the management of the service.

Is the service safe?

Our findings

People and relatives told us they felt safe when care workers visited and they were happy with the care provided. One person who used the service told us, "The standard of care is very good." A relative said, "The staff are good which is very reassuring."

People told us staff made time to chat which they valued greatly. One person told us, "Staff always have a little chat and say take care when they go."

Staff rotas were done in groups according to location to try and keep staff in the same area and reduce travelling time, wherever possible. The registered manager told us staff were good at covering extra shifts due to sickness and leave, and they had never needed to use agency staff as they constantly recruited new staff.

We saw that people had a consistent team of care workers where possible. The care co-ordinator told us they tried to organise rotas so people were supported by the same team of care staff where people preferred this.

The service used an electronic call monitoring system which enabled office based staff to check care workers were on time and to track the duration of visits. Each staff member had a hand held device which was linked to the provider's computer system. When staff attended people's homes they checked their device against an electronic 'tag'. This was an accurate and effective system which alerted office based staff when care workers had not turned up on time or visits had not lasted for the correct length of time. The care co-ordinator told us there was a 15 minute 'tolerance' either way which meant a call would show up on the system as early or late if a care worker attended 15 minutes early or late. The registered manager told us how they used this system to measure compliance with people's scheduled visits. Records confirmed people received their calls as scheduled.

Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults. The service had requested and received references, including one from their most recent employer. Background checks had been carried out and proof of identification had been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and reduce the risk of unsuitable people working with vulnerable groups.

The registered manager said, "We cover a large geographical area so recruiting staff to a specific area can be challenging. Now we recruit to the client's postcode so staff live in the area which helps with travelling time. We don't commit to care packages unless we can deliver them."

Where people needed a variety of support with medicines, there were appropriate risk assessments in place. For example, some people needed a verbal reminder to take their medicines, some needed physical assistance to open medicines, and others needed full support. Where people needed full support to take

their medicines a medicines administration record (MAR) was in place for staff to complete.

Medicines were managed safely. We viewed four people's medicines administration records (MARs) and found they had been completed accurately. Codes for non-administration were used appropriately and the reasons documented clearly on the reverse of the MAR. Prescribed creams were recorded when administered and body maps to highlight where staff should apply the creams and ointments were in place. This meant staff had access to information about how and where to apply people's prescribed creams in line with the instructions on people's prescriptions.

Staff completed training in safeguarding vulnerable adults as part of their induction training and then at regular intervals. Staff knew how to report concerns and said if they had any concerns they would raise them immediately with the management team. A staff member told us, "I have complete and utter confidence in [registered manager] to do the right thing about any concerns raised." One staff member told us how they had raised a safeguarding concern and it had been handled appropriately. A safeguarding log was kept which showed appropriate and prompt action had been taken.

People had risk assessments in place where required. These were accessible to staff and regularly reviewed by the care co-ordinator or registered manager. All identified risks had appropriate care plans in place which detailed how people should be supported to manage those risks. For example, the use of specific equipment to assist people to mobilise. In addition to risk assessments around people's individual needs, there were also risk assessments around the internal and external environment of people's homes, and the control measures in place to minimise potential risks. For instance, in relation to trip hazards and electrical equipment.

The provider had procedures in place to record and monitor accidents and incidents, although none had occurred since the service opened.

Is the service effective?

Our findings

People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed.

Staff told us and records confirmed training in topics which the provider deemed compulsory was up to date. Training records showed staff members had completed training in areas such as moving and assisting, safeguarding and food hygiene. Staff told us they felt they had sufficient training to support them in their role. A staff member told us, "The training was very good and I did several shadowing shifts before I could work unsupervised. I felt confident when I did go out on my own. We get good support here and we are always kept up to date via text messages and meetings." Another staff member said, "The provider invests in training new staff."

The provider used a computer-based training management system which identified when each staff member was due to undertake further training. The registered manager had oversight of this which meant they could keep track of staff training needs.

New staff received a comprehensive induction training programme to prepare them for their roles. The induction was completed over a few days and was then followed by a period of shadowing experienced staff before doing calls on their own. The registered manager told us a staff handbook and key policies and procedures were given to new staff so they knew the standards of care expected of them. This was confirmed when we spoke with staff.

The provider made sure staff had sufficient support with their professional development. Staff told us they had regular supervisions with a supervisor and records confirmed this. Supervisions are meetings between a staff member and their manager to discuss training needs, the needs of the people they support and how their work is progressing. We saw staff had individual supervisions about their performance and group supervisions with learning points, for example about medicines administration and the application of topical creams. During this inspection we found staff members who had been employed for over one year had taken part in an annual appraisal. During these appraisals future training and development needs were identified for each staff member, and staff were supported with their professional development.

Records confirmed staff were assessed through regular spot checks or direct observations of the care they provided. Records of spot checks were detailed and staff were given feedback after the spot check which meant issues were addressed promptly.

Staff told us that if people who used the service received new equipment staff completed additional training so they could use such equipment safely and effectively. The registered office had an on-site training room which contained a bed and moving and assisting equipment so staff could complete practical assessments.

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.

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 were being met. The registered manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with MCA legislation. People told us staff sought permission before providing care. We saw evidence that people currently using the service had consented to their care, treatment and support plans.

Staff told us people they supported had capacity to make their own decisions, although they did support some people living with the early stages of dementia. Staff received training on the MCA and understood the concept of ensuring people were encouraged to make choices where they had capacity to do so. Staff told us if there was a doubt over someone's capacity they would contact the registered manager to refer the matter to the person's social worker and contact relatives. This meant staff knew how to seek appropriate support for people should they lack capacity in the future.

Each person who used the service had an assessment about their nutritional well-being. People received support with nutrition and making meals as part of their individual care package, where people had needs in this area. The care plans about this were personalised and included details of people's preferred way of being supported.

People told us care staff supported them to access a range of medical appointments such as GP, hospital and optician visits.

Is the service caring?

Our findings

People and relatives we spoke with were happy with the care and support provided. People told us care staff were caring, friendly, helpful and respectful. People said they had positive relationships with care staff. One person commented, "I would recommend them to people. They always ask if there's anything else I want doing. Nothing is too much trouble." A relative told us, "The staff are good. They're very patient with [family member]." Another relative said, "The staff are friendly and care about what they do. They seem happy to be doing what they're doing."

Staff had a good understanding of the importance of treating people with dignity and respect. Staff described how they ensured people were respected by explaining to them what was happening, being discreet, and keeping people covered when doing personal care. A person told us, "I'm always treated with dignity and respect." Another person said, "They always knock and say who it is before they come in."

People told us staff supported people's independence wherever possible. One person said, "Having the carers is invaluable because it helps me to stay independent in my own home. I would be in a bad way without it."

The registered manager had received several thank you cards and letters from people who used the service and their relatives. Comments included, 'Thank you ever so much for the excellent care I received from you. You all played an important part in my recovery.' 'I would like to thank you all for the support you gave me through [family member's] long illness. You did an amazing job. Without you I could not have done it. You made it possible to keep [family member] at home for the last years of their life which fulfilled my dearest wishes,' and 'Helping Hands is an extremely professional and caring provider. The staff are polite, well trained, punctual and most importantly, have the welfare of their clients at the forefronts of their minds at all times.'

Each person who used the service had a copy of the service user guide and the provider's statement of purpose in their care plan. The service user guide contained information about all aspects of the service, including how to make a complaint, how to access independent advice and assistance such as an advocate and contact details for the manager on call (for use outside office hours) and other professionals. These were kept in people's homes so they could refer to them at any time.

The registered manager understood the role of advocacy and had contact details available if anyone who used the service required the support of an advocate. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them. Nobody currently using the service needed an advocate.

Is the service responsive?

Our findings

People's care needs were set out in care plans which included clear guidance for staff about how to support people with their specific needs, such as mobility, personal care and medicines. Care plans were quality checked by senior staff and were reviewed and updated regularly. Care plans were 'person centred' which meant they included guidance for staff focused on the person's wellbeing and what they wanted to achieve from their care package.

Care plans were well written and contained detailed information about people's daily routines and specific care and support needs. For example, people's care plans included guidance for staff on whether the person liked a shower or bath and at what time, what they liked to eat and how they wanted to be supported. Care plans contained detailed information about people's communication needs and preferences. This meant staff had appropriate guidance on how to provide person centred care to people.

People and relatives were involved in care planning as far as possible. One person told us, "I'm involved in discussions about my care and any reviews."

Office based staff had regular contact with people via telephone calls. People were spoken with regularly to check they were happy with the service provided. People and relatives told us they knew how to report concerns and felt able to do so. For example, one person said, "I've never had any complaints. If I did, I would just ring the office."

Staff told us they would report any concerns raised by people to the registered manager. A staff member told us, "I've never received a complaint off anyone, only compliments."

People who used the service were given a copy of the provider's complaints policy when they started using the service. This contained clear information about how to raise any concerns and how they would be managed.

Records showed complaints had been dealt with appropriately and promptly. The registered manager was clear that concerns and complaints were integral to quality assurance and that taking any learning from these was essential to avoid repeated issues. For example, where people had requested a change in care workers this was quickly acted upon.

Is the service well-led?

Our findings

The service had a registered manager who, together with the care co-ordinator, was responsible for the day to day management of the service. We were assisted throughout the inspection by the registered manager, the head of homecare and the care co-ordinator. All records we requested to view were produced promptly. Records were well kept, easily accessible and stored securely. We spoke with the registered manager and the head of homecare at length and they were co-operative and open to working with us collaboratively.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

All the people we spoke with said the service was well managed and the registered manager was approachable. One person told us, "[Registered manager] understands her job very well. She is knowledgeable about the people she wants to employ and understood very quickly what my needs were." Another person said, "The manager came out to do an initial assessment. She is very nice."

Staff we spoke with told us they felt supported by the registered manager, and if they had any issues they could ask for help. Staff said the registered manager was approachable and accessible and there was a positive culture. Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them later. Staff told us they had plenty of opportunities to provide feedback about the service.

All the staff we spoke with spoke positively about the registered manager. One staff member said, "[Registered manager] is a fantastic manager. They still do care calls so they know what it's like at ground level. They're the best manager I've ever had as they're so approachable. I know I can phone, text or email at any time." Another staff member told us "[Registered manager] is wonderful. They're very caring." A third staff member said, "We want to work hard for our customers and [registered manager]."

The registered manager said, "This is one of the best homecare providers I've worked for. I had lots of management training and I feel supported. I've never had a support network like this." A staff member commented, "I really feel the provider puts customers first."

The registered manager told us, and records confirmed, that procedures to assess and monitor the quality of the service provided (also known as audits) were undertaken in a variety of ways. For example, we noted that people's daily records and medicine administration records were checked at regular intervals to ensure these fully reflected the care and support people needed and wanted, and medicines had been administered when prescribed. This helped to identify and manage risks to the quality of the service.

Actions arising from audits carried out by the provider and registered manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being

addressed at the time of our inspection. This meant audits were effective in identifying and generating improvements within the service.

People's views about the service were regularly sought via telephone calls from the registered manager or care co-ordinator. Feedback from telephone calls was positive. The provider also sought people's feedback in an annual quality survey. The most recent survey was conducted in December 2017. The feedback from this was positive. Where one person had raised a minor concern about some staff not leaving their home tidy, staff had been reminded of the importance of this. This meant people's feedback was sought regularly and acted upon.