

Midshires Care Limited

Helping Hands Shrewsbury & Telford

Inspection report

73 Mardol
Shrewsbury
SY1 1PZ

Tel: 01743297021
Website: www.helpinghands.co.uk

Date of inspection visit:
16 August 2022
18 August 2022

Date of publication:
13 September 2022

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 Shrewsbury and Telford is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of our inspection the service was supporting 15 people with personal care.

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.

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

People were supported by staff who understood how to keep them safe. People were supported by staff who were safely recruited. People's medicines were administered safely and accurate medicine administration records (MAR's) were completed. Where things went wrong, action was taken to address it and lessons were learnt to reduce the risk of reoccurrence.

People's needs were assessed holistically and consideration was given to their life history, physical and social needs and the outcomes they wished to achieve. People were supported by staff who had completed the Care Certificate and had the knowledge and skills to meet their needs. Staff worked effectively alongside healthcare professionals to ensure people received joined up care that met their needs.

People were supported by staff who treated them with kindness and respect. People and relatives told us staff took an interest in them and their needs. Staff respected people's privacy and dignity. Staff encouraged people to retain their independence and supported them to engage in activities in the local community when they had identified this as a goal.

People and relatives were involved in the care planning and reviewing process and people's care was delivered in line with their assessed needs. Staff knew people well and were aware of their preferences. A complaints policy was in place and any complaints were addressed in line with the policy.

The provider promoted an ethos centred on kindness and delivering person centred care which was disseminated to staff and was evident in the care provided. Staff felt supported by the registered manager. Effective systems were in place to check the quality of the service being provided to people. Electronic systems in place enabled real time quality checks to be undertaken which reduced the risk of late and missed calls. People, relatives and staff were actively encouraged to be involved in the service through the dissemination of newsletters and the provision of opportunities to feedback.

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

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 27 March 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Helping Hands Shrewsbury & Telford

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 16 August 2022 and ended on 18 August 2022. We visited the location's office

on 16 August 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the area manager, the assistant quality assurance business partner and four care staff. We also spoke with one person who receives support from the service and six relatives.

We looked at five people's care records and reviewed four people's medicine administration records (MARs). We also viewed one staff file and recruitment documentation.

The provider sent us further documentation we had requested following the site visit including training records, risk assessments and call time reports.

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 of 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

- People were supported by staff who understood how to keep them safe. One relative told us, "My relative is safe. The staff consider their situation and are aware of their limitations."
- Systems were in place to keep people safe. Where accidents or incidents occurred, staff documented them electronically and they were immediately brought to the attention of the registered manager to action.
- Staff had completed safeguarding training and knew the types of abuse. One staff member told us, "The types of abuse include physical, financial and emotional. If I found out about abuse, I would telephone the office and they would report it to social services."
- Staff knew when to raise safeguarding concerns with the registered manager and were confident they would be dealt with appropriately. A whistleblowing procedure was in place, but staff did not always know how to raise safeguarding concerns outside of the service. Following the inspection, the registered manager immediately scheduled additional whistleblowing training for staff.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. For example, where one person required support to meet their clinical needs, a clear risk assessment was in place that guided staff how to manage risk to the person and meet their needs safely.
- One person required support with their mobility. Their relative told us staff were competently trained to support their family member and staff we spoke with understood how to meet their needs safely. The risk assessment in place to guide staff how to manage this specific risk lacked detail but the provider reviewed this and clear guidance was implemented immediately to manage this risk.

Staffing and recruitment

- People were supported by staff who were safely recruited. Staff were not permitted to start working until the provider had received satisfactory references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by a sufficient number of staff to meet their needs safely. People and relatives told us they rarely experienced missed calls or received calls outside of their allocated time window.
- People were supported by staff who had the appropriate skills and experience to meet their individual needs. People and relatives told us that people's care was provided by consistent staff members who were able to meet their needs safely.

Using medicines safely

- People's medicines were administered safely and staff completed accurate Medicine Administration Records (MARs). One staff member told us, "I administer medicines to people and write whether it's been administered or prompted in the electronic app. I have done in house medicines administration training."
- People were supported with the application of topical creams and body maps were in place to guide staff where to apply topical creams.

Preventing and controlling infection

- People were supported by staff who wore Personal Protective Equipment (PPE) in line with current guidelines. One staff member told us, "I wear a mask, apron and gloves on my calls."
- Staff had received infection prevention and control training and understood how to minimise the risk of spread of infection.

Learning lessons when things go wrong

- When things went wrong, the provider investigated and took action to reduce the risk of reoccurrence. For example, where one person had fallen, the cause of this was investigated, family and staff were spoken to and extra measures were put in place to reduce the risk of this happening again.
- The provider used a tracker which recorded when things went wrong and documented lessons learned.

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 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

- People's personalised needs were assessed in a holistic way. People had thorough assessments in place that considered their life history and health and social needs and what outcomes they would like to achieve.
- People's protected characteristics were considered, and assessments documented where people had identified needs related to their religion or sexuality.
- People's care was reviewed when needed and care was delivered in line with their assessed needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received a thorough induction and had the skills and experience to meet people's needs.
- Staff were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were up to date with their mandatory training including safeguarding and infection prevention and control. One person told us, "The staff are trained well enough for me."
- Where additional training needs were identified during the inspection, the provider immediately scheduled training to enhance staff knowledge.

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

- People were supported to eat and drink in line with their care and support plans.
- Where one person was at risk of malnutrition, this was identified in their care plan and staff prompted and encouraged them to eat. Staff kept a record of the foods eaten in the person's daily logs so their nutritional intake could be monitored.
- People's care plans identified their nutritional likes and dislikes to ensure staff prepared meals which were to their liking. One relative told us, "Staff do my relative's breakfast and there is a list of what they like."

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

- People were supported by staff who knew when to contact health professionals. For example, when one person was not presenting as they usually would, a staff member called the ambulance and the person was admitted to hospital.
- Staff worked alongside other agencies to ensure people received the care they needed. One staff member told us about a person who required additional therapeutic input. This had been escalated to office staff

and a referral had been made for further support.

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 MCA 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.

- People were supported by staff who asked for their consent and who encouraged them to make their own decisions.
- Mental capacity assessments had not been completed but the registered manager told us they did not presently support anyone who required a mental capacity assessment. The registered manager assured us a mental capacity assessment would be completed immediately if there were any concerns regarding a cognitive impairment impacting a person's ability to make decisions independently.
- Staff knowledge regarding mental capacity was inconsistent. Following the inspection, the registered manager immediately scheduled mental capacity training for staff and gave assurances they would undertake regular competency checks.

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 were supported by staff who were kind and caring. One person told us, "Staff are very pleasant, they answer questions and I don't find them intruding."
- People were supported by staff who respected them and treated them well. One staff member told us, "Someone has to make the person feel special. If we can make someone feel special and give them dignity and respect, we should do."
- Staff knew people well, understood their life histories and respected their preferences.
- The provider had recorded compliments received from people and their relatives where the kindness and caring nature of staff had been consistently reported on.

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

- Staff encouraged people to express their views and were focused on their needs. One relative told us, "The staff are very personable, they talk to my relative and take an interest in them."
- People were involved in making decisions about how they wanted their care to be delivered and staff listened to them.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their independence. One relative told us carers took their family member out so they could engage in activities in the local community.
- People and relatives told us staff respected their privacy. One relative said, "When they take my relative to the bathroom, they will always shut the door so they have some privacy."

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's care plans were personalised to their individualised care needs. Care plans considered people's life history, protected characteristics, what was important to them and how they would like their care to be delivered.
- People and their relatives were involved in implementing and reviewing their care plans. Relatives told us staff involved people in their care and their family members felt in control in terms of how their needs were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported by staff who understood their communication needs and knew how to support them. Where one person's first language was not English, staff communicated with them in a way which enabled them to understand their needs. One staff member told us, "Sometimes it can be difficult to understand if they ask for something but there is a communication book we use. I give them choice and show different things to help them understand."
- Where people had sensory needs, staff knew how to communicate with them to ensure they fully understood.

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

- Staff supported people to engage in their interests and spent time talking with them and getting to know them well.
- Where one person had religious needs, staff supported them to engage in activities which were important to them and their religion.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and was followed. Where a complaint had been made, it was investigated, action was taken and lessons learnt were shared amongst staff.
- Relatives told us they knew how to complain, and they were confident complaints would be addressed

appropriately.

- Where concerns had been raised, relatives told us they were addressed immediately in a satisfactory way.

End of life care and support

- End of life care was considered within the care planning process but most people had declined to discuss this further.
- The registered manager told us people's end of life wishes and feelings were discussed with them when appropriate to do so.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear vision built on the foundation of promoting kindness and providing a service which managers and staff would be happy for their relatives to receive.
- This vision was disseminated to staff to create a positive person-centred culture, focussing on achieving good outcomes for people and going above and beyond in terms of the care they provided. One staff member told us, "I always make sure I give people the care I would give to my Mum."
- People and relatives spoke positively about the registered manager and office staff and had confidence in them. One person told us, "They give me the impression they know what they are doing and I feel very confident in them."

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 the duty of candour and was open and honest when things went wrong.
- When people requested additional calls, the management team was open and honest with them regarding the amount of staff available and the level of care that could be delivered. Relatives were satisfied by how their expectations were managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Effective systems were in place to check the quality of the service. Staff used an electronic application to log daily calls which ensured that the registered manager had immediate oversight and enabled a number of quality checks to be undertaken in real time.
- Staff used the electronic application to log in and out of care calls on site which enabled the registered manager to check call times immediately which helped to reduce late and missed calls.
- Staff were unable to log a completed call on the electronic application unless a recording had been made against each care task. Additional monthly logbook and MAR audits were undertaken to check medicines were administered safely and care was being provided in line with people's care plans.
- The provider completed a notifiable incident tracker which enabled them to analyse patterns and themes arising from accidents, incidents, complaints and medicine administration errors. Where concerns were identified, immediate action was taken and lessons learnt were identified and shared amongst management and staff.

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

- People were actively encouraged to be involved in the service. For example, the provider sent a newsletter every three months to people providing them with general health recommendations and service updates.
- Questionnaires were sent to people and their relatives requesting their feedback regarding the care provided. The provider then collated their responses to identify themes and patterns of good practice and where improvement was required.
- People and relatives were encouraged to nominate care staff for a 'moment of kindness' award if they felt the care they had received from a particular carer had been particularly good. Staff told us this made them feel appreciated.
- People were able to consent to giving their relatives access to their care records on the online application. This meant people and their relatives had oversight over the care provided and were always involved with the service.
- Staff were sent a weekly newsletter and attended staff meetings to give them service updates and give them the opportunity to be involved with the service.

Working in partnership with others

- The service was transparent and shared information with other agencies to promote people achieving positive outcomes. For example, the person worked closely alongside occupational therapists to support a person with mobility to needs to ensure they received the care they needed.