

Midshires Care Limited

# Helping Hands Calne

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Helping Hands Calne is a domiciliary care service, providing personal care to people living in and around Calne, Devizes, Chippenham and surrounding areas. At the time of our inspection there were 21 people using the service.

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 told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. One person's relative said, "I am sure [relative] is safe with them. Since they've been going, they've put [relative] at ease and they are all very understanding towards [relative] and give lots of reassurance." There were enough staff available to meet people's needs. People told us staff generally arrived at the scheduled time and always stayed for the specified period. People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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.

People told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. One person said, "The staff all seem to be caring people" and one person's relative said, "We have no problems with them at all, they are amazing, and I can only sing their praises." Staff said they found their role rewarding. One staff member said, "I like knowing that I've left someone happy and in a safe environment, it makes me feel good. I might do a bit extra, like feed the cat or get a bit of extra shopping in if someone needs it. It might not seem very much, but it can mean a lot to a person."

Staff were knowledgeable about people's support needs as well as people's preferences for how they wanted to be cared for. One person said, "I am involved in my care plan and the manager came to see me when it was set up and the staff follow it. Nothing has ever happened that I did not like and all the things they do are done properly." There was a complaints procedure in place and people knew how to complain if they needed to.

There were robust quality assurance processes in place. Regular audits of all aspects of the service were

undertaken. Staff spoke highly of the registered manager. Comments included, "[Registered manager] is great" and, "She's very good, very approachable."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 3 March 2021 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 caring 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 Calne

## 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 was carried out by one 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

This inspection was announced. 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 20 April 2022 and ended on 22 April 2022. We visited the location's office on 20 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider

Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who use the service and seven relatives. We spoke with ten members of staff including care staff, a care co-ordinator, a care training practitioner and the registered manager. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from a professional who worked with the service.

# 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

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "Any unexplained bruising, I would report it and do a body map. It needs to be reported in case there is a medical issue, or it could be a sign of abuse."
- People using the service told us they felt safe. One person said, "They make me feel safe by always checking on things like having my alarm on before they leave."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "Any concerns about poor care, I would raise it directly with [registered manager]. If it wasn't dealt with, I'd go higher."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe. For example, plans detailed when staff needed to use equipment to move people safely. One person said, "I feel safe with them all. I use a walking aid and they make sure that I am using it when I should be."

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them. One person's relative said, "I've seen the staff introduce [relative] to new staff and they explain what is going on and why they are shadowing."
- There was enough staff on duty to meet people's needs. When necessary, the registered manager said visits could be covered by the office team to ensure essential visits were not missed.
- People and their relatives told us staff usually arrived on time. Comments included, "If they are running late, they always call and tell me and they have never not turned up" and, "I have never had a missed visit and they always stay the hour that is needed."

Using medicines safely

- Medicines were managed safely.

- People were supported with their medicines by staff who had been trained and assessed as competent.
- Staff understood the importance of ensuring people received their medicines as prescribed. One staff member said, "I see one person who doesn't like to take their tablets. So, I just say to them, 'here's a cup of tea, why don't you take your tablets while I get your breakfast'."
- Regular audits were carried out to check that administration records had been signed and that stock balances were accurate.

#### Preventing and controlling infection

- Staff confirmed they had access to enough PPE and had received infection control training. One staff member said, "I wear a mask, apron and gloves in all client's homes. I change my apron and gloves between tasks and remove everything when I leave."
- People confirmed staff always wore PPE during visits and changed gloves between tasks.
- Staff were part of a regular testing programme for COVID-19.
- The service had an up to date business continuity management plan which included the identification of risks associated with COVID-19.

#### Learning lessons when things go wrong

- Incidents and accidents were logged. Staff were able to report incidents via the electronic app which then flagged up on the system at the office.
- The reporting system showed incidents and accidents were fully investigated and resolved.
- Lessons learned from incidents and accidents were shared with the team and internally within the organisation.



# 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 needs were assessed and regularly reviewed.
- The registered manager told us they visited people to assess their needs before they started receiving support. They said, "I do the first assessment, and meet people face to face. I think you pick up more that way. We then discuss with the client how they want us to support them, and then they tell us exactly how they like things done."
- One person's relative said, "I had a 45-minute assessment with the manager who is very reassuring, and we had a really good chat. I had to answer lots of questions about [relative's] care."

Staff support: induction, training, skills and experience

- There was a care training practitioner in post. They said, "New staff have to do 12 weeks of training with a test at the end. It's quite intense. The staff have to complete mandatory training and 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.
- One staff member said, "My induction was really good. I went on the company induction day, and that was good. Then I did some shadow shifts for about a week. [Registered manager] kept in touch with me to make sure I was happy with everything and confident." Another member of staff said, "There is so much training available to staff. Aside from the mandatory stuff, there are lots of webinars and additional eLearning modules that we all have access to. I find it really useful to have that."
- People and their relatives said they felt staff were well trained. One person and their relative said, "They [staff] all seem very well trained and professional. We feel confident that they know what they are doing."
- Staff said they felt well supported in their role. One staff member said, "I feel very supported, I can call anyone anytime and they will help me." Staff also commented that the office team were welcoming and supportive. One staff member said, "The office staff are lovely, very welcoming. I can pop in any time or just ring with a problem and they will sort it."
- There was an on-call system in place for out of hours. Staff who worked evenings and weekends said they were able to call for support or advice whenever they needed to.

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

- Where required, people were supported to eat and drink well.
- Care plans detailed people's preferred food and drinks and included additional information for staff such as specific cutlery requirements and how to support people to be as independent as possible.
- One person said, "They [staff] encourage me to choose my food and prepare it for me in the way that I like

it." Another person said, "They always make sure that I have a drink close by."

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

- Staff supported people to access appointments. The registered manager said, "Sometimes we have to push for a face to face appointment at the surgery, but we do that if we feel it's important that someone is seen by a GP."
- One person said, "If staff do come with me to an appointment they always stay and wait for me."
- Staff were committed to ensuring people's healthcare needs were met. One staff member said, "One person fell during our visit. I rang 111, then 999. One of us stayed until the ambulance arrived."

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 consented to their plan of care and the support provided by staff.
- Staff were aware of the principles of MCA. One staff member said, "Whether someone has capacity or not, I still ask permission before I do anything."
- People told us staff always asked before providing any support. One person said, "They ask permission although they usually just know what to do anyway."

# 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

- Without exception, people spoke highly of the staff who supported them. Comments included, "The staff are all kind to me and have caring natures. They know what things I like, and they never rush me" and, "They are all kind and talk to me about things that interest me. They are all lovely to me."
- People's relatives also provided positive feedback. Comments included, "They [staff] are all really caring towards [relative]. They all treat [relative] so nicely" and, "They are all good at what they do and have nice, kind natures."
- All of the staff we spoke with said they enjoyed their roles. Comments included, "It's a great job, it's me and them. My clients are my passion. It makes me feel good to help people. I feel good inside. I do everything from the heart" and, "This is a rewarding job, knowing personally that you've done a good job. When someone tells me, 'Thank you, I feel better now', it makes me feel really good."
- People's preference for male or female staff was respected.
- Most of the people we spoke with said they received care and support from a consistent and regular team of staff. One person's relative said, "[Relative] has four carers who are all really kind and caring. [Relative] likes all the staff that come and feels happy with them all."
- People and their relatives told us staff often did 'extra' things for them, such as making sure the washing machine was switched on and leaving the house tidy. Staff gave examples when they had gone above and beyond, such as, "If I notice someone is running out of tea bags, I'll drop some in the next day." Another staff member said, "If I have time, I suggest to one person that we could go for a walk, or a coffee, get out of the house. We've done it a couple of times and they seem to like it."

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

- People confirmed they had been involved in decisions about their care. One person said, "When they help me choose my clothes, they will bring humour into it and say things like 'what ravishing clothes are you going to wear today'. They are all lovely to me."
- Staff told us they actively encouraged people to make decisions about their care. Comments included, "When I help people to get dressed, I give them the option of what to wear. It's good for people to be as independent as possible. I certainly wouldn't want someone choosing clothes for me" and, "Everything we do is worked around the individual person. It's all about what's best for them. I do believe that is how [provider] wants us to do it."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity and gave examples of how they did this such as, "One person I go to see, I let them get undressed themselves, and then I leave them to bath themselves. I give

them privacy. I always make sure curtains are closed, doors are closed, and windows shut" and, "Sometimes if I've got someone shadowing me, I'll ask them to step outside for a bit. Not everyone wants two people helping them wash."

- One person said, "They help me get in the shower and I have a little bell that I ring when I'm ready for them to come and help me out. They always come straight away." One person's relative said, "I would definitely say they treat my relative with respect."

- Staff said they encouraged independence and people and their relatives confirmed this. Comments included, "The staff don't rush me, and they encourage me." One member of staff said, "I try and encourage people to dress themselves and only help when I really need to, like pulling the top down at the back. I get people to put their arms in tops themselves. It's better for them to keep doing things for themselves, rather than me just go ahead and do everything for them."

# 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

- Care plans contained detailed person-centred information to help staff support people well. This included people's preferences and choices for how they wanted to be supported. For example, in one person's plan it was documented which colour flannel staff should use when assisting with washing and which parts the person could wash themselves. People's life histories had been documented and details of how they liked to spend their time, such as which television programmes or which radio station they preferred.
- The service used an electronic planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and ensured that staff had easy access to information about the people they were supporting.
- Staff confirmed they had access to all the information they needed to support people. One member of staff said, "Everything we need to know about people, it's all on our app. This means if I've got a new client, I can read the plan before I go into their house. When we do the visit, we fill in notes when we're there." One person's relative said, "The care plan is adhered to and the staff have a check list on the app on their phones which we are able to log into and see what is happening."
- People and their relatives said staff followed the care plans. One person's relative said, "They all know what to do. I feel that they are doing a pretty damn good job. They seem to have got the hang of [relative]."

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.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans. People could have their rota emailed to them or hard copies could be posted if people preferred this.
- The service was able to provide information to people in different formats if needed. This included, large print, or a voice recording. The registered manager said information could also be provided in different languages if needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. The service reported and responded to complaints in a timely manner.
- People and their relatives knew how to complain. One person's relative said, "Nothing has ever happened

that I didn't like, and we have no complaints at all. I would feel totally comfortable about emailing the office about any issues and feel it would be dealt with quickly, but so far we have not had the need to. They are all really helpful and caring people."

- The service had received many compliments. Examples of these included, "Thank you for all your help with [name] over the last year, for going above and beyond" and, "I wanted to place on record the quite outstanding help that [registered manager] was able to give to my beloved [relative] during the last few weeks of their life. I am enormously grateful to [registered manager] for all the help and care that she gave. It was quite outstanding."

#### End of life care and support

- At the time of the inspection, nobody using the service was receiving end of life care. The registered manager said, "We are happy to take on end of life care packages and we can access support or advice from the local hospice team if needed."

# 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

- People and their relatives told us their needs were met by the service. One person's relative said, "The carers that I have met are all very understanding and helpful to my [relative]. I am totally involved with the care plan. I cannot speak highly enough of [staff]. [Relative] would not have been able to come out of hospital if it wasn't for them."
- The provider's mission statement was based around "Four Pillars." These pillars were named, Our Team, Our Values, our Safety, and our Performance and all of these were based on a foundation of kindness. The four pillars were displayed in the office and we were told these values were instilled in staff during the induction period.
- The registered manager said, "Our vision here, is to reach outstanding. I like to make sure that all the care we provide is safe and that our customers are always at the forefront of everything we do. For us it's about what is right for the customer, not what is right for us."
- Staff told us morale was "really good." Other comments included, "We're a very close team, very open and honest" and, "I would say morale here is chirpy. We're a welcoming team and it's a nice place to work."
- Staff said they felt valued. The registered manager officially recognised staff when they received positive feedback from colleagues and people and their relatives, as part of the provider's "Moments of Kindness" scheme.
- The registered manager told us the provider had a rewards-based system in place for staff. Staff were awarded points for "going above and beyond."

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 complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

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

- All staff we spoke with were clear about their roles, had shared person-centred values, and worked together as a team.
- The registered manager had formal systems in place to monitor how the service was performing. This included a robust programme of audits covering all aspects of the service. There were spot checks of staff, training and competency assessments and regular reviews with people using the service. They told us they

also kept informed of how the service was running by carrying out visits themselves. They said, "I go and do care visits. I do this randomly and it means I get to see how people are and get first-hand feedback from people."

- The performance of the service was overseen by the compliance team at head office. The registered manager told us they were supported through regular visits from the provider's area care manager and regional manager.

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

- Regular staff meetings took place. Staff told us they felt confident to speak up during these meetings. Staff also had access to team and provider newsletters and an employee magazine.
- Regular staff surveys were carried out. The results of the latest survey showed positive feedback from staff.
- Feedback was sought from people using the service. Quality assurance phone calls were carried out locally and head office sent out client surveys every six months. These were analysed and then sent to the registered manager to share with staff. The most recent feedback received was positive across all aspects of the service.
- The registered manager was praised for their supportive and approachable manner, Comments from people and relatives included, "The manager has been extremely helpful and supportive" and, "The service is extremely well managed and nothing at all needs to change. I know who the manager is, and she is really kind and helpful."
- Staff comments included, "I love [registered manager] to bits. I've never had a manager as supportive as her. Never seen her miserable. She's always been there for me. She's just a genuinely nice person. Nothing is ever too much trouble for her" and, "[Registered manager] is very good. I get on with her really well and I can be very open and honest with her."

Working in partnership with others

- The registered manager told us they had good working relationships with other professionals such as the local authority and visiting health professionals as well as the local council.