

Midshires Care Limited

Helping Hands Stourbridge

Inspection report

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21 May 2019

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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 Stourbridge is a domiciliary care service, registered to provide personal care to people living in their own homes. At the time of the inspection the service was providing personal care to 37 people.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive and meaningful relationships with people.

People told us they felt well cared for by staff who treated them with respect. The provider ensured people had regular staff, meaning people and staff were able to build positive relationships. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their work.

Audits were completed by the registered manager and the head office, to check the quality and safety of the service.

The registered manager managed, motivated and supported the staff team in their roles to ensure people received a good service.

More information is in Detailed Findings below.

Rating at last inspection:

This was the first inspection of the service.

Why we inspected:

This was a planned comprehensive inspection which took place on 21 May 2019.

Follow up:

We will continue to monitor intelligence we receive about the service until we inspect again as part of our inspection programme. If any concerning information is received, we may inspect again sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Helping Hands Stourbridge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Helping Hands Stourbridge is a domiciliary care service. Staff deliver personal care support to people living in their own homes. At the time of inspection, the service provided personal care to 37 people living in their own homes. People using the service are older people, some with dementia or a physical disability.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service four days' notice of the inspection visit, this included a weekend. We gave this notice because it is a small domiciliary care service and the manager is often out of the office supporting staff and meeting people who use the service. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service. Inspection site visit activity took place on 21 May 2019. We visited the office location and spoke the registered manager and reviewed care records and policies and procedures.

What we did:

We reviewed the records held about the service. This included notifications received from the provider. Notifications are specific events that the provider are required to tell us about by law. We did not ask the registered manager to submit a Provider Information Return (PIR) as part of this inspection. Instead we looked at the providers service improvement plan. This told us what the service had achieved and what they

intend to develop in the future. We require the provider to submit PIR information annually and it provides us with information to plan our inspection.

During this inspection we spoke with the registered manager, two care staff, one staff trainer, three people using the service and two relatives of people using the service. We looked at four people's care records to see how their care was planned and delivered. Other records we looked at included four staff recruitment files, staff supervision activity, staff training records, accident and incident records, safeguarding, complaints and compliments and the provider's audits and overview information about the service. On 29 and 31 May 2019 we telephoned and spoke to three people that use the service and two relatives of people using the service, to ask for their experience of the care provided.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member explained, "It's how to keep people from harm and danger." Another staff member said, "There is a direct 24 hour help line number. It's in the handbook."
- People explained to us how staff maintained people's safety, one person told us, "I feel very safe they are very professional." Another person told us, "Of course I feel safe, I would soon tell them if I didn't."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risk of harm.
- Staff understood where people required support to reduce the risk of avoidable harm. One staff member told us, "They all have risk assessments in their care plan, it is part of my job to update them." One person told us, "I have a care plan in the house, the staff use it every day, body maps in it and all that."
- The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective, and lessons were learnt.

Staffing and recruitment

- There were sufficient numbers of skilled staff to meet people's needs. The registered manager ensured that people had a consistent staff team. One person told us, "As far as I'm concerned there are enough staff, I need two, it is the same staff at the weekend".
- Each person's staffing needs were assessed on an individual basis, prior to the commencement of the service and reviewed regularly as people's individual needs changed.
- People told us they received care in a timely way. One person said, "They come exactly to the minute they say, they are just perfect." A relative said, "They are pretty well dead on time all the time." A staff member told us, "If someone is off sick there is always enough people to cover it, or room to do it on another run. It's well organised."
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Baring Service (DBS) checks.

Using medicines safely

- Peoples' medicines were managed safely. People received their calls at the right time to ensure medicines were given at the correct intervals. Administration of medication records indicated people received their medicines regularly.
- Staff completed training to administer medicines and their competency was checked regularly. A staff member told us, "We are trained in different levels of medication and about reporting changes and adverse effects."
- The registered manager completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff. We saw that copies of medication audits were kept in people's care plan files, as part of the review process.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing such as disposable gloves and aprons during personal care, to help prevent the spread of infections. People we spoke to confirmed this. One person told us, "They always put aprons on and gloves, they are very very clean. Always been very smart." A staff member told us, "We have been trained in hygiene, cross contamination and using Personal Protective Equipment (PPE) I make sure I have a good supply of it."

Learning lessons when things go wrong

- There was a system in place for recording accident and incident events. This included a trend analysis assessment, preventative action and 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

Good: 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 before the service began to provide support. People using the service, their relatives and staff confirmed this. One person told us, "The head person came down and went over the care plan with me."
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed. One staff member told us, "We have time to read care plans, we read them before we deliver the service for the first time, we read the care plan log to see what the previous carer has put."

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The registered manager had a good system to monitor that all staff had regular training and refresher training to keep them up to date with best practice. Training methods included, on line, face to face, on the job and competency assessments. One staff member told us, "After induction training I felt confident, they did ask me if I wanted to do any more, I started shadowing two carers, then I worked with them and they filled in my assessment. I then came into the office and we discussed the assessment."
- New staff were well supported and either had health care qualifications or were completing a nationally recognised induction, The Care Certificate. This covered all the areas considered mandatory for care staff. A staff member told us, "Induction training was 3 days, I then did shadowing for 20 hours over four days." A relative told us, "They know exactly what they are doing they are very professional."
- Staff felt well supported and had regular supervision. Appraisals were planned to discuss their future development. One staff member told us, "The trainer did a direct observation of a support, I got feedback, I can always pop into the office. Supervisions are useful, saying things you wouldn't say in a group."

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

- Relatives of people using the service told us they were happy with the support received with meals and drinks. One relative told us, "We always like to have the same for breakfast every day I set it out the night before." A staff member told us, "I always encourage them to drink I always leave them with a drink."

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

- We found that staff were supporting people by working in partnership with other agencies such as the District Nursing service and Physiotherapists. One person told us, "They arrange their visit in coordination with the nurses, so my dressings can be changed during the care. I think that's very good that they work

together in that way."

- Staff monitored people's health care needs, made effective use of GP services, and communicated with people's relatives.

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. We checked whether the service was working within the principles of the MCA.
- People were asked for their consent before they received any care or treatment. One person told us, "They know what they are doing they always ask me before doing things." A staff member told us, "We learn about MCA in the Induction, it's looking to make sure we are doing things properly and in their best interests."

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

Good: 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 received care from staff who developed positive, caring and compassionate relationships with them. One person told us, "The staff socialise well, they are really caring people."

- Relatives told us that staff knew people's preferences and cared for them in a way they liked. Each person had their life history and individual preferences recorded, which staff used to get to know people and to build positive relationships with them. A relative told us, "They have a joke with [Name]". Another person told us, "They always boil water rather than use water out of the tap, it would be so easy for them just to use the tap, but they know I like the water boiled."

- People were always treated with kindness and were positive about the staff's caring attitude. People were complementary in discussions with us about the care they received. One person told us, "We have a laugh and joke they are very sympathetic, kind and caring when you feel down. When they first say someone is coming in its daunting, but they put you at ease straight away."

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed that staff involved them when people need help and support with decision making. One person told us, "I have just asked for the times to be changed and it has happened."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured that people's rights were upheld.

- The registered manager recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs such as their cultural or religious needs were reflected in their care planning.

- Staff were very aware that they were working in people's homes. They told us how they ensured people received the support that they needed whilst maintaining their dignity and privacy. One person told us "They cover me up with a towel where possible."

- Staff promoted independence. One person told us, "We are in a pretty good routine and they let me do what I can do and they do what I can't do."

- People's confidentiality was respected. We heard from people and staff how care plans and notes were kept securely in people's homes. One person told us, "Very professional, never talk about any other clients."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. When asked about person centred care. One staff member explained, "It's a Holistic approach, rather than just seeing the injuries or conditions, it's treating them as a person."
- People were empowered to have as much control and independence as possible, including developing care, support and treatment plans. A person told us, "Staff take very good care of my skin. They know I am very conscious of getting sores or tears." Another person told us, "I might get up tomorrow, there is a choice, it's my choice, the staff always ask."
- People told us how the provider would respond to their changing needs, for example one person told us, "They came round and just reviewed it to see if I wanted anything altered and I altered the times." The registered manager explained that call times were periodically adjusted to accommodate longer religious ceremonies that took place throughout the year.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and wellbeing.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standards (AIS), should this be required. This included information available in differing languages. The AIS is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- People and relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included meeting the registered manager, speaking to the registered manager by phone, during reviews or speaking with a member of staff. One person had fed back to the service, "Everyone has been so nice. When not wanting a shower due to breathlessness a full body wash is being given. Some delays due to bike rides."
- People and their families knew how to make complaints; and felt confident these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One person told us, "If I had a complaint I would phone the office".

End of life care and support

- Two people were receiving end of life care. The registered manager explained they work with the McMillan Service. Staff received training in end of life support, including specific person-centred support training, individually tailored to the person receiving the support. One staff member told us, "Training is available, there are also fact sheets and clinical training at head office."

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff expressed confidence in the registered manager and their team. One person told us, "I met the Manager, it was a good introduction to the service." A relative told us, "When I had to go into hospital, the registered manager responded right away and staff came and stayed at my home to look after my [relative]." A staff member told us, "I feel supported, there is always somebody there, there has never been a time where they have turned me away or not had time for me."
- We saw records showing the registered manager understands and acts on their duty of candour responsibilities.

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

- The registered manager was involved in the day to day running of the service and had good oversight of the quality of support delivered. They positively encouraged feedback and were keen to grow the service whilst ensuring people received the best care. The registered manager told us, "I am not just a number I am person, heavily supported, I like the people I work for and with and I genuinely love my job. I know all of people."

- People and relatives spoke highly of the service and could not identify areas for improvement. One relative told us, "I am quite happy with how it is running." Another person told us, "The manager resolves things straight away, take that as a compliment."

- Staff also strived to ensure care was delivered in the way people needed and wanted it. One staff member told us, "I know the vision is for helping hands to have a customer in every town in the UK and be well led, responsive, person centred and allowing individuals to remain in their own homes for as long as safely possible. Every customer receiving the same level of service from any carer that goes."

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

- People, relatives and staff were encouraged to air their views and concerns. The registered manager communicated with people and their relatives regularly, to seek their feedback.
- The registered manager consulted with staff, at supervision meetings and staff meetings, to get their views and ideas on how the service could be improved. Staff were proud to work for the service, one staff member told us, "It's a good place to work, the management are approachable, that is top of the list."

Continuous learning and improving care

- The provider and registered manager used a quality assurance audit system to monitor the quality of the service and this information was shared with staff.
- Staff meetings took place regularly and provided an opportunity for two way communication.
- The provider and registered manager had an ethos of continuous learning and provided regular learning opportunities for staff.

Working in partnership with others

- The registered manager had a communication network to help the service work in partnership with other professionals, including district nursing, the McMillan service and people's GP's. The registered manager was a key member, along with other local business owners such as cafes and cinema's, of a project designed to maintain the integration in the local community, of those living with dementia and their families.