

Midshires Care Limited

Helping Hands Beeston

Inspection report

18 - 20 Wollaton Road
Beeston
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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 Beeston is a domiciliary service providing care for people within their own homes. At the time of our inspection there were 30 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 received safe care that reduced the risk of avoidable harm and neglect. Risks to people's health and safety had been assessed, monitored and changes to people's needs were acted on. There were enough suitably skilled and qualified staff that ensured most calls were carried out on time and to people's satisfaction. People's medicines were well managed, and staff followed infection control policies and procedures, including COVID-19 guidance to reduce the risk of the spread of infection. Accidents and incidents were reviewed, and the provider learned from mistakes.

People received care that met their health needs and reduced the risk of discrimination. Staff were well trained, supervised and encouraged to develop their roles. People received support with eating enough food and having enough to drink. People were supported to lead healthy lives in accordance with their personal preferences. Staff worked with other organisations to ensure people's health needs were met.

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.

Staff were kind, caring and respectful. They provided care in a dignified way that respected people's privacy and promoted independence. People were encouraged to follow their chosen religion and staff were culturally sensitive.

People's care was person-centred. They were supported to make decisions about their care and lead their lives in their chosen way. People were encouraged to lead active lives, meeting friends and family where able. Staff ensured people with a sensory impairment were provided with inclusive ways to give their views about their care. Complaints were handled and responded to appropriately.

The service was well-led. The registered manager has a good understanding of their role. The provider actively sought people's feedback and improvement plans were in place to address any areas for improvement. People felt the service had improved recently with better communication with office-based staff. People told us they would recommend this service to others. Staff felt their views mattered.

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 4 March 2021 and this is the first inspection.

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 Beeston

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 an inspector and an Expert by Experience (EXE). An EXE 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 July and ended on 12 July 2022. We visited the location's office on 1 July 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, other health and social care professionals and Healthwatch. 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 all this information to plan our inspection. 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 all this information to plan our inspection.

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.

During the inspection

We spoke with ten people and nine relatives by telephone and we asked them about their experiences of the care provided. We spoke with or received responses to a questionnaire from 13 members of staff. This included, 9 members of the care staff, care coordinator, trainee manager and registered manager.

We reviewed a range of records. This included six people's care records, medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

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 told us they felt safe when staff supported them in their home and did not feel at risk of abuse or neglect.
- The provider had processes in place that ensured any concerns about people's safety were investigated and reported to the appropriate authorities such as the CQC.
- Staff were aware of these procedures and this reduced the risk of people experiencing avoidable harm.

Assessing risk, safety monitoring and management

- People felt safe with the way staff supported them, reducing anxieties about their health conditions and providing safe care.
- One person said, "I find the carers reassuring when they shower me, and I know I'm less likely to fall in the shower when they are there."
- Assessments of the risks to people's health and safety had been assessed, recorded and were regularly reviewed. Any changes were dealt with immediately, this could result in more or less calls by staff depending on the risk.
- Assessments of people's homes had been completed to ensure both people and staff were safe when care and support was provided. Plans to make people safe in an emergency were in place and regularly reviewed.

Staffing and recruitment

- There were enough suitably qualified, experienced and skilled staff in place to provide people with safe care and support.
- People told us they found it reassuring to know which staff members were arriving at each call. One person said, "I feel very safe with my carer. I have the same [staff member] every time unless they are on holiday, then someone else takes over. I feel very safe knowing who is helping me each time."
- Rotas were provided for people to know who was coming to each call. Some people did say late changes were made to the rotas without them always being notified. The registered manager was aware of this and had worked with office-based staff to ensure people were made aware in future.
- Records showed the majority of calls were completed as near to the agreed time as possible.
- Staff were recruited following robust recruitment procedures. This included criminal record checks and job references. This helped to keep people safe from inappropriate staff.

Using medicines safely

- When people needed support with their medicines this was done so safely.

- People told us they were happy with the way staff supported them with their medicines. One person said, "Carers prompt me to take my tablets each day, but usually I can manage myself."
- People's medicine administration records were completed electronically. This ensured that if a staff member had not administered a medicine at a call, an alert would be activated meaning the staff member could address the issue immediately. This has reduced the risk of medicine errors.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- People told us staff wore gloves and aprons whilst carrying out personal care and continued to wear face masks. People told us they had felt safe and protected throughout the pandemic. A person said, "Staff always arrive wearing a facemask. They then put on an apron and gloves before they do anything for me. This happens at every call."
- The provider had the measures in place to prevent visitors to their office from catching and spreading infections.
- The provider told us they had supported staff and the people they cared for to access testing.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- When mistakes occurred, the provider ensured these were investigated and action taken to address any issues and reduce the risk to people's safety.
- Themes and trends were identified through a regular reviewing process. Where needed, care plans and risk assessments were amended to reflect changes to people's health and/or safety following an incident.
- The provider had an open and transparent approach to the reporting of incidents. Records showed relevant authorities were notified when incidents occurred.

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 received care and support in accordance with best practice standards, guidance and law.
- Recognised best practice tools were used to assess and monitor people's health. This included monitoring people's skin care, mobility and food and drink intake.
- People's protected characteristics were respected when care was planned; protecting them from the risk of discrimination.

Staff support: induction, training, skills and experience

- People were cared for by well trained and experienced staff.
- People felt staff had the skills needed to provide them with effective care. One person said, "I think carers are skilled in what they do; new carers seem to pick up things quite quickly."
- Staff felt supported in their role. They received competency checks, spot-checks and supervisions. End of year appraisals were used to identify any areas for development but also to acknowledge high-quality performance.
- Staff were encouraged to complete externally recognised qualifications relevant to their role. At the time of the inspection approximately 40% of staff had completed their diploma in adult social care with some completing supervisory and managerial qualifications. This helped to ensure people continued to receive good standard care from skilled staff.

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

- People received the support needed to eat and drink enough, maintain a balanced diet and to lead a healthy lifestyle.
- People told us they were happy with the support they received from staff with their meals. One person said, "I have my breakfast prepared for me each morning and a snack for tea in the evening. I always have what I want to eat." Another said, [Staff member] usually puts my lunch on the dining room table covered up, so I can eat it at lunchtime. I don't know what it is about [staff member], but they just make it look so nice."
- Care records and risk assessments took account of people's health conditions, cultural background and religious choices; providing staff with guidance to support people to eat in accordance with their individual requirements.

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

- Staff worked with other health and social care professionals to ensure that people received consistent and timely care with access to a range of health services where needed.

- Staff supported people with attending health appointments or, where needed, helped to remind them if they had an important appointment to attend.
- People's health conditions were monitored, and any significant changes were reported and acted on quickly to reduce the impact on people's health.

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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had a good understanding of the MCA.
- People's consent was sought when receiving personal care. Where people lacked the capacity to consent to aspects of their personal care, the provider followed the principles of the MCA. This ensured people received care in a lawful way.
- Where people had appointed others to manage decisions about their health and welfare, the appropriate documentation had been recorded within their care records. This ensured only legally appropriate people were able to make those decisions.
- We did note on two care records that family members had completed a consent form. There was no reference to them being the legal appointee to make decisions on the person's behalf. The registered manager told us they would address this to ensure all paperwork correctly recorded who had the right to make decisions for a person.
- The registered manager was aware of the process to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

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 well treated by staff. They provided caring and respectful care and support. People's diverse needs were embraced and respected.
- People found staff to be kind and caring. One person said, "My carer is lovely. They will do anything I ask them to do, and they do it really well. We get along nicely together." A relative said, "[Family member] definitely has a good rapport with all of their carers. [Family member] is very happy with them."
- Staff regularly did things for people that would not normally be expected within their role. For example, a person's hairdresser was unable to visit them during the pandemic. A staff member who was also a part-time hairdresser, sourced an inflatable sink to help wash and cut the person's hair. Other staff were given training on hair care and were able to support this person. This has resulted in other people asking for this service. This showed a kind and thoughtful approach from staff.
- Examples like the one above were rewarded via the provider's 'moments of kindness' awards. This was a recognition and reward scheme designed to thank staff who went above and beyond for the people they cared for. Rewards were awarded locally, with exceptional examples resulting in national recognition throughout the provider's group of services.

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

- People were supported to express their views about their care.
- Most people said they had been involved with setting up their care plan (or a relative had done so on their behalf). However, some did say that they could not access their care plan due to not being able to access the electronic care planning app.
- The registered manager told us people were able to have paper versions of their records if they wished and that they would remind staff to explain this to people during their next care review. This will ensure that all people continued to have access to their care records enabling them to make informed choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, they received dignified care and their independence was encouraged.
- People told us they were treated with dignity, particularly during personal care. One person said, "My carers are very respectful with me. We're friends really. I have a small group of carers who come to help me, and we get along very well."
- People's cultural and religious beliefs were respected and embraced. For example, a staff member had been placed with a person who shared the same religious beliefs. The person liked to discuss their beliefs with the staff member resulting in them going to their place of worship together. This had resulted in the person now having a wider social circle.

- People told us staff encouraged their independence but were there to support them when needed. One person said, "I feel very reassured that someone is with me when I have a shower. I can be a little wobbly, so I like to have someone there just in case I fall."

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 told us they were involved with decisions and staff acted on their wishes. One person said, "When I came out of hospital, I had a meeting with [my family member] and the office staff to decide what care I needed, and I got everything I asked for."
- Care plans were detailed. They provided staff with clear guidance explaining what care and support people wanted at each call. This included guidance on personal care, meals and mobility. Staff had a good awareness of people's needs and told us they found the care plans to contain sufficient information for them to care for people in their preferred way.

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's care and support records included information about people's individual communication needs. People who were partially or fully blind or deaf had guidance for staff on how best to communicate with them.
- A person who told us they were blind praised the way staff supported them.

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

- As part of some people's care package they were supported by staff to maintain relationships with friends and family and to visit local shops and attractions. This helped to reduce the risk of isolation.
- People were supported to visit their place of worship which enabled them to practice their chosen religion as well as meeting others.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt complaints would be and had been acted on.
- One person said, "I would definitely feel comfortable making a complaint, but I have never needed to do so." A relative said, "I have never needed to make a complaint, but if I needed to, I have the number of the Head Office, but I think I would speak to the manager first."

- Records showed the small number of complaints received had been dealt with in accordance with the provider's complaints policy. We noted letters of apology had been sent when the provider/staff had been at fault. This ensured people felt their views were respected.

End of life care and support

- End of life care was not currently provided. If a person required this type of care, the registered manager told us they would ensure sufficiently trained staff were in place.

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 received good quality, person centred care that was empowering, inclusive and helped people to achieve good outcomes.
- People were happy with the quality of care they received. They liked their care staff; they were generally satisfied with call times and told us staff had a positive effect on their lives.
- A variety of 'Champions' were in place to support people and staff. For example, an LGBTQ+ champion was in place that offered support to people and staff should they wish to discuss particular aspects of their life. This empowered people to lead open and inclusive lives.

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 had the policies in place that enabled the registered manager to implement and adhere to duty of candour legislation.
- When mistakes were made, the provider acknowledged this apologised to those concerned.

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

- People were supported by staff and a management team who had a clear understanding of their roles.
- The registered manager had a thorough understanding of their regulatory responsibilities, including, ensuring the CQC were notified of any incidents that could affect the health and safety of people cared for.
- Regular team and senior management meetings were held. Policy changes, regulations, COVID-19, quality of care and discussing positive outcomes were just some of the subjects discussed with all levels of staff. Staff were encouraged to speak up in these meetings and to give their opinions.

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

- People felt involved and that their views mattered. People were satisfied with the level of care they received.
- People and their relatives told us they felt their relationship with the office-based staff had improved recently. There had, for a short while, been some issues with communication which people told us affected the quality of care they received. Feedback was provided to the registered manager and action was taken. This had led to an improvement in people's experiences. For example, one person told us, "There's a good

[staff member] in the office who rings me up now and again. They tell me my usual carers are going on holiday and they ask me who I would like to take their place. They ask me who do I trust. I like that."

Continuous learning and improving care

- The provider had instilled a culture of continuous learning, seeking to improve care and listening to and acting on people's feedback.
- The most recent customer service survey showed 93% of people said they were able to get in contact with the office when they needed to; 97% felt their care needs were being met and, 93% felt their care staff arrived on time. Following this survey 'moments of learning' were in place which the registered manager monitored to ensure any areas of improvement were monitored and completed; improving people's experiences further.
- People told us they would recommend this service to others. One person said, "I would, and have recommended this service to others." A relative said, "Yes, I would recommend this service. It's very reliable."
- Robust quality assurance process were in place. These helped the registered manager and other designated staff to continually assess factors that could affect the quality of care people received.

Working in partnership with others

- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.