

Midshires Care Limited

Helping Hands Weston

Super Mare

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

We undertook this comprehensive inspection on the 3 & 4 July 2018 it was announced.

This was the services first inspection since the registration of the service in May 2017.

Helping hands is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

Not everyone using Helping hands receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 65 people receiving personal care from the agency. This was in the Weston Super mare and surrounding area. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who were trained competent and had received training to provide care and support to people. Staff felt supported and received supervision and an annual appraisal.

People were supported to receive their medicines safely and when required. People's care plans contained support plans and important information relating to people's like, dislikes and routines.

People were supported by staff who could demonstrate the correct use of personal protective equipment to prevent cross infection.

People were supported by staff who had suitable checks in place prior to being employed by the service. Staff were able to demonstrate a good understanding of abuse and who to go to should they have concerns.

People were supported by regular staff who knew them well. Staff were kind and caring and offered people choices. People received support by health care professionals when required.

The principles of The Mental Capacity Act 2005 were being followed.

People received support from staff as required with their food and drinks.

People and relatives felt able to raise concerns with the registered manager and all felt they were accessible.

Staff were recognised for their individual contribution to the service and support they provided people with.

The service had a quality assurance systems in place that identified shortfalls. The registered manager also undertook regular checks and worked from their monthly action plan to ensure actions were met.

People had their views sought so that feedback could improve the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

People received their medicines safely.

People's care plans contained support plans and risk assessment relating to their individual needs.

People were supported by staff who had checks undertaken prior to supporting people.

People felt safe and staff knew different types of abuse and who to report concerns to.

Is the service effective?

Good ●

The service was Effective.

People were supported by staff who had received supervision, training and an annual appraisal.

People received support from staff with their nutrition and hydration if required.

The service was following the principles of The Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was Caring.

People were supported by staff who were kind and caring.

People felt staff treated them with dignity and respect.

People were supported by staff who demonstrated giving people choice and control.

Is the service responsive?

Good ●

The service was Responsive.

People had care plans that contained important information relating to their likes and dislikes.

People and relatives were involved in their care plan reviews and all were happy with this involvement.

All people were happy to raise any complaints with the management of the service. People and relatives have various compliments of the service they received.

Is the service well-led?

The service was Well-led.

The service had a comprehensive quality assurance system in place to monitor any shortfalls.

People's views were sought through regular phone calls and a yearly questionnaires.

People and staff felt the management were supportive and accessible and the culture was good.

Good ●

Helping Hands Weston Super Mare

Detailed findings

Background to this inspection

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

This was an announced inspection that took place on the 3 and 4 July 2018. It was carried out by two inspectors, and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with eight people and three relatives about the quality of the care and support provided by the agency. We also spoke with the registered manager, the operational manager, a senior carer, three care staff, the planning co-ordinator.

We looked at six people's care records, and documentation in relation to the management of the service. This included three staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

People and relatives felt safe. Comments from people using the service included, "Safe and sound" and "Everyone is so good, I don't worry". Another person told us, "I always feel safe and sound with the carers". One relative told us, "My [Name] is very safe. I do not have any need to worry". Another relative told us, "My [Name] is safe. I never have to worry". Another relative said, "I think my [Name] is safe with all of the carers. They never seem worried about any of them."

People were supported by staff who had checks undertaken prior to starting their employment. For example, checks included verifying the member of staff's identification, references and undertaking a disclosure and barring service (DBS) check. A DBS check confirms if the individual has any past record that might make them unsuitable to work with vulnerable people.

People were supported by staff who were able to demonstrate their understanding of abuse and what to do should they suspect abuse. For example, staff confirmed the different types of abuse and what action to take if abuse was suspected, witnessed or if an allegation of harm was made. One member of staff told us, "I have not witnessed abuse here, but I would report it to the [registered manager]". Staff also confirmed they would report concerns to the local authority, the Police and Care Quality Commission. Staff had access to the provider's safeguarding policy which was located in the care office. Staff confirmed they would report any concerns to the registered manager or deputy manager. The service was appropriately raising safeguarding alerts when required.

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. Assessments included risks such as nutrition and hydration, personal care and mobility. Risk assessments promoted independence by detailing what people could do for themselves and where support was required. Staff gave examples of how they supported people with their care. One member of staff told us, "In the morning [Name] is able to stand and support them self. In the evening [Name] is tired and is at risk of falls. The risk assessment confirmed these details and reflected those specific support needs.

People received their medicines safely. Staff who were responsible for administering medicines had received training and competency checks. During the inspection we observed staff administering medicines to people safely. Staff talked to people about their medication and if they required their medication for managing their pain relief. Medication Administration Records (MAR) were current and up to date and accurately reflected if people had received their medicine.

People were supported by staff who were clear on their responsibilities for reporting and recording accident and incidents. Records confirmed details of incident and accidents including any injuries sustained and action taken. The registered manager analysed all incident and accidents monthly so that any trends could be identified to prevent similar situations from occurring again.

People were supported by adequate staff to meet their individual needs. People felt the staff they received were regular and people felt staff arrived when they should depending on traffic. People told us, "I have

them twice a week, they always arrive on time". Another person told us, "They generally arrive on time, but sometimes they get held up in traffic which puts them behind". Relatives told us, "The staff seem to arrive on time" and "The staff generally arrive on time and stay as long as they should". Another relative told us, "The staff arrive on time, some staff go the extra mile". Staff wore a uniform and Identification badge so that people could recognise them.

People were supported by staff who had a good understanding of infection control procedures. Staff confirmed they wore gloves and aprons whilst supporting people and washed their hands after providing care to people.

Is the service effective?

Our findings

People were supported by staff who received regular supervisions and an appraisal. Supervisions were a combination of observed spot checks or face to face meetings. Staff felt able to approach the registered manager in between their supervision sessions. Staff told us, "Really supportive. I like working here". Another member of staff told us, "I got a lot of support straight away more was available if I needed it". Supervisions were an opportunity to discuss topics such as conduct, training and development needs. The registered manager monitored the service's performance to ensure that each member of staff had their supervision when required. The report confirmed all staff were up to date with their supervisions. The registered manager reviewed the service report that identified who was due their supervision for the coming month. The registered manager felt this worked well to ensure staff were current and up to date with their supervision.

People were supported by staff who received training to enable them to support people competently. Staff had completed training in safeguarding, moving and handling and health and safety training as part of the mandatory training programme.

Staff felt they received training that gave them the skills and knowledge to support people. They told us, "I have had moving and handling training, safeguarding adults and lots of other training". Staff had also received additional training to support people with their individual needs. For example, the registered manager confirmed staff had received training to support a person with their acquired brain injury although this person was no longer receiving support from the service as they no longer required support. One member of staff told us, "I have received PEG training". PEG training is when staff are able to support people with their nutritional needs through a Percutaneous endoscopic gastrostomy feeding tube.

Staff received a comprehensive induction that covered training, policies and procedures and what was expected of the role. For example, staff were trained in the safe administration of medicines, communication, Equality and Diversity, handling of information and The Mental Capacity Act 2005 (MCA). Additional subjects were dementia and Alzheimer's, infection control, expected conduct, dress code and loan working.

People and relatives felt people were supported to attend health care professional appointments as required. One person told us, "The chiropodist [Visits], later the District Nurse is coming to look at my legs". One relative explained, "If the carers come and they are worried about my [Name of person] they ring or text me to get the doctor."

People were supported if required by staff with the preparation of food and drinks if needed. Where people had individual specific needs relating to their nutrition and hydration this was recorded in the person's care plan. Staff knew people well and had received training to support people with their individual nutritional and hydration needs.

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. Capacity should always be assumed

The registered manager confirmed at the time of the inspection no one lacked capacity to make decisions about their care and support. The registered manager confirmed they discussed with people and their relatives where people had lasting power of attorney for example in relation to their finances. The registered manager confirmed they always request a copy of the original paperwork that confirms this arrangement. During the inspection we reviewed records that confirmed this.

Is the service caring?

Our findings

People and relatives felt staff were kind and caring. All people were happy with the care they received. People told us, "The staff are wonderful". Another person told us, "The carer [Name] knows me very well, they are brilliant, wonderful, always very polite, on top of their game". Another person told us, "Without fail the staff are very polite and caring". One relative told us, "All of the staff have a very good caring attitude, show empathy". Another relative told us, "The attitude of the staff all of them are kind and caring". Another relative said, "[Name] is not treated like an old person. The carers feel like family."

People felt staff maintained their dignity and respected their privacy. One person told us, "The staff seem to respect that this is my home and I can live how I want to". Another person told us, "Helping Hands is quite good at helping me live at home. I would not stay with them if they were any different". Another person confirmed how staff always knock before entering their home. They told us, "They never just walk in, they knock on the door and shout Hello". One relative said, "They maintain my [Name] dignity and privacy. Never forgetting that this is my [Name] home". Another relative told us, "When they are assisting with personal care they always ensure my [Name] has some degree of privacy – good."

During our inspection we observed staff interacting with people in a positive way that demonstrated people were given choice and control. For example, we observed one person being offered different choices of what they wanted to eat and drink. Staff adapted their approach to people when required. One person was offered support to have their washing hung up. They decided to do this themselves. The member of staff respected the person's wishes and instead spent time talking to the person.

People felt supported by staff who knew them well. People told us that, "[Name] is my regular carer she knows exactly what I like and don't like. She knows when I am running out of food and what I need to put on my shopping list". The registered manager tried to keep people with a regular staff team. This meant people were supported by staff who were familiar with their individual support needs. Staff felt well informed about any changes to people they support. One member of staff told us how they receive an email to let them know of any changes or updates about people's care.

Staff were able to give examples of how they involve people in their day to day decisions. One member of staff told us, "I help [Name] with their day to day decisions. They lack capacity to make big decisions but I prompt and help them make decisions. The member of staff then explained how they would offer visually clothes to wear and use other items for reference.

Is the service responsive?

Our findings

People's care plans were personalised and contained important information. For example, care plans contained people's routines, medical information, family, medication, visits per week, the person's life history and expectations for the future. One person's care plan gave details of how they wished to receive support with their mobility and confidence. Their care plan also contained their daily support needs including how they wanted staff to support them with their individual health needs and conditions. The person's care plan also contained how they wish to have their personal care provided, including the preference on flannels and towels staff were to use and how they wished to be dressed.

People were involved in their care planning and the registered manager confirmed people had a review of their care plan at least every six months or if their circumstances changed. Staff could update a change form at the front of the person's file. This could then be taken back to the office to highlight any changes. One carer told us, "The change form is at the front of the file. Carers update it and send a copy of the changes to the office so that the care plan is updated". This meant staff were also involved in ensuring care plans were up to date.

People and their relatives were happy with being involved in reviewing people's care plans. People told us, "Yes I have reviewed my care plan with the manager and my daughter". Another person told us, "We discussed what I wanted doing and how I would like it done, and how often they will come". One relative told us, "I am involved in the formal review of care plans with my [relative] and the management". Another relative said, "The review of the care plan happens I am fully involved".

People's care plans had information relating to their hobbies and interests. One person enjoyed going to a day centre once a week, reading books, going out for coffee and listening to the radio. Another person enjoyed animals, dogs and completing a memory book.

Care plans had information relating to if the person had a religion or any specific visual or hearing impairment. For example where people wore glasses their care plan confirmed this and where one person had no religious needs this was recorded.

People had access to a complaints policy. Complaints were logged so that the registered manager could review them to prevent any similar trends from occurring. All people we spoke with were happy with their care and felt able to raise any concerns or complaints with the management of the service. People's care plans confirmed people had received the terms and conditions of the complaints and compliments procedures.

The service had received various compliments about the service. Compliments included, "[Name] remained very calm and supportive while I was dealing with an emergency". Another compliment included, "It is more like a family at helping hands, you are made to feel so welcome. [Name] and [Name] are amazing!".

No one at the time of the inspection was receiving end of life support. People's care plans had no records or

confirmation if people had discussed their spiritual, emotional or end of life wishes. Staff were recognised for their support when people needed assistance and care relating to their end of life support. For example, records confirmed, 'Pre meeting notes, End of life wishes. Fantastic level of care provided confident and able to deal with the situation in a professional and caring manner.'

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality of service. The registered manager and the service manager checked people's care records to ensure documentation was accurate and up to date. Checks undertaken used a traffic light system (Red, Amber and Green). Each colour had a deadline in which it needed to be reviewed. At the time of the inspection the registered manager confirmed they were up to date with all actions. The registered manager worked through their monthly action plan to ensure all actions were completed before the end of the month.

The service had a positive culture with clear management and leadership. The service was managed by a registered manager who was supported by a regional manager, operational manager and the provider.

People spoke highly of the management of the service and the quality of the care received. People described management as, "Open", "Caring" and "Approachable". People told us, "Everyone is very nice at Helping Hands". Another person told us, "You can ring the office at any time if you want to, the manager and the office staff are all very approachable". Other comments included, "Everyone is very nice, you can talk to them" and "The manager, the office staff and all of the carers are very approachable and caring". "The management and office team are very approachable I ring them up or send emails, all of the team give you time and are supportive" and "You won't find anything wrong with Helping Hands, this is a very good thing you're doing".

Staff felt appreciated and positive about working at the service. Staff had good support from management. Staff told us, "I don't feel like a number I am a valued member of the team, they took time to know me and they matched me with the right customer". Another member of staff confirmed, "I feel listened to, the praise they give us. I get a text message from management saying thank you". Another member of staff said, "It's a friendly atmosphere and well run, from the minute I came for my interview, their ethos was personal."

Staff were recognised by the management of the service. For example, each month a member of staff was nominated for their outstanding contribution to the service. The member of staff received a voucher and was placed on a 'wall of fame' in the office. Staff could also attend a pampering session once a month. This was available to all staff to recognise their hard work and dedication. The registered manager told us, "Carers need to feel valued. We call them regularly to see if they are ok". The registered manager confirmed they had given one member of staff flowers recently as they had recognised their contribution to the service.

People's views were sought monthly. People were asked if they were happy with the care they received. The care coordinator called people once a month to check if they were well or if they needed anything changed in their care plan. This ensured that any concerns were identified and actions taken before the concern escalated into a complaint. An annual quality assurance survey was used to monitor the overall care experienced. This meant people's views were sought so that improvements could be made. Feedback received was people were highly satisfied with the care they experienced and that they felt staff were provided adequate training and staff were competent.

The service promoted regular reviews of the providers policies and procedures. Staff were responsible for reading policies which were sent directly to their phones. This was also discussed during team meetings and supervision sessions. One member of staff confirmed they had recently been updated on the Nutrition and Hydration policy and had understood the importance of ensuring everyone they support has sufficient food and drink.

The service was committed to community involvement. People were sent a weekly memo about what activities were in the community. The service had developed a social media page where they provided local information and advice. For example, people could receive advice on how to stay hydrated during the heatwave. The service held an Alzheimer's awareness and fundraising day. This provided the public with information and support on how people are affected by Alzheimer's. People could attend regular coffee mornings in order to promote a social focus for people using the service. The service also used its premises to hold charity events in order to help raise funds for good causes. The providers, managers and staff used this as an important way of achieving community involvement and engaging with the public. The service also liaised with a local college by offering work placements and interview coaching to people wishing to be carers.