

Midshires Care Limited

Helping Hands

Wolverhampton

Inspection report

1 Anders Square
Perton
Wolverhampton
West Midlands
WV6 7QH

Tel: 01789336500

Date of inspection visit:
04 February 2020

Date of publication:
04 March 2020

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Helping Hands Wolverhampton is a domiciliary care agency that provides personal care to people living in Perton and surrounding areas. 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. At the time of our inspection visit, the service was providing person care support to approximately 46 people, some of whom were living with dementia.

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

People received personalised care from an exceptionally well-led service. The registered manager led by example and staff worked collaboratively to improve people's outcomes. Staff felt exceptionally valued and were proud to work for the organisation.

People and relatives were consistently positive about the staff and had caring, trusting relationships with them. Staff recognised people's diversity and respected people's privacy and dignity at all times. People told us staff went the extra mile to encourage them to follow their hobbies and interests and achieve their goals.

The registered manager continually looked for opportunities to build links with other organisations. The service took an active role in the community, supporting and developing initiatives which made a positive difference to people's lives.

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. There was a consistent approach to safeguarding and any concerns were taken seriously and investigated thoroughly in an objective way.

People's care and support plans reflected their needs and preferences and were regularly reviewed. People had 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.

There were enough staff employed to manage the service safely and effectively. Staff undertook a training programme which helped them to provide high quality care to people. Their skills and understanding were regularly checked to make sure they provided safe, effective care.

People and their relatives felt confident any concerns and complaints they raised would be acted on. Governance arrangements were well embedded and effective in driving improvements.

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

Rating at last inspection

The last rating for this service was Good (published 14 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Helping Hands Wolverhampton

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 Care Act 2014.

Inspection team

One inspector carried out this inspection, supported by 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.

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. This was because we needed to arrange to speak with people using the service, their relatives and staff. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at information we held about the service including notifications they had made to us about important events. On this occasion, we had not asked the provider to complete a Provider Information Return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We took this into account in making our judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with a person who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including three members of the provider's management team, the registered manager, care co-ordinators and care workers.

We reviewed a range of records. This included four people's care records, daily logs and medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including audits and checks were reviewed.

After the inspection

We spoke with a person who used the service and two relatives as they were not available during the inspection. We continued to seek clarification from the provider to validate evidence found. We looked at feedback received from people using the service and their families and information in relation to links the provider had developed with the local community.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. People and relatives were confident that they were safe. A relative told us, "Having the carers gives me real peace of mind".
- Staff had received training and recognised the potential signs of abuse. They knew how to raise concerns both at the service and externally, if they needed to.
- The provider had effective systems in place which demonstrated that any concerns were reported and investigated promptly, using local safeguarding procedures.

Assessing risk, safety monitoring and management

- People and relatives were involved in managing risks and felt safe when staff provided care. One person told us, "I'm happy with things; I always have a say".
- Risk management plans were person-centred, kept under review, and provided staff with detailed guidance on how to keep people safe.
- Staff demonstrated a good knowledge of the risks associated with people's care. For example, a member of staff explained how they would recognise when a person with diabetes may be at risk of suffering an episode of hypoglycaemia. We saw this matched the information in the person's care plan.

Staffing and recruitment

- People and their relatives were positive about staffing levels. They told us they had not experienced any missed calls and if carers were running late, they were always notified.
- We found there were effective systems in place to ensure there were enough staff and people received consistent care from staff they knew well.
- Staff told us calls were scheduled to give them enough travelling time between calls and two carers were provided when needed. One member of staff told us, "There are good gaps between calls".
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.

Using medicines safely

- People who required support received their medicines as prescribed.
- Staff were trained and observed periodically to check they were competent.
- Medicine administration records were in place, were fully completed and monitored for accuracy. A relative told us, "The records are always filled in correctly".

Preventing and controlling infection

- People and relatives told us the staff always wore gloves and aprons when they provided care.
- Staff completed training and understood their responsibilities to follow infection control procedures to keep people safe from the risk of infection. Staff were aware of concerns around the recently highlighted respiratory illness, Coronavirus. One told us, "We've been sent a link to the NHS website which tells you symptoms to look for. They [registered manager] are very vigilant".

Learning lessons when things go wrong

- We saw that thorough reviews were carried out when incidents occurred. Staff reflected on their practice and discussed how improvements could be made to minimise the risk of reoccurrence.
- The registered manager explained how they planned to introduce additional support and coaching for new staff administering medicines, following a recent error. This showed us lessons were learned when things had previously gone wrong.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and their relatives told us they had agreed their care needs prior to starting to receive a service. A relative told us staff had visited them at home to carry out an assessment, "They were very thorough and involved [name of person] as much as possible".
- Detailed assessments of needs were carried out and care plans were in place which clearly identified the outcomes people wished to achieve.

Staff support: induction, training, skills and experience

- People and their relatives were confident that staff were well trained and understood how to care for them effectively. One said, "Staff are experienced and have good knowledge [of person's needs]".
- Staff were trained and supported to fulfil their role. They completed a range of training relevant to the needs of people using the service. They received regular supervision and an annual appraisal, which enabled them to reflect on their practice and identify opportunities to develop their skills and knowledge. A staff member told us, "It's the best training I've had".
- Specialist training was provided, for example catheter care and awareness of people dependent on oxygen. This was delivered by the provider's clinical manager, to ensure it was in line with best practice.
- New staff completed a comprehensive induction programme, which included shadowing experienced staff and completing the Care Certificate. This is a nationally recognised qualification which ensures staff have the skills and knowledge to work in the health and social care sector.

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

- People who received support with their meals told us they were supported to have choice and had their preferences met. A relative told us staff cooked meals with their family member to ensure they had an alternative to ready meals, which they relied on in between visits. We saw this was detailed in their care plan.
- People's nutritional needs were assessed, and care plans detailed any specialist advice for staff to follow, when needed.

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

- People retained responsibility for managing their own health but told us the staff supported them to access other health professionals if needed. A relative told us, "Staff have called in other people like the district nurse in the past when there have been issues to deal with".
- Staff were aware of what they should do if people's health deteriorated, for example when to call the GP or an ambulance. They told us, "We call the office, who let the family know and stay with the person until they

or the ambulance arrives, for reassurance".

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.

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 and relatives told us staff sought their consent and involved them in day to day decisions about their care. A relative said, "Staff always respect [name of person's] wishes".
- Care plans we looked at showed people had signed to consent to their care. When staff had concerns that people lacked the capacity to make certain decisions, an assessment was completed, and staff recorded their actions to demonstrate any decisions taken were in people's best interests.
- When people's relatives were involved in decisions about their care, the registered manager checked that they had the legal authority to do so to ensure their rights were upheld.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 cared for by staff who knew them well and had developed trusting relationships with them. One person said, "We've had [name of carer] for three years, I miss them when they are on holiday. I think we are like Siamese twins; we have the same sense of humour and always have a good laugh".
- Relatives were equally complimentary about the caring attitude of staff. One told us, "If [name of person] is feeling low, [name of carer] perks them up and raises their mood. They have a wonderful relationship, it's such a joy" to hear them singing together in the bathroom or listening to the banter they have". Another relative said, "I think they [the staff] are fantastic, I can't praise them highly enough".
- People and relatives told us staff always had time for a chat and they never felt their care was rushed. One person told us, "It's lovely to catch up on what's been going on in their [carer] lives. One of the carers got married recently and they showed me photographs of all their clothes and jewellery. It was lovely". A relative said, "Staff go above and beyond, they don't just do the basics".
- Staff spoke fondly about people and it was evident they enjoyed working at the service. One staff member said, "I really enjoy working here, I'm so proud of how we care for people".
- Staff were prepared to go above and beyond in giving their own time to support people. For example, we were given an example of one staff member altering a person's clothing after they had lost weight, which helped them to feel more confident about their appearance.

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

- People were fully involved in making decisions about their care. Relatives felt involved in supporting family members to discuss their views about their care. A relative said, "We've had two reviews when things have changed, for instance after a hospital stay and we've got a copy of the care plan which has been updated".
- People were supported to access advocacy services when needed. Advocates work with people to ensure their views are listened to.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff treated them with dignity and respect at all times. One relative said, "The staff are like family, it's never an intrusion them being here".
- Staff recognised the importance of ensuring people felt comfortable with them. One staff member said, "You have to put yourself in their position and treat people as you would your own family members. I always find talking to people distracts them [if they are feeling nervous]".
- People were encouraged to remain independent. A relative told us how important it was that staff did not

do everything for their family member. They said, "[Name of person] had been used to being the person who helped others, so it was difficult for them to accept help. Staff recognise they are there to prompt and how important it is that they don't do everything for [name of person] so they maintain their independence. They have such a good manners and have nurtured their relationship and [name of person] now really appreciates their help".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were happy with how the staff supported them and that their individual needs were met. One person told us how staff had helped them to regain some independence. They said, "I'm able to do some washing up and ironing and I've even been able to make a cake with [name of carer's] help".
- People told us the service was flexible and adapted to their changing needs. One person said, "I have to go away to hospital sometimes and the staff come in and look after the cat. I've got a care plan for me and one for the cat!".
- Relatives were complimentary about the way the service was organised and delivered. One told us, "I wanted to book some extra care for next month. I emailed a list and got an answer back in a couple of hours. I know everything will be okay, even though I'm a worrier. I trust them implicitly". Another said, "It's a very straight forward set up, they are flexible and react quickly".
- Care records were person centred and contained detailed information about people's preferences for how they wanted to receive their care. This included identifying people's preferences for who provided their care. A relative told us, "We asked for female staff and that has been respected".
- Staff were trained to recognise and respect people's diverse needs. People's relationship needs, and preferences were explored, and any protected characteristics recorded, to ensure they were understood and met.

End of life care and support

- People were encouraged to record their preferences for support at the end of their life.
- Although the service was not supporting anybody at the end of their life, discussions with staff showed they were committed to being able to support people to have a comfortable, dignified and pain-free death.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS by identifying and meeting people's communication needs. For example, the registered manager told us that care plans were provided in large print for people who had poor eyesight and information was sourced in braille if needed.
- Staff understood how people preferred to communicate, for example one staff member told us how they used visual prompts when people had hearing loss.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to follow their interests and achieve any goals or aspirations. For example, one person told us how they wanted to swim to help them to achieve their mobility goals. They told us, "[Name of staff member] found out about where we could swim, with equipment, so I can get in and out of the pool. My body is supported by the water and I can kick my legs out, I love it".
- Another person loved painting and attended a local art class. When the class was withdrawn, staff worked with the person and visited other classes to check if they were suitable. The person ultimately decided they would rather have support at home. Funding was sought, and staff now support the person at home.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns or complaints and were confident they would be taken seriously. One relative told us how they had contacted the registered manager about a problem and was happy with the outcome. They told us, "It was managed really well".
- There was a complaints procedure for logging and tracking any complaints, which showed that any complaints had been responded to promptly.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were at the heart of the service and benefited from being cared for by staff who were strongly collaborative. The registered manager held focus groups, where staff discussed and shared any concerns to improve people's outcomes. They told us, "Whilst our assessments are detailed about how people like to receive their care, once care has started we touch base with carers to ensure we fully identify people's wishes and preferences. A staff member told us, "It gives carers the opportunity to have their voice heard and brings us together as a team".
- Staff consistently praised the registered manager's collaborative approach and felt empowered to use their knowledge of people to provide highly personalised care. They spoke proudly of the positive outcomes achieved through focus groups. One staff member told us about a person living with dementia, who had had a number of hospital admissions. They told us, "Staff discussed the use of doll therapy which has reduced the person's anxiety and since then there have been no hospital admissions, no water infections; all from carer's ideas".
- Staff gave us another example where the duration of a person's calls had been increased to enable staff to provide reassurance and encouragement for them to shower more frequently. We saw feedback which showed this had helped increase their confidence in their appearance.
- We saw staff had worked together to develop a strategy which motivated a person to complete their exercise regime to continue their positive progress. This involved joint visits with the person's physiotherapist to ensure they completed the exercises correctly. The person told us, "They [staff] always make sure I'm not too tired and have a glass of water ready for me when I'm finished".
- When appropriate, people's family members were invited to take part in meetings, which gave them an opportunity to share detailed information on the person's past life. For example, staff had asked a relative to put together a scrapbook, which identified names of the people in the photographs, to help trigger their memories and reduce the person's anxiety when they were unable to recall them.
- The provider recognised the importance of showing staff they were valued, to promote wellbeing and retention, which meant people had continuity of care. Staff were rewarded for their achievements through a 'carer of the month' award and a celebration board displayed positive feedback staff had received. The registered manager told us, "We have a carer engagement budget and focus on carer appreciation, which is awesome. We've recently recognised a carer who is amazing with personal care; they received a voucher to be pampered at the salon downstairs".
- The registered manager told us they how they had rewarded staff during a high absence period, "We threw a surprise party as a thank you for picking up extra shifts". They added, "We call these things 'fluffy ideas' to

give a bit back to the carers; they are a great bunch".

- All the staff felt valued by the provider and registered manager. Two staff members asked to speak to the inspector, telling us, "I have never worked anywhere like it, management listen to us, right up to the CEO, who I've met face to face. It's the personal touch that makes such a difference". Another staff member said, "They [management] are so customer and carer orientated. We are kept informed and know what is going on. There is no us and them culture".

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

- People, relatives and staff were consistently asked for their feedback on the service they received, through telephone calls, spot checks and during reviews. Records showed this was consistently positive, with glowing feedback. Comments included, "Staff always go above and beyond" and, "Thank you for providing such wonderful care and reliability". The registered manager told us, "We are constantly listening and understanding customer and carer needs and taking into account relative's feedback".
- The registered manager had developed excellent community links, which benefited people using the service, their relatives and the wider public. For example, one person had been the victim of a doorstep scam. The registered manager had liaised with a local bank to deliver a workshop to promote awareness and prevent other people being affected. We saw feedback following the event on the provider's social media site. One person had written, "Been to this event, if it comes up again, I'd recommend people attend; there were lots of things I learned".
- The registered manager had also worked with a local solicitor who provided a legal advice workshop, to help people to access information on Trusts, Wills and Lasting Power of Attorney (LPA). We saw feedback from a member of staff who had attended the event, and had subsequently supported a person's relative, to access information in relation to obtaining LPA.
- The service played an active role in local projects which supported local, vulnerable people. For example, the registered manager was proud of the work the service had done with a local councillor, collecting donations and distributing Christmas food hampers to people who they supported, who did not have close family living nearby. They said, "It brought a smile to people's faces".

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to sharing knowledge and best practice. The service had joined the Dementia Action Alliance and appointed a dementia champion who had developed a 'dementia pack' to train staff. We saw this included equipment such as goggles, headphones and gloves, which simulated background noise and sensory loss, which gave staff an insight into people's experience of living with dementia. The registered manager told us, "We realised that everyone tends to focus on the cognitive problems and don't realise the effect dementia has on sight, touch and hearing. The kits give people a chance to experience this".
- Staff applied their knowledge to build trusting relationships with people that enhanced their quality of life. People and their relatives consistently praised the staff approach. One relative told us their family member had gone from questioning the need for support to quickly appreciating it. They said, "It gives us real peace of mind".
- Under the guise of the Alliance, the service was recruiting people to become 'dementia friends' and the registered manager planned to use the dementia pack at workshops in the local community. Whilst we saw this work was at an early stage, this showed us the provider was committed to promoting a 'dementia friendly community'. The registered manager said, "We want to raise awareness of how dementia impacts on people, their family and friends".
- The provider was supportive of the service's work in developing best practice. The registered manager told us, "Our CEO [chief executive officer] is looking at suppliers to be able to gift a Helping Hands Dementia Kit

to the family of every dementia customer we have". This showed us they recognised the importance of working with family members to promote the wellbeing of people living with dementia.

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

- People and relatives had confidence in the way the service was managed. Comments included, "It's absolutely well run, just so reliable and friendly and they are really good at what they do", and "I'm extremely happy, it's a very good company", and "I would recommend them".
- Staff felt well supported and understood their role and responsibilities. A member of the provider's quality team visited the service quarterly to meet with staff and the registered manager encouraged staff to 'drop-in' at any time if they had any concerns. One staff member said, "The manager says, "Don't forget, we are always here, come in any time, and we do!"
- Staff described 'spotlight' sessions which focused on aspects of their role to refresh their knowledge and ensure they followed safe practice. For example, staff members told us about a recent session, which had looked at reporting falls and recognising potential safeguarding concerns. One staff member said, "It was a helpful refresher, we had three or four scenarios and practiced doing the reporting. [Name of training manager] quizzes us to test our knowledge".
- Governance systems were well embedded into the running of the service. The registered manager and provider had robust oversight of the service and were committed to driving continuous improvements.

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 was open and transparent throughout our inspection and was clearly dedicated to their role. They understood their responsibilities under Duty of Candour
- Staff knew about whistleblowing and told us they would have no hesitation in reporting any concerns they had. Whistleblowing is when staff raise concerns about poor practice in their workplace.