

Midshires Care Limited

# Helping Hands Bolton

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Helping Hands Bolton is a domiciliary service which provides personal care to adults with a range of support needs in their houses and flats. At the time of this inspection the service was supporting 149 people.

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

Systems were in place to recruit staff safely. Recruitment processes were robust and helped to ensure staff were of suitable character and had relevant experience to work with vulnerable people. Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risks where possible. Risks to people's health and well-being were identified and monitored. Guidance was in place for staff on how to support people with these risks; this included how to evacuate a person's home in the case of an emergency. People's needs were comprehensively assessed before starting with the service; people and their relatives, where appropriate, had been involved in the care planning process.

People were supported by regular and familiar staff, which provided continuity of care and people confirmed this. Staff had developed supportive relationships with people and knew them well; people received person-centred care as a result. Staff supported some people to access healthcare professionals when required and supported some people to manage their medicines safely. Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively and received regular supervisions, competency checks and appraisals; staff we spoke with confirmed this. 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 promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. Staff supported some people to access the community. People and their relatives were complimentary about the staff and their caring attitude. People's care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. People knew how to make a complaint. There was an effective complaints process in place to deal with any complaints that might be raised in the future.

The registered manager and staff were committed to providing high quality care and support for people. The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified. The provider and registered manager followed governance systems which provided effective oversight and monitoring of

the service. These governance systems and processes were robust and identified areas of the service where improvements were needed. The registered manager completed internal audits to ensure the service provided to people was safe and effective. The provider also completed a range of audits and monitoring which helped to drive improvements in the service. People, their relatives, and advocates gave feedback on the quality of the service provided and told us their concerns were listened to, investigated and resolved where possible.

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

#### Rating at last inspection

This service was registered with us on 31/01/2020 and this is the first inspection.

#### Why we inspected

The service was inspected to create capacity within local systems, as it had not had an inspection since first registering with CQC.

#### 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?

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 Bolton

## 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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Helping Hands 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 January 2021 and ended on 19 January 2021. We visited the office location on 14 January to see the registered manager and office staff, to review care records and other records related to the running of the service. We looked at a wide range of information we had requested to be sent to us on 15, 18 and 19 January. We spoke with the relatives of people who used the service on 15 and 18 January to seek their feedback and opinions of the service provided. We spoke to staff on 15 January.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority.

#### During the inspection

We spoke with 17 relatives of people using the service about their experience of the care provided, this was because people who used the service preferred that we spoke to their relatives. We spoke with six members of staff including the registered manager and care workers. We reviewed a range of records. This included 11 people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits and governance information, newsletters and memos. We looked at records of accidents and incidents, compliments and complaints, staff training records, organisational oversight audits and action plans. We looked at surveys completed by people who used the service, their relatives and staff. We looked at the provider's statement of purpose and service user guide and the provider's business contingency plan.

# 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 for 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

- Systems and processes were in place to protect people from the risk of harm. Staff received training in safeguarding and understood their responsibilities if they were concerned about the safety of people using the service. Staff told us they would report concerns to the registered manager or local authority. One staff member said, "I have never seen any safeguarding concerns since working for Helping Hands. Safeguarding is about making sure people are safe. Financial and physical are some types of abuse that can happen. We do training in safeguarding and whistleblowing."
- The service had a safeguarding policy which was available to staff and covered key areas for example how to identify and report abuse or neglect.
- People we spoke with and their relatives confirmed they felt safe with the care they received. One relative told us, "I have every confidence [person] is in safe hands." A second relative said, "The carer supervises closely if [person] does some simple jobs."

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and managed well. The provider's auditing process included a system to ensure checks were completed and any safety issues had been identified.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments outlined measures to help reduce the likelihood of people being harmed.
- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- We found no evidence of any serious injuries having occurred.
- The service had a system for recording and monitoring accidents and incidents.
- The service had emergency fire procedures in place in the event of the need to evacuate the office premises.

Staffing and recruitment

- Staff were recruited safely; pre-employment checks were completed including checks with the Disclosure and Barring Service to ensure they were of suitable character to work with vulnerable people.
- The provider and registered manager ensured staff employed had the required skills to undertake their roles.
- There were enough staff to meet people's assessed needs, and people told us they were consistently supported by the same small group of familiar staff. One relative said, "If [person] needs to get out of bed, another carer comes in for an hour, with well-trained moving and handling skills to use the hoist."

### Using medicines safely

- People's medicines were managed safely, and people were encouraged to take their own medicines where appropriate. The service had a policy in place relating to the safe administration of medicines.
- Records confirmed staff were trained to administer medicines and were observed to ensure their competence. One staff member told us, "I give medication as part of my role. I feel confident and have had training."
- People who required support to take medicines had a care plan and risk assessment which described the support they required to take them safely.
- No-one we spoke with expressed any concerns regarding their medicines, and people's medicines administration records we checked were all completed correctly. These included records for the administration of creams and medicines taken 'as required'.

### Preventing and controlling infection

- Staff were aware of how to prevent and control infections. We saw office staff following social distancing rules and using PPE effectively and safely. We were assured the provider was preventing visitors to the office premises from catching and spreading infections.
- The service considered whether staff followed good practice in relation to infection control procedures during their observations and meetings with staff.
- The provider asked people using the service for their feedback in relation to good hygiene and infection prevention and control practice. One relative said, "The carer wears a mask, apron and gloves when needed."
- Staff had received additional training and guidance on the use of PPE since the start of the COVID-19 pandemic.
- Staff were tested for Covid-19 and the registered manager and provider had a system in place to access regular testing. Comments from staff included, "Tests are done weekly and are delivered to us," and, "Absolutely have enough PPE. Managers call round to bring us extra gloves and masks if we need it."
- The provider's infection prevention and control policy was up to date. The registered manager accessed government guidance on the COVID-19 pandemic.

### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of any incidents. One staff said, "Things get sorted out and action is taken."
- The provider had a system in place to facilitate the analysis of incidents and accidents and this helped to identify any trends, for example, if incidents were occurring at a specific time of day or in one place.
- An accidents and incidents file was kept which included a log of any incidents and the action taken to reduce the potential for a re-occurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed as and when required if a change occurred. Daily record logs, completed by care staff, contained a good level of detail and corresponded with people's assessed needs.
- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life. People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation.
- People's relatives commented positively about the service provided and told us they were involved in developing their care plans. One relative told us, "The communication between care staff, [person], the management and myself is very good."

Staff support: induction, training, skills and experience

- Staff received appropriate training, support and induction to enable them to meet people's needs. One staff member told us, "I did an induction when I started, and it prepared me well for the role."
- Staff told us they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member told us, "Overall enough training is available, and I get plenty." A second staff member said, "Personally, I honestly feel there is enough training. Extra training is available too such as Parkinson's or Alzheimer's if we want to learn about other conditions."
- Staff told us they felt they received consistent support. Records of audits and spot-checks demonstrated the provider had considered staff competence, learning and support needs. One staff member said, "I feel supported to do the role and the manager is always on hand if I have any problems." A second staff member told us, "I do have supervisions every three months or so. I have a manager I trust and can speak to them in confidence. If we can't meet, we do it over the phone."
- Relatives of people using the service told us they trusted the staff and felt they were capable and competent in the caring role. One relative said, "[Person] has specialist care needs and the staff are very well trained. The training support for staff is good and if there are any additional needs, they will send extra support from trained staff." A second relative told us, "The carers are very experienced and well trained."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported some people to maintain a diet of their choosing as not everyone required assistance in this area; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals.

- Detailed records were kept of the support provided to people each day.
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs. Professional's contact details were included in people's care records, such as doctors. A staff member told us, "We try and encourage people to have a stable diet. We support people with cooking and encourage them to get involved with food preparation tasks. I have never had to refer a person to a dietician or a speech and language therapist but would do if needed. I also involve the GP if there are concerns."
- Where appropriate, people had clinical intervention plans in place; these identified the condition to be treated, the goals to be achieved, the equipment to be used and staff and management actions linked to these.
- All the relatives we spoke with confirmed [their relatives who used the service] received a good standard of care which had a beneficial effect on their health and general wellbeing. One relative said, "The carer makes sure [person] keeps [their] medical appointments although these are fewer since Covid restrictions."

#### 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.

- The registered manager and care staff were working within the principles of the MCA.
- Staff had received training in the MCA and had a good understanding of capacity and consent. One staff member said, "The MCA is about people being able to make choices for themselves. People may need a power of attorney to speak for them." A second staff member told us, "It helps us determine if the people we are looking after have the capacity to make decisions for themselves."
- People's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- We saw people, or their representatives, such as a court appointed Power of Attorney, had signed their consent to receive care and support from the provider in their care records.

# 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; Respecting and promoting people's privacy, dignity and independence

- People's relatives spoke positively about the care and support people received from staff. Staff had developed trusting relationships with people, and people's relatives told us they felt comfortable in their presence. One relative said, "The carer has been with [person] for many years and over the years the carer has encouraged [person] to be as independent as possible. Now [person] is a lot less mobile and tends to rest a lot of the time. We are supportive as a family, but [person's] carer is amazing."
- People were supported by regular staff members, which provided continuity and familiarity for people who used the service. Records we looked at confirmed this. One relative said, "I am really happy with the care [person] gets. [Person's] carer is brilliant. They supervise [person] in doing little jobs around the house. They are part of the household and we think of him as family."
- Staff had been trained in equality and inclusion and respected people's individual needs and circumstances. People were valued for who they were. One relative told us, "The standard of care [person] gets is excellent. [Person's] care needs are extensive, and [person] must have [a specialist] and this support is always available. The staff are very respectful regarding privacy and dignity."

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

- People's relatives told us people were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these. One relative told us, "[Person] has a [specific condition] and they [staff] are always there to give them emotional support."
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.
- People's communication needs were identified in their care planning information. One relative told us, "[Person's] care package is updated regularly as their health has deteriorated very quickly; the carer has been really good."

# 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; 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

- People's care records contained person centred information to enable staff to provide personalised care. A relative told us, "The standard of care [both persons] receive is excellent. Sometimes if [person] wants to get out of bed, another carer comes for an hour, so that they can use the hoist. That's great. The company are so flexible like that."
- Care records held information on people's current health and support needs, such as nutrition and hydration, and personal care. There was clear information for staff on how best to support the person to meet these needs.
- Where appropriate, people were supported and encouraged by care staff to undertake activities and maintain their social relationships to promote their wellbeing.
- People received care and support from staff which helped them to live life as independently as possible. One staff member said, "We do activities indoors to keep people occupied. One person likes to play dominoes, so we do that." A second staff member told us, "We go out as much as we can, although it's difficult in lockdown. We watch movies, talk and laugh during these difficult times."

### 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 registered manager was aware of the AIS and the service could provide adapted information for people, and information in different formats such as large print..
- People's communication needs were assessed, recorded and highlighted in their care plans which helped ensure staff understood how best to communicate with each person. Care plans were developed with people and contained detailed information and what their likes, dislikes and preferences were.

### Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this, for example through comments and suggestions, care plan reviews and the complaints process.
- The service had a complaints policy in place and any issues had been responded to in a timely way, we verified this by looking at historical complaints information. People received a customer handbook which held details of different organisations they could contact to make a complaint such as CQC, the local

authority and local government ombudsman. A relative said, "I don't have any complaints but if I did, I would contact the manager."

- Relatives who had cause to make a formal complaint told us these had been resolved. One relative said, "They [the service] deal with complaints very quickly and issues are resolved to my satisfaction." A second relative to us, "There were some issues and a mix up concerning [issue] but these were resolved."

#### End of life care and support

- At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified people's end of life care wishes and if people had a 'do not resuscitate' order in place. End of life care was provided by relevant other professionals such as district nursing teams and doctors and supported by staff from Helping Hands.

# 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; 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

- It was clear from our discussions with people's relatives and staff, there was an open and supportive culture towards them. One staff member told us, "The current manager is lovely and is very approachable and always gets back to me if I have any issues."
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people and their relatives as part of the process of care planning, care reviews, ongoing feedback and formal questionnaires.
- Feedback from people's relatives about the registered manager was positive. One relative told us, "The management are very good and although they do seem to have had a few managers, there seems to be continuity and stability within the team of carers." A second relative said, "They [the service] deal with complaints very quickly and issues are resolved to my satisfaction."
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; records we saw confirmed this.

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

- Staff at all levels understood the importance of their roles and responsibilities and were held to account for their performance when required. The provider recognised and valued the hard work and commitment of staff and nominated staff were rewarded for going 'above and beyond.'
- Effective governance systems ensured the registered manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a high standard of care for people.
- Staff we spoke with felt valued and supported by the registered manager; they were clear about the culture of the organisation and what was expected from them. One staff member told us, "I have no issues and have a fantastic manager; very attentive and always there when I need her." A second staff member said, "The management is good, and I get plenty of input from them."
- Staff received on-going guidance and training, and records confirmed this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from relatives about communication was mostly positive. One relative felt communication with

the home could be improved and said, "I do get involved with how the care is going but I feel I shouldn't have to do that, and I sometimes have to chase up even little things; steps are followed quickly to resolve the issues and I am happy with the outcome." A second relative said, "The management are very proactive." A third relative commented, "The manager comes out to observe the carers work about every two months either by appointment or unannounced."

- People and their relatives had the opportunity to provide feedback about the service throughout the year. Feedback records we saw confirmed this.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals and submitted statutory notifications to CQC as necessary.
- Records showed a multi-disciplinary approach in meeting people's needs and responding when things went wrong.