

Midshires Care Limited

Helping Hands Nantwich

Inspection report

56 Hospital Street
Nantwich
CW5 5RP

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16 September 2022
20 September 2022
03 October 2022

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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 Nantwich is a domiciliary care agency. The service provides personal care to people living in their own houses and flats. It provides a service to adults some of whom have physical disabilities, mental health needs and are living with dementia. At the time of our inspection 11 were receiving support with personal care from 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 and their relatives were positive about the care and support they received. People told us they felt safe with staff and systems were in place to help safeguard people from risk of abuse.

The service continued to recruit staff and the provider had introduced a new strategy to support effective recruitment. Staff were recruited safely. There were enough staff to meet people's care needs. People told us they were supported by familiar staff who usually arrived as expected. Staff were suitably trained and supervised.

People were complimentary about the way they were supported and told us they were treated with dignity and respect. People's choices and wishes were taken into account.

Systems were in place to ensure people received their medicines safely. People were protected from the risk of infection.

Staff developed personalised support plans, following an assessment. People and their relatives were involved in this process. Staff undertook risk assessments to ensure potential risks to people were identified and they received safe care. However, in some cases, risk assessments would benefit from further details about the nature of the risk and its management, to help further guide staff.

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.

The service was well-led. The registered manager since coming into post had focused on improving communication and was working through an action plan to help develop the service. They were responsive to any issues raised during the inspection and took immediate action to address these. Staff were supported, and effective systems were in place to monitor the quality of the service. The provider sought people's feedback to help develop the service.

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

Rating at last inspection and update

This service was registered with us on 14 January 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 Nantwich

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 two inspectors.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 16 September and ended on 3 October 2022. We visited the location's office/service on 20 September 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 5 relatives about their experience of the care provided. We gathered feedback from 6 staff members including the registered manager, senior quality assurance business partner and care staff.

We reviewed a range of records including 3 peoples' support plans, risk assessments and medicines records. We looked at 3 staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance 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

- Systems and processes were in place to help safeguard people from risk of abuse.
- People were supported in a safe way. Comments included, "I think we do feel that we are all safe in the hands of the carers" and "I feel very safe with them".
- The provider had a safeguarding policy and procedure for staff to follow.
- Staff had safeguarding training and felt confident raising concerns with their manager.
- The management team were aware of their responsibility to report safeguarding concerns to the local authority. However, we found two examples where potential concerns had been reported by staff and addressed internally but had not been reported through local procedures or to CQC. The registered manager took immediate action to ensure staff fully under their responsibilities.

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to ensure potential risks to people were identified and people received safe care.
- Risk assessments included potential risks to people's health and mobility needs, as well as the home environment. Staff said they had the necessary information to know how to support people safely.
- In some cases, risk assessments would benefit from further details about the nature of the risk and its management, to help further guide staff. During the inspection the registered manager took action to address this and arranged further training to support staff in this area.

Staffing and recruitment

- Staff had been recruited safely. Some records relating to staff recruitment were not readily available, however the registered manager assured us all appropriate checks had been carried out and amended some systems, in liaison with the provider's Human Resource (HR) team to address this.
- The provider had implemented a new approach to support recruitment, making the process more efficient. They had a business continuity plan for any staffing emergencies.
- Whilst the recruitment of staff was ongoing, there were enough staff to provide the planned care to people supported by the service. People told us they received care from familiar staff who usually arrived as expected. They told us "They generally arrive on time taking account of the traffic" and "They are very good at arriving on time."
- Staff logged in and out of calls via an electronic system, this meant managers had oversight and could respond to any emergencies. The registered manager was in the process of reviewing call schedules to ensure these were as effective as possible for people.

Using medicines safely

- Systems were in place to ensure people received their medicines safely, where required.
- Staff had received training and competency checks before they were able to administer people's medicines.
- Electronic medication administration records were in place, which enabled managers to have ongoing oversight and action any medication changes without delay.
- Where any errors had occurred, these had been recorded, investigated and actions taken to mitigate any future risk.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff had received appropriate training and had access to personal protective equipment (PPE).
- The provider had an infection control policy which was up to date.
- The management team undertook quality assurance checks to ensure staff wore PPE as expected.

Learning lessons when things go wrong

- Where accidents and incidents had occurred, these were regularly reviewed to help identify any trends and consider action to reduce the risk of reoccurrence.
- A recent incident related to communicating staff absence out of usual office hours, had been escalated to the board level of the organisation, to ensure any learning was considered and implemented.

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

- Systems were in place to assess people's needs and choices.
- Staff undertook initial assessments and completed relevant risk assessments to ensure people's needs could be met and delivered in line with standards.
- Staff developed personalised support plans from these assessments. People and their relatives were involved in this process. A relative told us, "I planned [names] care directly with manager who was very helpful and made the process easy."

Staff support: induction, training, skills and experience

- People received support from staff who were appropriately trained and supported in their roles. A care training practitioner was based in the office and ensured staff completed the necessary training.
- Before starting work at the service new employees completed an induction. Staff were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People were positive about staff skills and told us, "I believe absolutely that the girls who come to me are well trained" and "The carers who come to see me are very well trained. Certainly, for the things they help me with."
- Staff felt they had the necessary training to carry out their roles effectively and felt supported. They received regular supervisions with spot checks to check they carried out their duties well.

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

- People received the support they needed to eat and drink a balanced diet.
- The level of support needed was detailed in people's support plans and where required, risk assessments were completed to ensure people were able to eat and drink safely.
- Staff ensured people were offered an appropriate choice of food or drink. One person said, "They always make sure that I have choice for lunch."

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 agencies to provide effective care. They referred to and liaised with health and social care professionals where necessary.
- People and their relatives gave positive feedback about how staff supported them with their health needs,

staff were able to identify any changes in need and seek further guidance. One person said, "They always keep an eye on me and if they have any concerns, they will let me and my son know."

- Support plans contained information about people's health conditions and what this meant for the person. They included information about their oral health needs.
- The provider had recently sent out information booklets to raise awareness and support the prevention of slips, trips and falls.

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.

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 service was working within the principles of the MCA. Staff had received training.
- Systems were in place to obtain consent from people to provide care and support. People had signed their consent within support plans, where they were able to.
- Where necessary mental capacity assessments and best interest decisions had been undertaken and were recorded.

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 cared for by familiar staff, which enabled them to build effective relationships.
- People were positive about the staff and support they received. Comments included, "Two of the carers I see are like good friends to me"; "We get on really well and I have got to know them" and "We always have a good chat while they are working and they always make sure that I am happy with what they are doing".
- Staff received training in relation to equality and diversity. They respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.

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

- People were supported to express their views and make decisions about their care. This was supported by regular care reviews, quality checks and surveys.
- People told us how they were involved. One person told us, "When they do my personal care they always ask if I am happy with what they are going to." A relative told us, "My [relative] can dictate her care as she feels necessary."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Comments included, "The care I get is very good. I am never made to feel awkward and they take time to have real conversations with me, which I appreciate" and "All the staff that come to see me are all so respectful and always time to talk to me. We have a good laugh."
- Staff received training and understood the importance of treating people with dignity and respect. Managers also monitored this through spot checks and reviews.
- Staff supported people to maintain their independence. People's support plans considered and promoted their independence.

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's care was planned in a personalised way. Support plans were in place and included information about people's lifestyles, histories and what was important to them.
- Staff understood people's likes and preferences. Comments included, "The carers are now getting to what makes him tick and they get on pretty well with my relative"; "The care we get is good. It fills a particular need and it is fairly flexible" and "I think all the carers that come to see me do understand how I like things done."
- Regular reviews were undertaken to ensure people were happy with the service, as well as giving them an opportunity to make any changes should they wish. A relative confirmed, "The manager has rung several times to check that we are happy with everything and to see if anything needs changing."

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 communication needs were considered as part of their initial assessment and support plans included guidance for staff about the support people required.
- Information could be provided in accessible formats, such as large print, where necessary.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns or complaints about the service.
- The registered manager was accessible and responsive to any issues raised.
- Overall, people had not needed to complain, however, where one person had raised a concern, they told us this had been satisfactorily resolved.
- There was a complaints policy and procedure in place, records showed that concerns were taken seriously, and appropriate action would be taken to consider any necessary improvements.

End of life care and support

- Staff received training to support people at the end of their lives. The provider had a clinical care team who were able to provide bespoke training for staff where needed.
- People were given the opportunity to discuss their end of life wishes and have them recorded in their

support plan. This included whether they had DNAR (do not attempt resuscitation) order in place and where this was kept in case of an emergency.

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 were positive about the quality of the care, and the provider's values and ethos supported a person-centred approach. One person said, "I would say that I am very happy with the service I get. I would happily recommend it to others."
- The registered manager was relatively new in post and had focused on good communication to promote an open and positive culture and help achieve good outcomes for people. They were passionate about providing a quality service and were keen to continue to improve the service.
- There were various audits and checks to monitor the quality of the service. The registered manager was working on an action plan, which had been developed from audits to help develop the service.
- The provider promoted a "moment of kindness" award each month. People, staff and managers could nominate a staff member who they felt had gone above and beyond. All staff nominated would be recognised and one would be chosen to receive a small gift and certificate.

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

- People and relatives were positive about how the service was managed and told us the manager was accessible. One person commented, "The office is very helpful. I feel the service is well managed and runs very smoothly."
- There had been various management changes, but staff reported feeling more settled and supported. Comments included, "They're [managers] always there when you need them"; "I think it's running great" and "It's calmer and more organised."
- The registered manager was organised and had implemented new systems to support the management of the service. They were supported by a quality assurance partner and care training practitioner; they were recruiting for a care coordinator.
- The staff team understood their roles and staff performance was monitored through use of spot checks of practice and supervision.
- The management team understood their responsibilities in relation to the duty of candour. They worked in an open and transparent way.
- The provider was aware of the legal requirement to notify CQC about certain events. The registered manager had submitted notifications, apart from in two cases which had been an oversight, clarification was provided during the inspection.

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

- The registered manager was developing initiatives to link in with the local community and had plans to develop a dementia café.
- The service liaised with health and social care professionals on a regular basis. The registered manager attended a group where local professionals worked collaboratively.
- Staff meetings were held, and staff were able to input into the development of the service. One staff member said, "You have plenty of opportunity to feedback."
- The registered manager engaged with people and their relatives through regular telephone monitoring, reviews, as well as delivering some care calls themselves.
- Regular feedback was sought from people to monitor the quality and effectiveness of the service. This was analysed and fed back into the running of the service. An action plan had also been devised from a customer satisfaction survey, where learning was identified.
- A branch newsletter was sent out to people and staff, to keep them informed of any updates and other information.

Continuous learning and improving care

- The provider held weekly on-line sessions to support learning and improvement.
- The registered manager was keen to support staff to develop and progress through further training such as NVQ's
- The registered manager was very responsive to any issues raised during the inspection and took immediate action to rectify these.