

Midshires Care Limited

# Helping Hands Beverley & Hull

## 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 Beverley & Hull is a domiciliary care service that was providing personal care to 39 people living in their own homes, at the time of the inspection. The service primarily supports older people, but can also support people with a physical disability, learning disability or autistic spectrum condition.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received a reliable service from staff who were kind and caring. Staff were trained and supported in their role and had a good understanding of people's needs and preferences. Most people were satisfied with the consistency of staffing and told us they had a small group of regular care staff who visited them.

Staff were aware of risks to people's safety and wellbeing and acted to mitigate these. Information was available for staff about people's health and nutritional needs. There was a system in place to ensure people received their medicines as prescribed, if people needed assistance with 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. People confirmed staff listened to them and respected their wishes and choices.

Staff promoted people's privacy and dignity and enabled them to maintain their independence. Each person had a detailed care plan for staff to follow and staff responded to changes in people's needs.

People, relatives and staff confirmed they would feel comfortable raising any concerns and that these would be dealt with. They had opportunity to provide feedback about their care. The service was well managed; people and relatives spoke positively about the registered manager and staff felt supported and valued.

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 2 January 2019 and this is the first inspection.

### Why we inspected:

This was a planned inspection based on the provider's new registration.

### 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 Beverley & Hull

## **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. This inspection was planned to check 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 conducted by one inspector.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home. The service had a manager registered with CQC. 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 24 hours' notice of the inspection. This was because we needed to ensure staff would be available at the office to assist.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our 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.

#### During the inspection

We spoke with six people who used the service and two relatives over the telephone. We also received feedback via email from a further five relatives. We spoke with the registered manager, quality assurance manager, a care coordinator and four care workers.

We looked at records related to people's care and the management of the service. We viewed four people's care records, three staff recruitment and induction files, training and supervision information, and records used to monitor the quality and safety of the service.

#### After the inspection

We continued to review evidence from the inspection and seek feedback from relatives.

# 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People confirmed they felt safe with the care staff who visited them.
- Staff completed risk assessments in relation to people's individual needs, such as moving and handling, medication and personal care. There were clear plans in place for supporting people to mobilise.
- There was a system for recording any accidents or incidents. The registered manager maintained a log of all incidents to identify any responsive action required and monitor for any patterns.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and information about the local authority's policies and procedures.
- The registered manager had made appropriate safeguarding referrals when required.
- Staff were aware of indicators of potential abuse and knew to report any concerns.

Using medicines safely

- Systems were in place to manage medicines safely. The provider had recently updated their medication policy and was in the process of training staff on this new policy and procedure. The new procedures included more comprehensive competency checks for staff.
- Care plans included information about the arrangements for people's medicines and staff recorded any medication they supported people to take.
- People received their medicines as prescribed. We identified during the inspection that one person's care plan and medication administration chart needed updating. The registered manager addressed this straightaway and agreed to ensure these records were audited more frequently.

Staffing and recruitment

- There were sufficient staff. Rotas were organised with enough time for staff to travel to people's homes.
- People and relatives confirmed the service was reliable. One person told us, "They (care staff) are always on time, very reliable and we always have the same staff which is very important to us." A relative told us, "Staff arrive on time and complete all tasks required. We are provided with a weekly rota showing the identity of the staff for that week. If there is any change (eg because of illness) we are advised by telephone."
- The provider had an electronic system to monitor that care staff had arrived at care visits at the expected time.
- Recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

Preventing and controlling infection

- Staff completed infection prevention and control training.
- Staff confirmed they always had access to a supply of personal protective equipment, such as disposable gloves and aprons, to help prevent the spread of infections.



# 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.

Staff support: induction, training, skills and experience

- Staff received an induction and training to prepare them for their role. As part of their induction they spent time shadowing other staff and meeting people before working independently.
- The provider had facilities at the office for practical training, and staff completed other courses on-line. Staff were satisfied with the training they received and confirmed they could request additional training or support if they needed it.
- Staff received supervision and were periodically observed to check their skills.
- One relative told us that not all staff who provided cover when their regular carer was off work were as skilled in certain aspects of care. However, most people and relatives were very satisfied with the knowledge and skills of staff.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff sought people's consent before providing care. Where possible, people had signed their care plan to confirm their agreement to it. People confirmed staff offered them choices and respected their wishes.
- Staff had completed training about the MCA and had a basic understanding about this. The registered manager told us they planned to discuss this topic in a forthcoming staff meeting and source additional training to continue to improve knowledge in this area.
- There was an inconsistency in one person's care plan regarding the person's Lasting Power of Attorney information. The manager addressed this and clarified the details straightaway, to ensure that only those with the appropriate legal authority were asked to provide consent to decisions on someone's behalf, should this be required.

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

- The registered manager conducted a comprehensive assessment of people's needs prior to offering a service, so staff understood their needs and preferences.
- The registered manager had access to information about legislation and best practice.

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

- Staff supported people with their nutritional needs and meal preparation, where this was required. People were satisfied with the support in this area.
- Information about people's nutritional needs and preferences was recorded in their care plan.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- Staff were attentive to changes in people's health and well-being.
- Care plans contained information about people's health needs and the impact of any health conditions.
- Staff worked with the community nursing team when required.

# 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; equality and diversity

- We received consistently positive feedback about the caring nature of staff. People told us staff were "Nice," "Very good" and "Very professional, helpful and friendly." One relative commented, "Without exception all the staff are very pleasant and professional." Another described staff as, "Respectful, chatty and caring."
- Two relatives commented that staffing was not always consistent, but other relatives and people were very satisfied with the consistency of staffing and told us they had care from regular staff who knew them well. A relative told us, "Tends to be the same small of group of carers who attend. [My relative] likes them all."
- Staff spoke about people with warmth and respect.
- The provider had an equality and diversity policy and staff were responsive to people's individual needs. Information including people's faith, sexuality, disability and gender were included in people's care plans, where people wished to share this information or required any specific support. For instance, to attend church.

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

- Staff offered people choices and involved them in decisions.
- People told us staff listened to their requests and respected their wishes. One person commented, "They really understand my needs and do everything they can to support me at a very difficult time."
- People had opportunity to discuss their support package and any changes they wished to make.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff respected their privacy and dignity.
- Staff were able to describe how they maintained people's comfort and dignity when providing personal care.
- Staff enabled people to maintain their independence by tailoring their support according to people's needs.

# 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

- Staff provided care in line with people's needs and preferences.
- People had a care plan with detailed information about their preferences and the support they required. Care plans included information about people's life histories, to enable staff to get to know people and their preferences better.
- People confirmed they directed the support they received and could agree any changes with staff. Staff were knowledgeable about people's needs.
- Staff completed a record of the care they provided at each visit. This enabled the registered manager to check the care provided and monitor for any issues.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care plan. This was available to share with other services if required.

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 supported people to follow interests or go out where this was part of their support package.
- Some people received social support and companionship.

End of life care and support

- At the time of our inspection nobody using the service required end of life care.
- The provider had an end of life care policy and encouraged people to record any end of life wishes they may have.
- The registered manager confirmed staff would work alongside healthcare professionals, such as the community nursing team, should anyone require end of life care.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and a system to monitor that concerns had been responded to in a timely manner.

- People and relatives confirmed they knew how to raise any concerns with the registered manager or office staff and felt confident these would be acted on.

# 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.

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

- The provider had a quality assurance system. The registered manager, care coordinator and care training practitioners conducted checks on the quality and safety of the service. This included direct observations of staff practice and checks of care records. Findings of these checks were used to make improvements where required.
- Staff were clear about their roles from attending regular staff meetings and training.
- The provider had notified CQC about events that had occurred, in line with requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about the registered manager and felt supported. Management and office staff were described as "Always helpful" and "Very approachable." One staff member told us, "They value the staff."
- Care staff were recognised for good practice, including a 'carer of the month' award.
- People and relatives knew who the manager was. One person told us, "[Name of registered manager] is lovely. [Name] still visits me occasionally now. I think it's to check on staff but also just to see how I am." Comments from relatives included, "[Name of registered manager] has been very kind and approachable and appears to manage the service very well" and, "I feel I can contact the management team at any time and they are only too pleased to help." Another told us, "I have 100% confidence in [Registered manager] and all their carers."
- People had opportunity to provide feedback about the service in surveys and review meetings. Survey findings indicated high satisfaction levels with the service.

Working in partnership with others

- Staff worked with other organisations and healthcare professionals to meet people's needs.

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 understood requirements in relation to the duty of candour.