

Midshires Care Limited

Helping Hands Wimbledon

Inspection report

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Date of inspection visit:
02 October 2023

Date of publication:
23 November 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Helping Hands Wimbledon is a domiciliary care agency. It provides personal care to people living in their own homes. This service specialises in supporting people living with dementia. At the time of the inspection, out of a total number of 49 people the service was supporting, 16 people were receiving support with personal care.

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 relative's told us that the management team's communication was not always affective and that they were not always provided with regular staff members to ensure consistent care delivery. Staff training needs required reviewing to ensure they had the necessary knowledge for the job. We made recommendations for this.

People felt safe supported by their regular carers. They received support with managing their medicines as prescribed. There were robust staff recruitment procedures in place. Staff had the necessary guidance to effectively manage risks associated with infection control. Risk assessments were individualised and provided guidance for staff on how to mitigate the potential risks to people. However information was not included in relation to how the service assessed the level of risk and also the areas being looked into during the environmental and fire safety risk assessments.

Initial assessments were carried out to gather personal information about people before the service started supporting them. Care records reflected the support people required to attend to their health and nutritional needs. 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 felt valued by their regular staff members. People's privacy was respected and they had support to maintain their independence skills. However their choice of gender care was not always adhered to by the service.

Care plans were person-centred and reflected people's choices and life-styles. Systems were in place for recording the actions taken when a complaint was received. End of life care wishes were discussed where people felt comfortable to do so.

People had good relationships with their regular staff members who attended to their care with compassion. Systems and processes were in place to monitor the care being delivered to people.

Healthcare professionals were involved as and when necessary to support people's well-being.

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 23 July 2018).

You can read the report from our last inspection, by selecting the 'all reports' link for Helping Hands Wimbledon on our website at www.cqc.org.uk.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection program. 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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Helping Hands Wimbledon

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

This inspection was carried out by an inspector and 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 homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be available to support the inspection when we visited.

We visited the location's office on 2 October 2023.

What we did before the inspection

We reviewed the information we held about the service including the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. 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 of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 9 family members. We also spoke with the branch manager and 4 staff members who provided care to people.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe staff recruitment processes were followed by the provider to ensure good care delivery for people.
- Recruitment checks were completed prior to staff started working with people. Staff were required to attend an interview, provide references, eligibility to work in the UK and Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The branch manager told us their interview process was value based making sure they recruited the right people for the job.
- Call monitoring system was in place, which notified the management team if staff were running late for their shifts so that this could be addressed.
- People and their family members had not raised concerns regarding staff's attendance. However, most family members told us that the service lacked consistency because people were not provided with regular care workers. Comments included, "In the last week, out of 13 visits we have had 8 different carers. [My relative] needs regular carers and we have raised it but nothing has changed", "Some of the [staff] are quick and can be abrupt and not much of a conversation – in a hurry – but [my relative's] regular carers take time" and "There are a lot of different carers. One of them [name of the staff member] calls her [name] instead of [person's name] which is her name for example."
- Some staff told us that travelling times were not always managed as necessary, commenting "Sometimes I could not physically get from one call to another in time, calls were assigned that way."

We recommend the provider to review their systems in place making sure staffing allocations were managed appropriately.

Systems and processes to safeguard people from the risk of abuse

- Staff received guidance on how to support people safely.
- People felt well cared for by staff that supported them regularly. A person said to us, "My carers are good, they know me and understand what I need." Family members told us, "We have put ourselves in their hands. [My relative] feels safe and comfortable with them I think" and "[My relative's] regular carers are good, they understand the difficulties and know her well."
- Staff understood how to protect people from abuse. Staff's comments included, "I would call the office first and 999 depending on the abuse. I would call another branch who will tell me what to do or out of hours, local authority and family if the managers are not doing their job."
- Systems were in place for taking appropriate actions when a safeguarding concern was received.

Assessing risk, safety monitoring and management

- Risk assessments provided clear instructions for staff to follow.
- Care records accurately reflected the needs of people. Staff were guided on how to reduce the risks associated with people's mobility, medicines, nutrition and health.
- However, information was not recorded in relation to how the likelihood and severity was determined of the identified risks to people. This meant that staff were not provided with information in relation to the impact the identified risks had on people. Also, records of environmental and fire safety assessments had not included all the areas being looked at, only the information where the risks were identified. This meant that the provider did not have a robust record of the assessments being carried out to ensure on-going monitoring of people's safety.
- This was discussed with the management team who told us the electronic system would be looked into by the provider making sure all the information was recorded as necessary. We will check their progress at our next planned inspection.

Using medicines safely

- People's medicines were managed by staff who had received the relevant training.
- Staff were required to complete medicine administration records (MAR) charts after the medicines were taken by people. Regular audits were carried out to check the MAR charts making sure these were accurately completed by staff.
- Staff were provided with guidance of how and when to support people to take their 'when required' medicines. Medicines' side effects were included in people's risk assessments.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the hygiene practices they applied when supporting people in their homes.
- Staff used personal protective equipment (PPE) as required. Family members' comments included, "[Staff] seem to be very careful about using gloves and masks when they are necessary."

Learning lessons when things go wrong

- Systems were in place to manage incidents affectively.
- The service used an incident and accident monitoring log for recording incidents and accidents taking place, actions taken and lessons learn in relation to people having falls for example.
- Team meetings were used by the provider to share information and discuss the trends that required addressing to ensure people's safety.

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.

Staff support; induction, training, skills and experience

- Systems and processes were in place to support staff in their job.
- Staff's competency was assessed to ensure they carried out their role responsibilities as necessary. Regular appraisals, supervisions and spot checks took place to monitor staff's performance.
- Staff were required to attend mandatory training before they started working with people and also to complete the Care Certificate, which is an agreed set of standards that define the knowledge and skills expected of specific job roles in the health and social care sectors. Staff's training needs were monitored and if their training was out of date, they were not allowed to work with people.
- However, some family members raised concerns regarding staff's training for dementia, one of them noting that the service needed, "A smaller group of carers with more understanding of dementia."
- Although staff understood the importance of people having to consent to care, they had limited understanding regarding the Mental Capacity Act 2005 (MCA). Some staff could not remember completing the MCA training.
- The management team told us the MCA and dementia training courses were completed by staff as part of the Care Certificate but that this was not included in the mandatory training program. However, the provider was in the process developing a new learning program, which included these courses as mandatory.

We recommend the provider to consider current guidance on the requirements to train staff so that they have the necessary knowledge and skills to support people safely.

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

- Important information about people was effectively shared within the service.
- Initial assessments were carried out to assess people's care needs and choices. This included talking to people and their family members to gather the information necessary for good care delivery.
- Systems and processes were in place to ensure effective handover between the staff team. Staff used a digital system to log their visit notes which helped them to share information quickly when necessary. Management team were notified if a task was not marked as completed such as administration of medicines so that appropriate action could be taken to safeguard people.

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

- Care records reflected people's nutritional needs.
- Risk assessments were completed to guide staff on how to support people with eating and drinking. This

included encouraging a person to eat because they were at risk of malnutrition.

- People's health needs were monitored and effectively supported to ensure their well-being. A person told us, "Our regular carers are excellent and will spot the beginnings of a bed sore and take a photo and show me and sort it out." Family members' comments included, "The carers flag up an issue and phone me first and then I make the decision" and "The carer prompts medication and she flags up any health issues so if [my relative] has had a rough night or hasn't eaten well, she will let me know so that I know what to expect when I walk through the door."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that Mental Capacity Assessments were completed by the service to support people in the decision-making process. Where it was decided that a person lacked capacity to make the decision, the best interests meeting took place making sure the person's best interest were adhered to. Mental Capacity Assessments completed were in relation to people's nutrition and support provision during the personal care.

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 means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- The culture at the service had promoted people's individuality.
- People felt valued by their regular staff members. A family member commented, "We are very happy with the regular 2 carers who engage and listen and interact in everything they do." A staff member told us, "I approach [people] calmly, we work together. If I want to [undertake a personal care task], I talk to them telling what I am doing."
- The branch manager told us they included information in care records where people required support with cultural and religion activities that were important to them.

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

- Staff supported people to express their views.
- People's care records included their choices because the provider had involved them in planning of their care.
- However, choices were not always adhered to where people had expressed a preference for staff member's gender. Some family members told us, "We asked for female carers and recently a male carer started to appear, which made [my relative] very anxious and we had to ask them not to send him again. They haven't but it shouldn't have happened" and "We asked for female carers only and then they sent a male carer, it's ok she's got used to it."
- This was discussed with the management team who told us they would address this shortfall. We will check their progress at our next planned inspection.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and they had support to promote their independence.
- People's care was dignified. Family members' comments included, "From what I have seen [staff members] treat [my relative] with respect, she has regular carers she knows and trusts" and "Our regular carer is very good and very respectful and always protects privacy." Staff's comments included, "I close the curtains and shut the door when supporting somebody with changing."
- Staff maintained people's independence skills as necessary. A person told us, "I am bedbound mostly but [staff] do make me as independent as I can be, for example they will make me do up buttons." A family member said, "[Staff] do encourage [my relative] and involve her in everything they do."

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; Meeting people's communication needs

- Care records focused on people's individual care needs.
- People's care plans were person-centred and provided individual information about people, including their important contacts, life histories, hobbies and how they wanted to be cared for.
- People's care records were regularly reviewed and up to date.

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.

- People received support with communication where they needed it.
- The branch manager told us that currently no one required active support with communication. Where a person needed assistance to access information because of a sensory impairment, this was considered and recorded in their care plan.

Improving care quality in response to complaints or concerns

- Complaints procedure was in place to address the concerns people had raised with the service.
- Records showed that complaints received were recorded, investigated and learned lessons from the results shared with the staff team as necessary.

End of life care and support

- At the time of inspection the provider had not supported people at the end of life care.
- Where people wished to discuss their end of life wishes, this information was included in people's care records such as do not attempt cardiopulmonary resuscitation (DNACPR) decisions.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Concerns were raised regarding the effectiveness of communication at the service.
- Most people and their family members told us their enquiries were not always responded to as necessary. Family members' comments included, "I would say [the service] is not very well led. Difficult to communicate, often they don't listen and don't communicate information from the office to the carers", "I asked [the office staff] to follow up about the [issue] but it's now 2 days later and I haven't had a call back" and "The staff in the office are not good and don't listen or act." Some family members also told us there was a lack of communication from the management team when new staff members were being sent to them.
- Some staff members told us they were well supported by the management team. However, others felt that the management team's communication needed improving. Comments included, "The office team is not very supportive at the moment. Whatever they say they will get back to me, they never never get back to me. Better communication would be appreciated. Updating with what is going on would be nice" and "We don't get informed when we are teaching other people [training staff members], which is frustrating. Clients are not informed when someone [staff member] is shadowing either. There is no communication from the office. It's becoming all a bit of a nightmare."
- People's satisfaction survey results for June 2023 had also identified issues related to communication but feedback received during the inspection showed little progress being made to improve in this area.

We recommend the provider to seek guidance on effective communication to ensure quality support and compliance with regulatory requirements.

We found the branch manager being involved in day to day running of the service and understanding people's individual care needs.

Planning and promoting person-centred, high-quality care

- The service encouraged culture aimed at person-centred care delivery.
- Staff attended to people's care with kindness. People's comments included, "My regular carers are very good [staff names]. [Name of a staff member] is really excellent. She knows exactly what I need and does everything for me" and "The carers I have are good and I like my carers very much."

- Any changes to policies and procedures were communicated to the staff team to ensure consistent care delivery to people.

Continuous learning and improving care

- Governance systems were in place to monitor the care delivery.
- Quality checks were carried out at the provider and branch levels making sure people received safe care. This was in relation to people's care records, infection control and staff support. Actions identified were completed in good time, for example in relation to staff team's communication.

Working in partnership with others; Duty of Candour

- The provider understood their obligation to work in partnership with external organisations sharing information as legislative requirement.
- The branch manager told us they liaised with the healthcare professionals as and when necessary to support people's well-being.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. The branch manager was aware of the statutory notifications they were required to send to the CQC informing about serious events that may stop the running of the service.