

Midshires Care Limited

Helping Hands Basildon

Inspection report

Unit 11
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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 Basildon is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 44 people were using the service, with 22 people receiving personal care.

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

People and relatives told us they felt safe using the service. They knew how to report a concern or complaint and were confident the registered manager would deal with it appropriately.

People were assessed for their health and social care needs. Care plans were person-centred, and people and relatives told us they were consulted and contributed to the planning of care.

Staff spoke with compassion when talking about the people they cared for. People and relatives told us staff were kind and caring and treated them with dignity and respect.

People appreciated receiving care from a regular group of care staff who usually arrived on time. People told us that staff always attended and if they were going to be late, they would receive a telephone call. People told us they were always introduced to new staff and that staff wore uniform and photographic identification badge.

There was management oversight of the service. People and relatives told us the management team conducted spot checks to ensure staff were meeting expected standards of care. This also gave them an opportunity to speak directly with the registered manager. Surveys and telephone interviews to people and relatives were carried out to gain feedback on the service provided.

Communication with the service was described as excellent and relatives told us the registered manager responded to telephone calls and emails promptly. The service had recently introduced a 'customer magazine' which was sent to all people using the service and contained topical subjects and information about the service.

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 recruitment processes were robust and there was an induction programme for new staff. Staff received on-line and face to face training as well as competency observations. Regular supervisions were conducted, and staff meetings were held.

Staff received training in infection control and they told us they had enough gloves and aprons to carry out their work safely. Medicine administration records were audited monthly and those reviewed showed that people received their medicine as prescribed.

The registered manager acknowledged that loneliness and isolation are sometimes felt by people living alone and was proactive with gaining links with community organisations. The service had introduced social events at their office such as coffee mornings, where people or relatives could attend to meet with others.

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

This service was registered with us on 05 March 2019 and this is the first inspection.

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 Basildon

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 team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service notice of the inspection because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

The inspection activity started on the 12 February 2020 and ended on the 24 February 2020. We visited the office location on 17 February 2020.

What we did before the inspection

Prior to the inspection, we reviewed information we had about the service. 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 four people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the area manager, registered manager, care and training practitioner and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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 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

- People and relatives told us they felt safe using the service. If they had a concern they were confident that if they reported it to the registered manager, it would be dealt with appropriately.
- Staff had received training in safeguarding and knew how to raise a concern.
- Safeguarding policy and procedures were in place. The provider had an additional system in place for staff to report any concerns through a dedicated contact whistle-blowing email address. All staff spoken with were aware of this service.
- The registered manager was aware of how to raise a concern to the local authority in the event of an allegation of abuse.

Assessing risk, safety monitoring and management

- Environmental risk assessments were conducted in people's homes and where necessary the appropriate professional was consulted, for example the occupational therapy team for specialist equipment.
- People were assessed for their health and social care needs, with guidance for staff on how to mitigate risks.
- Care plans and risk assessments were reviewed with people and their relatives every six-months or sooner if needed. Risk assessments were amended if changes were required.
- Quality audits were completed by the registered manager. There was oversight of the branch service audits by the company head office management team.

Staffing and recruitment

- Staff recruitment was robust. A structured recruitment process was followed with the necessary checks completed to ensure staff were suitable to work with vulnerable adults.
- Staff told us they had enough time with each person to carry out care practices. One relative told us, "The service is flexible as we have had to cancel some weekends, and that wasn't a problem."
- People and their relatives appreciated receiving care from the same group of staff. One relative said, "They are reliable, always turn up and nearly always on time." Another said, "We have one main staff member who has been coming for a long time. They always introduce new people and the service never sends two new people together, there is always an experienced person with them."
- The service had a technology system in place to monitor care visit times. The outcome was audited weekly and provided the registered manager with information around the times of the visits to ensure they were within the planned times for each person.

Using medicines safely

- Staff received medicine administration training. Competency observational supervisions were carried out.

- Medicine Administration Records (MAR) were audited every month. The MAR charts we reviewed showed people received their medicines as prescribed.
- Where prescribed creams were applied, body map charts were completed to identify where on the body the cream had been applied.
- Care plans contained guidance information on what each medicine was for and how they should be taken including what assistance the person required.

Preventing and controlling infection

- Staff told us they were supplied with enough personal protective equipment (PPE), including gloves, aprons, overshoes and alcohol gel to enable them to carry out their work safely.
- People told us staff used PPE when attending to personal care.
- Staff had received training in infection control and understood how to minimise the risk of cross-infection.

Learning lessons when things go wrong

- The registered manager held regular staff meetings and shared lessons learned to enhance practice.
- The provider had other service branches and managers from local branches met to discuss topical matters and shared good practices ideas.

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

- An initial assessment was conducted by the registered manager to establish the person's care needs. The person-centred care plan was then completed with the involvement of the person and their relatives.
- The service had employed a registered nurse who would advise on care delivery for people with complex needs.
- Communication with the service was described as excellent with telephone and email contact. One relative told us, "They follow-up things. Anything, they are on it straight away." Another said, "The manager is very good, quick with email responses."

Staff support: induction, training, skills and experience

- New staff undertook an induction programme which consisted of on-line courses followed by face to face practical assessments including workbooks. Once assessed as competent, staff shadowed experienced staff until they are confident to work on their own.
- Staff completed the Care Certificate which is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- There was a recall system in place to notify when staff were required to conduct refresher training which ensured staff knowledge remained current.
- Staff received regular supervision and annual appraisals.
- There was a structured timetable of when staff observational supervisions were undertaken by senior personnel to assess for continued competency, and to arrange additional training if required.
- The service had a dedicated staff member who conducted training. The service had their own training facilities.

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

- People's nutritional and hydration risks were assessed and documented in their care plan.
- Care plans contained guidance for staff on how people preferred their meal to be prepared.
- Independence was promoted, and care plans documented what type and how much assistance people required to support them with their meal.
- Where required, cultural preferences and specialist diets were documented.

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

- The service worked closely with other professionals including community nurses and GPs.
- Staff told us that if they needed assistance from a health or social care professional they would make the

necessary referral.

- Relatives told us they were informed of any health concerns relating to their relative.

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.

- People's mental capacity to make decisions about their care was assessed.
- There was no one in need of Court of Protection at the time of the inspection.

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

- Staff spoke with compassion when talking about the people they cared for. One staff member said, "I love working here, the people are lovely. We can take time with people, not just in and out." Others told us, "The people I look after are lovely. I get enjoyment out of helping people" and, "We have to be respectful, we are going into people's houses, so it is important to always ask, as it's their home."
- People and relatives told us staff were respectful and caring. One relative said, "The staff are very kind, my [name] likes them. They are skilful, they have been great looking after [name]."
- People's religious, cultural and lifestyle choices were considered which met with the Equality Act 2010.
- Care plans provided staff with clear guidance on people's individual needs. Staff told us care plans were easy to follow.

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

- Care plans reflected people and relatives were involved in their care planning. When people first joined the service, information about their care was related to the staff prior to the first visit. For those with complex care needs, senior staff accompanied the care staff on the first visit to ensure all care needs were met.
- At the end of the first week of care, the registered manager telephoned the person to gain feedback on the care provided and visit times and if any adjustments to the care plan were needed.

Respecting and promoting people's privacy, dignity and independence

- Care plans identified where people could be independent and the care notes demonstrated that staff promoted independence at the time of care delivery.
- People we spoke with confirmed that staff promoted their independence and treated them with dignity. One person told us, "The staff are lovely, they treat me with dignity and respect, 100%. They are always kind and careful." A relative said, "It's an excellent service. The staff are brilliant, really very good. I feel [Name] is safe with them."
- Staff recognised the importance of gaining trust. One staff member told us, "We like to get to know the family members, so we can talk about them to support people with dementia to recall events. It takes time to gain their trust."

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

- Care plans were person-centred. Specific health needs for each person were identified and clear guidance was provided for staff to follow.
- People consented to care and information sharing, and this was documented in the care plan. People and relatives confirmed that consent was obtained at time of care delivery providing care choice.

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.

- Care plans identified people's communication needs. The registered manager told us that if a certain aid was required, it could be obtained from the provider's central office. For example, information in Braille, large print and alternative languages.
- The registered manager had devised a one-page diary form for people living with dementia to act as a memory prompt. It contained the names of the care staff who were attending each day and their photograph for easy recognition.
- Some staff had been trained in British Sign Language although there was no one at the service who required that form of communication aid at the time of inspection.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People were provided with a copy of the complaints policy when they joined the service.
- People and relatives told us they were aware of the complaints procedure and would contact the registered manager if they had any concerns and were confident that their complaint would be dealt with appropriately.
- The service maintained a complaints log which highlighted the complaint, the investigation taken and outcome with an action plan if required.

End of life care and support

- The service did not have anyone receiving end of life care at the time of inspection.
- Where appropriate, care plans had information about decisions taken for 'do not attempt cardiopulmonary resuscitation' (DNACPR). This is a way of recording a decision a person or others on their behalf had made that they would not be resuscitated in the event of a sudden cardiac collapse.

- The registered manager had linked with the local hospice for staff training and advice around end of life care. This was an area of care the registered manager told us they were focusing more on to enhance the care choices for people.

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

- The registered manager was proactive and enthusiastic about continually improving the service and care. They promoted an open, positive culture.
- Staff spoke highly of the registered manager. One staff member said, "[Name] is the best manager I have ever had, they are very supportive." Others said, "The registered manager is exceptional, firm but fair" and, "They are wonderful, very approachable."
- The staff worked well as a team and all said they enjoyed working for the company and would recommend it to others. One staff member said, "We are a good team, we look out for each other to ensure we are all working correctly, we help each other."

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 provider had a structured management team with senior personnel. We spoke with the area manager who supported the branch services and visited regularly, providing oversight of the service.
- The registered manager was aware of their responsibility and duty of candour and told us they felt supported by the provider and area manager.

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

- The registered manager was clear about their role and provided leadership. They monitored the quality performance of the staff and were proactive in initiating different ideas to enhance service provision.
- Staff spoken with understood their role and the standard that was expected of them. They spoke about working as a good team and supporting each other to focus on standards of care for the people using the service. They were complimentary of each other. One staff member said, "Everyone is so supportive, absolutely wonderful. They always go the extra mile."

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

- The registered manager had introduced a system where all telephone calls, emails and office visits were documented in a time log. The registered manager told us they reviewed the log daily which provided them with oversight of the service, allowing them to deal quickly with any concerns.
- Telephone interviews were conducted for people and their relatives to gain their views of the service.

Additionally, written quality assurance surveys were sent out to all people and their relatives and the results were analysed, and action taken. Once the outcome of the survey was established, a letter outlining what was found and how the service had addressed issues, was sent out to people. This was viewed as a "you said, we did" process. The registered manager told us it was important that people were aware the areas raised in the survey were reviewed and action taken.

- The service produced a seasonal 'customer magazine' which provided topical information and was sent out to people using the service.

Continuous learning and improving care

- The registered manager obtained support from other managers in the group and good practice ideas were shared at meetings.
- The registered manager recognised the importance of ongoing learning and utilised staff meetings as an opportunity to introduce a different care topic to discuss as part of the meeting agenda. Staff told us they found the meetings informative and interactive.
- To promote personal development, it was planned for a staff member to attend the Dementia Champion training day with the view of sharing information to enhance practice around dementia care.

Working in partnership with others

- The registered manager recognised that isolation and loneliness was experienced by some people and had looked at ways to reduce this by working closely with different community organisations to provide a holistic approach to care.
- The service had introduced a new initiative of organising different activities at the service office such as coffee mornings, providing an opportunity for people and their relatives to meet socially with office staff and other people using the service.
- Where appropriate, people and their relatives were informed of the Herbert Protocol Missing Person initiative. This scheme provided information sharing for tracing people living with dementia in the event they went missing from their home.