

Midshires Care Limited

Helping Hands Weston

Super Mare

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 is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 45 people using 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 were safe because there were systems in place to protect them from abuse and staff received training to know how to identify and report concerns. There were sufficient staff to meet people's care needs and safe recruitment processes in place. People were supported safely with their medicines. We did receive some mixed feedback about consistency of staff and whether people knew in advance who was supporting them.

Staff were trained and supported in their roles and told us they felt valued and listened to. Staff worked with other health and social care professionals when required to ensure people's needs were met.

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 were kind and caring and built positive relationships with people they supported. People's independence was encouraged, and they were treated with dignity and respect.

People received person centred care which recognised them as individuals with their own unique needs. Care was reviewed regularly to ensure it remained up to date. People received information about how to make a formal complaint and there were procedures in place to manage these.

The service was well led. There was a registered manager in place supported by a care coordinator. Communication with staff was good. Staff told us they were able to get hold of senior staff when needed. People's views were sought and taken into consideration in the running of the service. There were systems in place to monitor the quality and safety of 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

The last rating for this service was good (published 8 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staff training, skills and support and

care of people living with dementia. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Helping Hands Weston Super Mare

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was to ensure the registered manager would be available to support the inspection.

Inspection activity started on 2 March 2023 and ended on 9 March 2023. We visited the location's office on 2

March 2023.

What we did before the inspection

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 spoke with professionals in the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and care coordinator. We spoke with 6 relatives and 6 people receiving care. We received email feedback from 7 care staff. We reviewed care records for 3 people and looked at other documents relating to the running of the service such as spot check records and accidents and incidents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care staff that supported them. One person commented, "Their caring nature meant I haven't felt vulnerable the whole time they have been coming", another said, "They (care staff) are always respectful and treat her with kindness".
- People were protected because staff received training in safeguarding from abuse. There were no ongoing safeguarding concerns at the time of our inspection, however the registered manager and staff had procedures in place to follow when required.
- Spot checks on staff were carried out. These are when a senior member of staff attends a care call unannounced to check that care is being delivered safely.
- When staff supported people with shopping, there were clear processes in place to document financial transactions and minimise the risk of abuse.

Assessing risk, safety monitoring and management

- There were risk assessments in place giving clear guidance to staff on any risks associated with people's care. These were reviewed as necessary to ensure they were up to date.
- There was an on-call system in place for people and staff to report concerns or seek advice out of hours. Staff told us they were able to get hold of support when they needed it. Comments included, "On most occasions we can get hold of office staff or the person on call it might take a couple of calls especially if they're out working as well", and "Yes I can usually contact a senior member of staff or they phone me or text me back in a timely manner".
- There was an electronic system in place for staff to log in and out of care calls. This alerted staff in the office if staff hadn't arrived at someone's home at the expected time.

Staffing and recruitment

- We received some mixed feedback about staffing and whether people knew in advance who was coming. Comments included, "They provide me with a weekly rota so I know who is coming and they give me a call to let me know if they are going to be late, but that is usually on the evening call if anything.", "I used to get regular carers, but not anymore and there is occasionally a new one (care staff) on their own", and "I used to get a rota but that doesn't seem to come any more". We made the registered manager aware of this feedback.
- The registered manager told us they had sufficient numbers of staff currently to manage people's care safely. However, they were recruiting to help cover evening and weekends.
- The registered manager and care coordinator were able to support with care when required.
- There were systems in place to recruit new staff safely. This included gathering references and carrying out

a Disclosure and Barring Service (DBS) check. A DBS provides information about any convictions a person might have and whether they are barred from working with vulnerable adults.

Using medicines safely

- People received safe support with their medicines. One relative told us, "Helping Hands organise the obtaining of medication from the pharmacy for Mum and they administer it for her. There has never been a problem."
- There was clear information in people's files about the medicines they were prescribed and how staff should support them.
- Medicine administration was recorded on electronic systems; these alerted staff in the office if medicine had not been administered by staff as prescribed. This reduced the risk of medicine administration being missed.

Preventing and controlling infection

- Staff had access to sufficient levels of PPE when required.
- Guidelines and procedures in place during the pandemic had been followed.

Learning lessons when things go wrong

- There were systems in place for recording any accidents and incidents. These were reviewed by the manager to ensure that appropriate action had been taken in response to the concern.
- Incidents were monitored on a monthly basis and this helped identify and recurring themes that might require further action.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 carried out with people to assess their needs and create a plan of care. This was reviewed at least on a 6 monthly basis, though more frequently if required.

Staff support: induction, training, skills and experience

- Staff told us they were satisfied with their training overall. Comments included, "I was given sufficient training for the needs of customers I have worked for", and, "We've been given the right training skills and support for all service users".
- Staff new to the organisation completed a standard induction covering organisational values, as well as key topics such as safeguarding and moving and handling. This was followed by an opportunity to shadow experienced members of staff before working independently. The registered manager told us they would always give staff opportunity to review knowledge and carry out further shadowing shifts if required.
- New staff undertook the Care Certificate which they were required to complete within 12 weeks.
- If people had particular clinical needs, training was provided by the district nurse. In the case of catheter care, the registered manager had undertaken training to enable them to train staff.

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

- Not everyone required support with their eating and drinking, however where they did, information about their needs was clear in their support plan. For example, we read that one person was able to make choices about their meals but needed support to prepare them.
- Some people had particular dietary requirements, and these were clearly outlined. One person for example wasn't able to eat dairy products.

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

- The registered manager worked with healthcare professionals to ensure people's healthcare needs were met. The registered manager told us for example they would liaise with a person's GP if there were any queries about their medicines. Staff would also be asked on occasion to collect people's prescriptions for them.
- There was information in people's care plans about any medical or health conditions a person had. This helped staff monitor a person's health and raise concerns if the person was showing symptoms of becoming ill. One person for example had anaemia and the signs of them becoming unwell with this condition were

described in their care plan.

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.

- It was clear in people's care plans they were encouraged to make everyday decisions about their lives, including what they wanted to eat and wear.
- When a person had a power of attorney in place, this was documented.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 told us they were treated well and with respect. Comments included, "The carers are all kind, caring and show me respect, but then they have got used to my straightforward talking and I have a bit of banter with some of them", and "All the carers that have come seem very kind and understand Mum's needs."
- We heard of occasions when staff had stayed longer than their allotted time in order to support a person. One person for example told us of an occasion when they had been anxious and stressed and staff had stayed an hour longer in their own time, to help ensure they were ok. Another person told us staff had stayed with them whilst they waited for an ambulance.
- The registered manager told us where possible they liked to send regular staff to people so that relationships could be built with care staff.

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

- People and their relatives were involved in planning and reviewing care. In people's care documents we read about their hobbies and interests and aspects of being supported that were particularly important to them.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One person commented, "I have had Helping Hands for 2 years now and it keeps me at home and operating with some independence, which is my aim because of my (young) age". Another relative told us, "This service does help me keep my husband at home and that is where he wants to be."
- It was clear in people's support plans where they were independent in their care routines and the choices they liked to make. One person for example was able to choose their clothes but required support to get dressed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 was planned in a personalised way, taking into consideration the person's needs and wishes. The registered manager told us for example about one person who they had worked with to ensure they were comfortable with receiving support with personal care.
- If a person had particularly complex needs, the registered manager told us they would spend time with new staff at initial visits to ensure they had time to read information about the person and get to know them.
- The service was flexible to people's needs. Care was reviewed regularly and when required. The registered manager told us how they had recently reviewed and adapted the care package of a person who had been in hospital.

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.

- The registered manager told us at the time of inspection, there was nobody who required information in an alternative format or language other than English. They confirmed they would provide this if necessary.
- People's communication needs were set out in their care plan. We read for example that one person had a hearing loss requiring to staff speak loudly and occasionally use a note pad to write down information if necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's personal interests and hobbies were outlined in their care plans so that staff could encourage and support these if the opportunity arose as part of their care plan.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns if they had them. One person commented, "There have been occasional issues, but the manager listens and sorts things out". We heard several examples of people raising concerns and these being resolved, for example individual staff that people weren't happy with were no longer sent on that person's call. Another person told us about a staff training need which the registered

manager resolved.

- There was a process and policy in place for managing and responding to complaints. This set out the timescales people could expect to receive an outcome to their concerns.
- Information about the complaints procedure was provided to people at the time of commencing care with the agency.

End of life care and support

- There was nobody receiving end of life care at the time of inspection. However, the registered manager was aware of the agencies who could support them if required, such as the local hospice.
- It was recorded in people's care plans whether they wished to discuss their end of life wishes and whether family were aware of these wishes.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 service and told us they would recommend it to others. Comments included "It's early days for us yet, but they do seem to know their job and everyone is very friendly", "I would indeed recommend them if anyone asked me", and "The business is very well run I think and I would recommend them to anybody who needs a service like this".
- There was a positive, person centred culture within the service with people receiving good quality care that met their needs.

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

- There had been no incidents reportable under the duty of candour regulation, however the registered manager was aware of their responsibilities.
- The registered manager made notifications to CQC when required, in line with legislation.

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

- Staff told us they felt valued and listened to. Comments included, "I do feel valued , but if there anything I'm not happy with I will phone and speak to someone and it does get resolved most of the time", and "Yes I always feel valued and listened to as a staff member".
- There were systems in place for communicating key information with staff. A weekly memo was sent to the staff team and team meetings took place every 3 months.
- There was a recognition scheme in place for staff to recognise their hard work and loyalty.
- Staff told us they were able to speak with the registered manager or senior staff if they needed support.

Continuous learning and improving care

- People told us they were contacted to check on whether they were happy with the service provided. One person told us, "The manager has visited the house and done spot checks", another commented, "There was a lady who came out from the office to check everything was ok".
- There were systems in place for monitoring the quality and safety of the service. This included gathering the views of people through phone calls and formal reviews.
- The registered manager produced a monthly report detailing key information such as the number of

accidents and incidents, any safeguarding concerns and complaints and compliments. This report also identified any areas requiring attention, such as staff training needs.

- The registered manager told us they had regular meetings with other local registered managers within the organisation as a means of support and sharing information.

Working in partnership with others

- The service worked with other professionals, such as GPs, nurses and social workers to ensure people's needs were met.