

Midshires Care Limited

# Helping Hands Stalybridge

## 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 Stalybridge is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults with various needs. At the time of this inspection 42 people were 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support:

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. Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences, and the outcomes to be achieved. People and relatives were involved in the care planning and regular reviews. People's communication needs were met. Care plans included people's end of life wishes.

### Right Care:

People received kind and compassionate care. Staff understood and responded to people's individual needs. People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in how to safeguard people. Medicines were managed safely. Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Accidents and incidents were recorded and managed appropriately.

Staff were recruited safely and had the necessary safety checks in place before starting work. The provider had systems in place to monitor staffing levels and ensure people received their visits. Staff had received an

induction when they first started working at the service and training relevant to their roles had been provided. Staff had regular training and opportunities for supervision [one to one support sessions with their line manager].

#### Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. Staff had received training in equality and diversity, and they were committed to ensuring people were treated well. Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. People were involved in making decisions about their day-to-day care. People were treated with dignity, privacy and respect. People's independency was encouraged where possible.

People and their relatives' views had been sought through regular contact, surveys and quality monitoring.

Governance systems were in place to monitor the standard of care people received. Staff had regular contact with people and completed regular reviews, meetings and quality checks, which also reviewed the quality of care people received. Various auditing systems were in place.

The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. Staff praised the registered manager and wider management team, they felt supported in their roles.

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 and update

This service was registered with us on 17 March 2021 and this is the first inspection.

#### Why we inspected

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 Stalybridge

## 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 1 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.

#### Registered Manager

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

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

#### Notice of inspection

We gave the service under 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 11 July 2023 and ended on 25 July 2023. We visited the location's office on 11 July 2023.

#### 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 and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, care co-ordinator and care workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. A person told us, "I feel very safe, the carers are all lovely." A relative added, "My [relative] receives safe care."
- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I have had training [ in safeguarding], I would report any concerns to the managers."

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

- Staff assessed risks to people's health, safety and wellbeing.
- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed.
- Accidents and incidents were recorded and managed appropriately. Staff knew how to report accidents and incidents. The provider had a system in place to have an overview of any accidents, incidents or near misses, and analyse any trends.
- The provider issued people with booklets about slips, trips and falls awareness, and how to minimise associated risks.

Staffing and recruitment

- Staff were recruited safely and had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (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 provider had systems in place to monitor staffing levels and ensure people received their visits. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. Staff told us, "There is enough staff" and "I have regular clients on my rota."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and medication administration records [MARs] were completed daily. One person told us, "They [staff] help me with my tablets every day, they give them as needed."
- Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. One staff member told us, "I have had training in administering medication and I have had an observation."

## Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. A person told us, "The carers always have an overall on and they wear aprons and gloves."

# 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 of 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;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. Care plans reflected a good understanding of people's needs. A relative told us, "I have to say, they [service] are one of the best care agencies we have had, and we have had lots [of services]."
- Care plans included relevant health and personal information. Staff monitored people's healthcare needs and worked in partnership with other relevant healthcare professionals, as required.
- People and relatives were involved in the care planning, which was reviewed regularly or when people's needs changed. A relative told us, "I am involved in [relative's] care and I attend the [review] meetings. I had a copy of the care plan emailed to me, and the care file is in [relative's] house."
- Where people required support with their food, the level of support was agreed and documented in their care plan.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "The induction was great, informative and comfortable. I have never had an induction like that before, I was made to feel welcomed. There is enough training. We do loads of training before we start the job. They [managers] ask you if you feel comfortable to go out [on care visits] and if not they give you more shadowing [observing experiences staff members]."
- Staff had regular training and opportunities for supervision [one to one support sessions with their line manager]. A staff member commented, "We have supervisions regularly, they are helpful. Managers do appraisals too."

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

- Timely care was provided. The provider operated an electronic call monitoring system which allowed managers to monitor if staff were on time for people's visits, and generated alerts for managers to action when staff were running late for visits. A person told us, "The carers arrive on time [for my care visits]."
- The service supported people to access healthcare services if required. The service worked well with other health and social care professionals, such as district nurses, GPs and occupational therapists. This ensured good outcomes for people.

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.

- Staff received training in MCA. Staff understood consent, the principles of decision-making and mental capacity. One staff member told us, "I have had the training in MCA". Assessing a person's capacity is about whether the person can make decisions, and what illnesses they have that may affect it, such as dementia."
- Mental capacity assessments were considered. People's care plans contained information about people's cognition, however, there was scope to include more detailed information. We fed this back to the registered manager, who responded during the inspection and updated people's care plans.

# 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 of 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 had received training in equality and diversity, and they were committed to ensuring people were treated well.
- Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. People told us, "All the carers have been great and helpful", "I am happy with the carers, I would recommend the company" and, "The carers are kind and caring, I couldn't fault them, they are all lovely."
- People received good quality care and treatment, supporting their wellbeing. Everyone we spoke with during the inspection process gave positive feedback about the service. The registered manager provided people with gifts during seasonal or religious holidays.

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

- People's views and decisions about care were incorporated when their care packages. This helped staff to support people in a way that allowed people to have control over their lives and make day-to-day decisions. A relative told us, "They [staff] take my [relative's] suggestions on board, they listen to [relative], and are approachable. I can leave the carers with [relative] as I am confident with them [service] supporting [relative]. I have a lot of other care companies come in, these [staff] are good, they support [relative] well and ask for family input as part of the care planning."
- Care plans included relevant information about people's diverse cultural, spiritual or other requirements.
- People were involved in making decisions about their day-to-day care. A staff member commented, "I read the care plan and what people's preferred choices are, I will also ask them [for their preferred choice]."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. People told us, "All the carers respect me" and, "The carers respect my privacy and dignity." A staff member commented, "I close the doors [when supporting people with their personal care]. When a client is coming out of shower, I have towel waiting [to maintain their privacy and dignity]."
- The provider implemented a 'dignity pledge', which was a set of dignity related statements that staff abided by to promote people's dignity.
- People's independence was encouraged where possible. A staff member told us, "I let them [people] make choices to do things for themselves when they can do. For example, I let them [people] try and get involved in making their breakfast and assist where needed."

# 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 of 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 detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences, and the outcomes to be achieved. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans.
- Care plans were detailed with people's likes, dislikes and preferences. Staff we spoke with demonstrated they knew people well.
- People and relatives were involved in the care planning and regular reviews. A person told us, "I am involved in my care plan, the managers visit me, they go through the care plan and ask me how everything is going." A relative added, "They [service] ring me regularly to check everything is going okay with [relative's] care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records.
- Information was available in accessible format, on request.

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

- Care plans contained a range of person-centred information, including detailed key background information, what was important to each person and how best to support them.
- Staff supported and encouraged people to take part in activities and maintain social relationships to promote their wellbeing. For example, a staff member supported a person who has not accessed the community for some time, to go out to the local pub and reconnect with their friends.

Improving care quality in response to complaints or concerns

- Complaints had been responded to in line with the provider's complaints policy. There was an up-to-date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and

improved upon.

- People and relatives felt able to raise concerns and were confident these would be addressed. People told us they do not have any concerns with their care and a relative added, "I have no complaints. I have their [service] contact number [if I needed to complain]."

End of life care and support

- End of life care was not routinely provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required.
- Care plans included people's end of life 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.

This is the first inspection of 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

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. A relative told us, "I have had some terrible care agencies, they [service] are fabulous and I would recommend them to people. The carers are excellent."
- The culture was open and inclusive. Staff said they enjoyed their roles and the relationships between staff and people was positive. A staff member told us, "We are a good team that works well together. We have a really good relationship with the clients and their families."
- The registered manager had clear values which included a passion for providing a high standard of care to people. These values were embedded into the service and staff members we spoke with.

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; Working in partnership with others

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service. There was a good working relationship with commissioners.

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

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Feedback from people was positive and any negative comments were followed up.
- Staff views were sought through regular meetings, supervisions and surveys. Feedback from staff was positive.
- The provider had implemented initiatives such as employee of the month and 'moments of kindness' to recognise good practice and staff were awarded with prizes. Upon recruitment staff were required to complete a 'moment of kindness' form that detailed their likes and interests; managers used this information to award staff with prizes linked to their interests.

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

- Governance systems were in place to monitor the standard of care people received. Staff had regular contact with people and completed regular reviews, meetings and quality checks, which also reviewed the quality of care people received.
- The registered manager had good oversight of the service. Various auditing systems were in place and timely action was taken if follow up work was required. Regular audits of people's care plans, medicine records and daily records took place.
- The provider operated an on-call system to ensure staff had access to management support during out of hours. We received mixed feedback from the staff we spoke to about the effectiveness of the on-call support. We fed this back to the provider who implemented immediate service level changes to the on call system to drive improvements.
- Staff praised the registered manager and wider management team, they felt supported in their roles. A staff member told us, "[Registered manager] is lovely and so is [care co-ordinator], they are both supportive, and are both only a call or text away. They both resolve things straight away. I am happy in my role and I love my job. I would recommend this company and I have recommended them to my [relative]."