

Midshires Care Limited

# Helping Hands Chipping Sodbury

## Inspection report

35 South Parade, Yate Shopping Centre  
Yate  
Bristol  
Avon  
BS37 4BB

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Tel: 01454643701

Website: [www.helpinghands.co.uk](http://www.helpinghands.co.uk)

## 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:

This service is a domiciliary care agency. It provides the regulated activity personal care to people living in their own homes. At the time of our inspection 40 people were receiving the regulated activity of which we inspect against.

People's experience of using this service: The feedback we received from people was good. Staff we spoke with enjoyed working for the service and supporting people in the community. People and staff were happy to contribute to the inspection and share their views and experiences.

The service was safe and risks to people were managed well. Staff knew how to protect people from harm and had received safeguarding training. There were enough staff employed to help keep people safe and to meet their needs. We found that recruitment practices were safe and relevant checks were completed before staff started work at the service. There were systems in place to ensure medicines were managed safely. Staff followed the providers infection control policy and procedure to limit the risks of cross infection.

The service was effective in meeting people's needs. Staff received regular supervision and support. The annual training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of the support they required.

The service was caring and people were treated with kindness and respect. Staff were caring and spoke about people positively. They took an interest in the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Independence was encouraged and supported.

Helping Hands provided a responsive service to meet people's health and social needs. They received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. The service supported people who wanted to die at home with the support of other community health professionals. People were encouraged to make their views known and the service responded by making changes.

The service was well led. People received a good standard of care because the management team led by example and had expectations about the standards of care people should receive. Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. Systems were in place to monitor the quality and safety of the service and the care people received.

Rating at last inspection: Good (report published October 2016)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Safe findings below.

Good ●

# Helping Hands Chipping Sodbury

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides the regulated activity personal care to people living in their own homes. 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:

We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available to provide the information we needed for our inspection. On 30 April we visited the office location to see the registered manager and office staff. On 1 May we spoke with people and staff over the telephone.

#### What we did:

Before the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it

does well and improvements they plan to make. We spoke with registered manager, five people who used the service and five staff members. We looked at five people's care records, together with other records relating to their care and the running of the service. This included six staff employment records, policies and procedures, minutes of meetings, accidents, incidents and complaints records, audits and quality assurance reports.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People felt the staff provided care and support that protected them and that they were in good hands. Comments included, "There is no way I would have had a bath before, my carer makes me feel safe now and I am enjoying my baths", "I have lots of aids to help keep me from falling or having an accident", and "I definitely feel in safe hands they are a smashing bunch".
- Staff told us the training they received equipped them with knowledge and skills to understand how to protect them from harm.
- Staff understood the processes to follow to safeguard people in their care. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Assessing risk, safety monitoring and management.

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling and maintaining skin integrity.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment.

- People confirmed staff were on time and they were contacted if there were any delays. They told us, "Communication is key and there are no problems there", "One has to consider holdups, but it happens very rarely" and "My carer knows I have to go out for lunch and is never late".
- Staff were deployed effectively to meet people's care and support needs. They confirmed they were allocated enough travel time and there were rare occasions when they were late, for example in an emergency or traffic congestion. Staff rotas were well managed, this helped ensure consistency of staff to people and continuity of care". One person told us, "I always have the same staff and I don't want this to change".
- The provider followed safe recruitment procedures. Disclosure and Barring Service (DBS) checks had been carried out for all staff to check whether they were suitable to support vulnerable people.

Using medicines safely.

- Policies, procedures, records and practices for medicines were managed safely. There had been no significant errors involving medicines in the last 12 months.

- Over the last year the service had been auditing the quality of medicines management and this had resulted in significant improvements particularly around accurate record keeping.
- Staff completed safe medicine administration training before they could support people with their medicines. Practical competency reviews were completed with all staff.

#### Preventing and controlling infection.

- People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves and aprons.
- Staff had received training on infection control and understood their role in preventing the spread of infection.
- Spot checks were conducted to ensure staff were adhering to the services policy. Long nails, nail varnish and unsuitable jewellery were not allowed. This was not only because they could cause injury to people but because long nails and items of jewellery could harbour germs.

#### Learning lessons when things go wrong.

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed leading up to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent reoccurrence.



# 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.

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.

- Assessments were completed for those who were considering using the service. The information supported the registered manager and prospective 'customer' to decide as to whether the service was suitable, and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

Staff support: induction, training, skills and experience.

- People told us they felt supported by staff who were trained and knew what they were doing. Comments included, "My carer knows exactly what to do, she has skills" and "Yes they are very much qualified to look after me".
- Training and development opportunities were tailored to individual staff requirements. Staff told us they felt encouraged and supported to increase their skills and gain vocational qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. Staff told us, "The training is great, it's engaging and interesting" and "I find the fact sheets we are provided with very useful, they help me understand people's health needs and conditions".
- The service had a small, steadfast group of staff. They felt supported on a daily basis by the registered manager and other colleagues. Additional support and supervision was provided on an individual basis.

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

- People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process.
- Staff reported any concerns they had about a person's food and drink intake to the registered manager and subsequent referrals were made to the GP for guidance.

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

- Staff were available to support people to access healthcare appointments if needed and, they liaised with health and social care professionals involved in their care if their health or support needs changed.
- People's care records included evidence that the agency had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- Staff respected people's choice, preferences and asked for their consent when offering support.

## 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.

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 were provided with support from a caring service. We received compliments from people and they told us they had formed good relationships with the staff. Comments included, "I look forward to my visits", "I wouldn't be without them", "It's nice to have the same staff because they get used to you and vice versa" and "Absolutely brilliant, I can't praise them enough".
- People were introduced to the staff who would be supporting them. Continuity of staff for individuals was an important asset to ensure consistency wherever possible. People appreciated the efforts of the registered manager when co-ordinating this. People received care, as much as possible, from the same familiar staff. This helped in circumstances where staff required time off. People told us this system worked well.
- Thought and care was invested when matching people to staff and this had a positive impact for people. It was evident the management team had worked together with people and their families to build up relationships based on trust and confidence.
- Staff were positive and they were enthusiastic about the service they provided to individuals. They told us they enjoyed their work and they were proud.

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

- People told us they were involved in making decisions about how they wanted to be supported.
- Care plans showed that they were involved and had consented to the decisions made about their care.
- Follow up telephone calls were made to people to help ensure the support they received remained meaningful and effective.

Respecting and promoting people's privacy, dignity and independence.

- Staff agreed they were privileged guests in people's homes. People told us staff were respectful and kind. Comments included, "They are very respectful when they are in my home", "I can't fault them, they are all very polite and courteous" and "I always feel respected".
- People were encouraged to be as independent as possible. The provider stated in their PIR, "All customers have the best service from competent carers who are constantly keeping up to date and are knowledgeable about their support needs. This has allowed our customers to achieve their outcomes and remain in their own homes and promote their independence. This has been seen through customers who have needed support and are now living independently without domiciliary care".
- Information in care plans contained the level of support needed whilst at the same time promoting independence and respecting people's wishes. People confirmed this when we spoke with them. One person told us, "They are very good and only help with the things I ask for".

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The approach to care was person centred. Care plans were informative and interesting. They evidenced that people had been fully involved in developing their plans and how they wanted to be supported. People had taken the time to provide and share specific details about preferred routines and what level of assistance they required and this was reflected in their records.
- Staff told us there were good communication systems in place to help promote effective discussions, so that they were aware of people's needs and any changes for people in their care. This included verbal handovers, daily records, phone calls and messages via the services own electronic systems.
- People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge or directly with relevant health or social care professionals. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes.
- Support pathways were developed with individuals and relevant professionals to support phased progression. The registered manager and staff recognised individual capabilities and worked on strengthening these.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy in place, which was provided to people who used the service.
- People had formed good relationships with staff and they felt confident to express their views. Small things that had worried people or made them unhappy were documented in the daily records. This information was also shared with staff in handovers. People we spoke with told us they were listened to and had never had to make a formal complaint. They named individual carers who they said were very good and supportive.
- There had been one complaint this year and the records demonstrated this had been dealt with in line with the services policy and procedure.

End of life care and support.

- People and their families were supported when they required end of life care, with the support of GP, district nurses and palliative care nurses.
- No-one was receiving end of life care at the time of our inspection.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Systems in place contributed to the smooth, effective operation of the service whilst still retaining its personalisation.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.
- The registered manager led by example and was 'caring, kind and respected'. Comments about how the service was managed included, "The manager is very approachable and helpful", "Everything is managed very well", "I can talk to her and the office staff with confidence" and "I feel the manager and office staff are on the same wavelength and understand the challenges working in the community".
- There was an emphasis on teamwork amongst all staff. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained.

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

- Quality assurance systems were in place to drive improvements within the service. The service had a programme of audits and quality checks.
- Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- The provider/registered manager had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving. Policy and procedures were reviewed to assess if they remained effective and up to date with current best practice and guidance.

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

- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included handover reports, staff meetings and written daily records.
- The office care co-ordinator received positive comments from people and staff. Effective communication was essential to their role. Comments included, "I'm not sure what we do without her", "She is extremely helpful and works very hard" and "It's always reassuring to hear her voice at the end of the phone, she knows how to sort things out".
- The service sought the views of everyone using the service by way of annual surveys.

- Other methods of communication included planned meetings for staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective, meaningful and enjoyed.
- Social events were organised to enable people, their families and staff to get together.
- Plans over the next 12 months included, monthly engagement sessions allowing 'customers' to come into branch and be involved with fun activities.
- The provider told us in their PIR, "We are also going to be inviting customers to attend staff meetings where they can share their experiences and be involved when we have specialist speakers attend. We offer more customer and carer engagement giving customers a better sense of being a part of something. For some this will give them opportunity to interact with others of similar age whom they wouldn't normally meet and an opportunity to build friendships as well as pass on their experiences to our carers".

#### Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.