

Midshires Care Limited

# Helping Hands Norwich

## Inspection report

107 Dereham Road  
Norwich  
Norfolk  
NR2 4HT

Tel: 01603510005  
Website: [www.helpinghands.co.uk](http://www.helpinghands.co.uk)

Date of inspection visit:  
26 November 2019

Date of publication:  
08 April 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Helping Hands is a domiciliary care agency providing personal care and support to people living in their own homes in the Norwich and wider area of Norfolk. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care; this is help with tasks related to personal hygiene and eating. Where people do we also consider any wider social care provided. Therefore, whilst the service currently supports 115 people, only 51 of these were receiving personal care. This inspection therefore only focused on the service provided to these 51 people.

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

Feedback from people using the service was positive and all the people we spoke with recommended the service.

People were protected from abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm. We found care plans and risks assessments were mostly thorough. However, we have made a recommendation to ensure all risk were assessed and monitored. People received their medicines according to prescriber's instructions and appropriate infection control practice was in place. Recruitment practice was thorough and ensured there were enough staff of appropriate character to provide consistent support.

Staff received sufficient training and people said staff were skilled in providing their care. Staff monitored people's health and helped them access health and social care services whenever needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People described the staff as caring and considerate. People were encouraged to actively participate in their care planning and were given opportunities to feedback on the service provided. The staff actively encouraged people's independence and dignity.

The care planning was person-centred and a responsive to people's needs and preferences. People knew how to make complaints and any concerns raised were taken seriously and dealt with effectively.

The service had good leadership whom were reported to be approachable, empathetic and organised. The service had good governance systems in place and staff felt well supported. Quality assurance systems in place promoted risk management, learning and improvements.

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

The last rating for this service was 'good' (published 5 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Helping Hands Norwich

## 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

This inspection was completed 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.

The service had a manager registered with the Care Quality Commission. This means 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 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. We also needed to gain consent to contact people using the service.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with 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. We used this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the provider's regional manager, the registered manager, care coordinator and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk to individuals who used the service had usually but not always been identified and actions taken to minimise these risks. For example, we found risk assessments had not been completed for the use of lap belts or bed rails. One person at high risk of pressure related skin issues had not had a suitable risk assessment although appropriate care and equipment was in place and no harm was evident. The registered manager immediately put these risk assessments in place.
- Staff were proactively recording any early warning signs of potential risks and escalated concerns to the office for action. Office staff then logged and took appropriate actions such as referrals to health professionals. However, we found these records were not then routinely added to individual people's files. Whilst we found risks were suitably managed in practice, incomplete individual records raised the potential of risks not being reviewed effectively.
- The safety of the staff had been considered. There were environmental risk assessments for each house the staff visited.
- People told us they felt the care helped keep them safe. One person said, "It is about my safety in the shower why the staff come, to make sure I do not fall, I would speak with my family if I didn't feel safe. The staff help me with the dates of food items in the fridge."

We recommend the service reviews its risk management practice regarding thorough risk assessments, monitoring and recording and take action to update their practice accordingly.

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

- The service had usually appropriately reported any concerns to the local safeguarding authority. However, we found one situation where bruising was noticed and recorded, which required further consideration and medical review to ensure a safeguarding referral was not required. Neither care staff nor later audits of records had recognised the importance of checking the cause. The registered manager acknowledged this and immediately discussed and arranged a medical review of the situation.
- The service had safeguarding systems in place and there was an internal safeguarding helpline to support staff.
- All staff interviewed had a good understanding of what to do to make sure people were protected from harm or abuse.
- People told us they felt protected. One relative told us, "I trust the staff which is very important."

### Staffing and recruitment

- The service operated a robust and thorough recruitment process to ensure staff were of

appropriate good character to provide care in people's homes.

- There were enough staff to ensure people's needs were met fully and visits were of an appropriate length. There were no missed visits. The provider had an electronic visit attendance system to enable live monitoring of care visits and keep people informed of any potentially late visits.
- People told us they usually had the same staff who supported them. One person said, "The staff are consistent, and we have a good relationship."
- The service reported they had a high retention rate of care staff which resulted in good consistency and experienced carers.

#### Using medicines safely

- Medicines management systems were organised, and people were receiving their medicines when they should, where this support was required.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.
- The provider audited the medicines administration recording monthly to monitor and respond to any errors found. We found the provider needed a clearer record for any actions taken following audits to improve practice.
- The service did not have all the recommended information available for the administration of 'as required' (PRN) medicines specific to each person, such as contra-indications. However, the service was already planning the introduction of clearer individual protocols to support safer administration of such medicines.

#### Preventing and controlling infection

- Staff were provided with suitable personal protective equipment such as gloves and uniforms.
- All staff were trained in infection control and followed safe procedures to minimise the risk of the spread of infection, such as changing gloves between individual tasks.
- People told us staff took appropriate infection prevention precautions when assisting them with personal care and food preparation.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed to identify any trends or patterns to reduce the likelihood of these events reoccurring.
- Staff understood the importance of reporting any safety incidents, concerns and near misses. There were clear processes in place for this which staff were familiar with.
- The registered manager communicated lessons learnt via regular e-bulletins and team meetings



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had an assessment of their care needs before the service began working with them to ensure their needs could be met. Assessments included the person's support network, history, interests and their desired outcome from the visits.
- Care and support was planned in line with legislation and nationally recognised guidance were used in delivering the service.
- One staff member told us, "We always get info for anyone new. It always seems accurate and up to date."

Staff support: induction, training, skills and experience

- Staff told us the induction and training programmes in place were very helpful and relevant. New staff were provided with on-line and classroom-based training before shadowing an experienced staff member until assessed as ready to work independently.
- New staff were supported to complete the Care Certificate, an industry recognised national training programme for staff working in health and social care.
- Staff had regular checks and refresher training on their key skills and competency. Records showed all staff were up-to-date with their training.
- Staff new to a person were usually introduced with a known member of staff.
- One relative told us, "The staff have training and they don't come here to work unless they have been to shadow."

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

- Where people required support with their nutrition and hydration, this was provided to the satisfaction of people and their relatives.
- Staff were knowledgeable in meeting people's nutritional needs, for example a care worker explained the impact of diabetes on a person's diet.
- Where people were assessed to be nutritionally at risk, appropriate measures such as food and fluid charts were used to help minimise the risks.

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

- Staff were encouraged to be proactive in identifying and reporting early warning signs for health concerns. We found information was held across multiple systems which created potential for errors. For example, records regarding contacting health professionals were kept in a separate log rather than individual case

notes. Whilst we found this was effective in enabling office staff to follow up issues, it made it harder to monitor the progress, concerns or themes for individual people. The provider reported they were already aware of this and were in the process of moving onto a single new digital system which would enable easier case monitoring.

- The service worked collaboratively with external agencies, health and social care professionals to ensure people had access to the services they required. This included referrals and liaison with GP, occupational therapists, community nurses, specialist health professionals such as dieticians and social workers.
- One staff member told us, "The office is responsive to any concerns raised." The service communicated well with external agencies and sent out updates via secure messages to care staff as required.
- People told us the care was effective. One person said, "[They're] not rushed, it is amazing what the staff can do in the time."

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.

- Mental capacity assessments were usually carried out where needed to establish if people had capacity to make decisions affecting their lives. We found one situation where a person's capacity to consent to a restriction had not been adequately reviewed as their ability deteriorated. The provider began to address this immediately, arranging a multi-disciplinary review.
- Where a person had someone appointed to act on their behalf when they lacked capacity to make a decision, such as power of attorney or deputy, this was usually, but not always, appropriately recorded.
- Staff understood and worked within the principles of the MCA. Staff understood the importance of seeking people's consent before offering care and supporting people to make their own choices. Staff told us they always offered people choice and supported this where necessary by showing people the options such as what to eat or wear. One staff member summed this up by telling us, "It's always about what that person would want. Each person is different."
- One person told us, "Staff listen to me and what I want them to do."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This 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 and their relatives were all very positive about the empathy and respect shown by staff. One relative told us, "The staff are caring. They are considerate and for example take off their shoes as my carpet is light coloured." Another person said, "They are polite and very friendly." A relative told us, "There is a good relationship with the staff. They offer quality care, they are part of the family."
- Staff spoke with warmth and commitment about their work and the people they supported. One staff member explained, "I always give options. I would show them. One person is profoundly deaf and visually impaired, so they feel [the options]." Another staff member described how one day a person had told them they felt miserable, "So I dropped what I was doing and spent time with them and by the end of the visit they had picked up."

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

- People told us staff were supportive of their wishes. One person said, "Staff listen to what I need doing."
- One staff member told us when they visited people, "I always start by asking 'what do you want me to do?' and my last question is always 'is there anything else I can do?'"

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and supported them to retain their privacy and dignity during personal care giving. For example, using towels to cover them, ensuring doors and curtains were closed and offering people privacy when using the toilet. Staff always offered people the choice of what they liked to wear.
- One staff member explained how they promoted independence by prompting before assisting with any task, "I offer [person] to do their own [care], they often start and then I finish off hard parts." Another staff member explained it was important to enable people to do what they could themselves, "I support a [person] to eat, I always cut it up and try and step back and let them do as much themselves as possible, even if it would be quicker and cleaner to do it yourself."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed to ensure people received individualised care which met their preferences and wishes. The service had ensured each person's personal history, social circumstances, preferences and objectives were recorded and incorporated into their care plans.
- People were empowered to make choices and have as much control and independence as possible. People told us they were always consulted and offered choice by care staff.
- The service completed regular reviews to check the service was meeting their needs and to ensure their objectives remained relevant and up-to-date.
- People received a person-centred service supported by staff who knew them well. One relative told us, "The staff speak very nicely to [family member]. Sometimes [family member] isn't wanting personal care, the staff go and do something else and come back to ask, then there is usually a positive response."
- People told us staff were always helpful and flexible. One person said, "The staff see the little things that need doing."

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; 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.

- The service supported people to access their local community when requested, including to attend appointments or social outings.
- People's care plans summarised their interests, past experiences, social network and any cultural or spiritual preferences to enable staff to tailor their conversations and build rapport.
- Good consistency of care staff visiting supported this social interaction and enabled effective monitoring for changes in need. People told us staff usually were not rushed and had time to chat.
- The service provided support with communication as required. This included using white boards to write reminders, larger print and using different techniques to help with sensory impairments such as helping people to feel options available.
- The service held open days and had just started to hold monthly dementia café sessions in their office. They hoped to encourage people in the local community to visit and spend time with the office team, share information and discuss support options.

### Improving care quality in response to complaints or concerns

- The service had a clear system for responding to and tracking both complaints and concerns. This included timely responses, clear action plans and lessons learnt to be shared and incorporated into future practice.
- People told us they knew how to complain but had not found fault with the service. One person said, "There are never any problems, I can't fault the care."
- The service had a live online feedback facility and completed regular quality assurance surveys of people's views of the service.
- People and staff told us the office staff were usually quick to respond to concerns or incidents. The service was usually able to alter care plans at short notice to meet a change in need. There was an effective on-call system for out of hours support.
- Staff noted secure messages and bulletins were regularly sent out to inform of changes in practice or care required. Staff meetings also included considering improvements required and updates of changes in practice.

### End of life care and support

- At the time of this inspection, no-one was receiving end of life care.
- There was limited evidence of encouraging people to complete advanced care plans and records regarding 'do not attempt resuscitation order' were not always up-to-date. People were asked if they had any end of life preferences during their initial assessments and had generally declined this opportunity. The service acknowledged this question could benefit from further exploration once a rapport had been established and agreed to incorporate this into reviews.
- Staff had e-learning training in end of life care. Some staff reported to us they wanted more training in this area to improve their confidence and skills. The service reported they were already trying to source this.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they were happy with the support provided and saw the registered manager regularly. One person said, "I was a little suspicious about having care. But from day one there has been such caring support."
- Staff gave positive feedback about the culture and ethos of the service. One staff member told us, "I really like the registered manager. They want the best care possible for people and make sure we are doing it. They are clear if we need to be doing things and the standards required."
- The management team were reported to be well organised and accessible to both people using the service and staff. One staff member told us, "[The office team] is very welcoming team. I could talk to any of the managers."
- The management team led by example and understood the value of investing in staff. This was demonstrated by the introduction of a breakfast club in the office for all staff and reward schemes such as 'carer of the month'.

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

- The service completed a range of audits which usually ensured safe care and practice, identified trends and areas for improvement. However, we found examples where audits had not been thorough enough to pick up potential concerns for individual people which needed investigating. The registered manager agreed to review their use of audit tools to ensure potential concerns were not missed.
- The provider offered good support and quality assurance oversight to the service.
- The service had a service development plan which demonstrated a good awareness of areas for improvement. This included plans to upgrade their digital databases into a single system.
- Controlled growth of the service enabled staff to give highly personalised care. One staff member explained, "Yes [we have] enough staff. We know where our limits are. We know where we can grow and when. We constantly reflect on this and control new business."
- Staff were aware of the importance of good communication and raising concerns about quality with the registered manager. One staff member told us, "I've recommended [the service to] a family friend, because the standards we uphold are really good. They would be in safe hands and we can offer the care they require."
- The office staff were all cross-trained both in managerial and care skills which ensured business continuity was maintained when the service was under pressure such as adverse weather or seasonal illnesses.

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; Continuous learning and improving care

- The service understood and met the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- The service took an open and transparent approach to this inspection. They were quick to respond to any issues identified.
- The service held regular staff meetings in which concerns, incidents and best practice were discussed.
- The provider completed a national monthly staff newsletter to update on developments and best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff received regular supervision, appraisals and checks on their competencies and found feedback from management helpful. One staff member told us, "Staff are dedicated, genuinely care and want to do better for our customers."
- Both people using the service and staff completed annual quality assurance surveys. However, it was not clear if the outcomes of these were used to systematically drive improvement as the registered manager was not aware of an analysis or action plans developed from these.
- The registered manager met regularly with other service managers to discuss and develop best practice understanding.
- The service worked in partnership and collaboration with several key organisations and professionals to support care provision and joined-up care.
- The provider issued a national quarterly magazine for people using the service to update people on developments, share experiences and ideas.