

Midshires Care Limited

Helping Hands Sutton Coldfield

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 registered to provide personal care to people living in their own homes. At the time of the inspection the service supported 43 people.

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

People told us they felt safe when being supported by staff in their homes. Relatives had no concerns about the safety of their loved ones. People and their relatives confirmed staff arrived on time or called them if they were running late. People were supported by a consistent core group of staff. Staff knew how to escalate concerns and were aware of any potential risks when providing support. People received their medicines when they needed them. Staff wore gloves and aprons to ensure they protected people from cross infection.

Staff felt supported and had the training they needed to meet people's needs. People were assessed before they used the service to ensure their needs could be 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.

People and relatives made positive comments about the staff that supported them. People told us the staff encouraged them to be independent, protected their privacy and treated them with dignity and respect.

People and their relatives were involved in the way the service was provided and, in the development, and review of their care plan. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt confident these would be addressed. Systems were in place to ensure any communication needs people had were identified and information provided in a format that met individual's needs.

People, relatives and staff thought the service was managed well. The registered manager was described as approachable, open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service.

Rating at last inspection

The last rating for this service was good (published 9 December 2016).

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.

For more details, please see the full report which is on the CQC website at 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 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 Sutton Coldfield

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by an inspector, an assistant inspector, and an Expert by Experience who undertook telephone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was older people and dementia.

Service and service type

This service is a domiciliary care agency. It provides 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 48 hours' notice of the inspection visit. This was to enable us to make arrangements to speak with people and their relatives and to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 10 September 2019 when we visited the office location. Telephone calls were undertaken with people and their relatives on 10 and 11 September 2019.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people and 12 relatives about their experience of the care provided. We spoke with five care staff, the registered manager, operations manager, area manager, and regional director.

We reviewed a range of documents and records including the care and medicines records for four people, three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person said, "I feel comfortable and safe with [staff member] she lifts my spirits, in fact she is more like a friend than a carer." A relative told us, "No problems with helping hands, they are great, and I trust them."
- The registered manager and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "I would alert the manager straight away and raise a safeguarding." Staff knew which external agencies they could report concerns to if needed.
- The registered manager had reported safeguarding concerns to the local authority and ensured they were investigated appropriately.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about risks to people and risks had been assessed. A person told us, "They are very good, they help me have a shower, so I don't fall down." A staff member said, "We read and have access to the care plan, so we have all the information about the person and any risks we need to be aware of."
- The provider told us in the information shared with us (PIR), they completed risk assessments and took actions to reduce the risks, including making referrals to relevant professionals such as the falls team when required. Records we reviewed confirmed risk assessments were completed and covered a variety of areas including, moving and handling, medicines, and the environment. This ensured any risks had been identified and action recorded to reduce these where applicable.
- Staff told us any changes in people's needs, would be reported to the office, their relatives and if required to the appropriate healthcare professionals to ensure people's support needs would continue to be met.

Staffing and recruitment

- People told us there was enough staff to meet their needs. One person said, "Yes, we have the same few coming in."
- People told us staff arrived on time and they would receive a call if staff were running late. One person told us, "Yes, they phone me, but they've never been late or anything."
- Records confirmed the required recruitment checks had been completed before staff commenced working in the service. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people. We did note some gaps in one staff members employment history which were addressed during our visit by the registered manager.

Using medicines safely

- People told us they received the support they needed to take their medicines. One person said,

"I take that myself at the moment, but they always check I've taken it."

- Records we reviewed for three people showed they had received their medicines when they needed them.
- The records for one person who was prescribed time specific medicine reflected they received this at the same time as their other medicines. This was not in accordance with the medicine's instructions. The registered manager investigated this and following our visit told us this was a recording issue and action would be taken to address this practice. This included training and a memo was sent to all staff about this issue.
- Staff told us, and records showed they had received training to administer medicines, as part of their induction.

Preventing and controlling infection

- People told us staff wore aprons and gloves to prevent the spread of infections when supporting them with personal care.
- Staff told us, and records confirmed, they had received training in relation to infection control and food safety. This ensured staff had the knowledge to prevent cross contamination and infection.

Learning lessons when things go wrong

- Systems were in place for accidents and incidents to be reviewed for any patterns and trends and to mitigate future risk.
- The registered manager discussed any lessons learned with staff through memos, staff meetings and supervisions. Where needed, further training was provided to staff in relation to incidents that had occurred. For example, staff had completed catheter care training.
- Staff understood their responsibilities to raise concerns in relation to health and safety.

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

- Peoples needs were assessed prior to using this service. A person told us, "Yes, they did , we met [registered manager] on day one and they sat down asking questions. It was more like a casual chat picking up bits of information."
- The provider told us in the information shared with us (PIR), how they try and match staff with people and ask people for their preferences. For example, male, or female and the type of personality. A person told us, "When we first started [staff member] said they were trying to pair us and it's really good because we have a laugh."
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, sexual orientation and disability.

Staff support: induction, training, skills and experience

- People and relatives thought staff had the skills and knowledge for their role. One person told us, "Skilled yes definitely for what I need." A relative said, "They are always friendly and professional, they complete the book, and they are on the ball and consistent."
- Staff told us they had received an induction and had access to regular training opportunities. A staff member said, "The induction was excellent, and gave me the skills for my role. I have also received training specific to people's needs such as bowel stimulation. The service will offer what training is needed and we have a nurse that will deliver the training."
- Staff told us they felt supported in their role, and received supervision, spot checks on their working practices and annual appraisals. This enabled them to maintain their skills, knowledge and ongoing development.

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

- People told us they received the support they needed to have a drink or something to eat. One person told us, "They put the bowl, milk and cereal on the table and I do the rest. They make me a cup of tea in the morning and in the evening." A relative told us, "The staff ask [relative] what they are having, and we usually discuss it before they come."
- People confirmed staff left them a drink/snack when they left. A person said, "Yes and they bring it to me and check if I want anything else before [staff] leaves."
- Information about the support people required and their preferences was recorded in their care plan for staff to refer to.

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

- People and relatives felt confident staff would access healthcare services if and when needed. A relative told us, "Yes, they are more than competent. We can't always be there, and we know we can rely on Helping Hands."
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health 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 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.

- People and relatives told us staff would always seek consent before providing support. One person said, "Yes they ask me, and if I ask them to do anything I know they are going to do it. "
- A relative said, "[Staff] ask her questions to help her make her own decisions."
- Staff confirmed they had completed MCA training and had an awareness of how this legislation impacted on their role.

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 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 provided positive feedback about staff confirming they were treated with kindness and staff were caring. A relative told us, "[Staff] are really lovely. They always talk to [relative] with care and respect. Almost like part of the family, they really are nice."
- Care plans took into account people's diverse needs and support people may need with these. One relative told us, "The staff ensure [relative] has perfume and lipstick on."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. A staff member said, "I love my job, its job satisfaction. I am in this job to care."

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

- People told us they were involved in their care. A relative told us, "[Staff] ask [relative] what they want to do and what [relative] wants them to do. They are always nice and polite to her and they ask me what I want them to do."
- Care records we reviewed showed people were involved and consulted about how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them in a respectful and dignified manner and encouraged them to be independent. One person said, "They help me with personal care and leave me to do what I have to do." A relative told us, "I think they [staff] have a lot of patience, [relative] wouldn't feel comfortable if they wasn't caring, [relative] looks forward to them coming."
- Staff told us how they maintained people's privacy and how they tried to promote people's independence. A staff member said, "I always try and get people to do as much for themselves as they can, I am there to assist. I chat to them throughout to make sure they are okay, and when supporting people with personal care I ensure they are covered."

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

- People were supported by staff who knew them well and were knowledgeable about their needs. One person told us, "My staff know me well, some of them have been here ages."
- People and relatives confirmed they had regular reviews of their care to make sure the service provided met their needs and preferences. One person said, "Yes, the last review was a few months ago, they came to the house and asked if we were happy with everything and if there was anything we wanted them to do." A relative told us, "The carers we've got are absolutely outstanding, they have known [relative] for a long enough time, but we still go through things at the reviews."
- Care records reviewed were person centred and provided staff with the required information to enable them to support people's individuality, and diversity.

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 registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). They told us about the different formats they could provide if needed to support people's communication needs. This included, pictorial, large print, and different languages. They also had a staff member that were trained in British Sign Language.
- Information about how people communicated was included in the initial assessment and care plan to ensure arrangements could be made to meet any identified needs.
- Information about the AIS was reflected on a notice board in reception for everyone to access and detailed the support this service would provide to people.

Improving care quality in response to complaints or concerns

- People and their relatives said that they knew how to make a complaint and felt listened to. One person said, "If I had to make a complaint I would be straight on to the office to be honest with you." A relative told us, "I would ring the office and speak with the manager."
- We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.
- Complaints were reviewed and analysed to look for trends.

End of life care and support

- Although there was no one receiving end of life care, the service had appropriate processes in place to ensure people would be supported in a dignified, and sensitive way.

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 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.

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

- Systems were in place to obtain feedback from people and their relatives. This included review meetings, telephone calls, and 'rant and rave' surveys were sent out. A review of these demonstrated positive feedback was provided.
- Notice boards in the office contained information for everyone to access such as LGTB, equality, and dementia support groups.
- The provider told us in the information shared with us (PIR), how they engaged with the public to support local events and raised money for local charities. They had also provided workshops such as 'Scam Awareness' for people and carers and arranged for the local fire brigade to provide basic training.
- Staff told us they enjoyed working at this service and felt valued. We saw incentives were in place for staff such as carer of the month, where staff performance was acknowledged, and staff received a certificate.
- Staff told us they attended regular meetings to discuss the service and felt listened to and their suggestions for improvements were valued.
- Staff received weekly updates which contained any key information that needed to be shared, company changes, or guidance was shared such as NHS nutrition and hydration.

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

- Systems were in place to monitor the service provided to people, this included an electronic monitoring system which monitored all the calls provided to people. If a staff member failed to turn up for a call or was late this would flag on the system to make the office staff aware of this so action could be taken.
- Audits were completed on daily wellbeing of people and medicines records on a monthly basis. However, the audits did not identify the issue with the recording of medicines such as time specific medicines, or that staff were not recording what creams they were applying to people. For example, prescribed or non-prescribed creams. In response to this action was taken at the time of our site visit and memos were sent to staff and training was planned for staff who completed the audits to make them aware of the areas they should be checking.
- The provider completed compliance audits on all the systems and records in place on a regular basis. We reviewed the most recent audit and saw where shortfalls had been identified an action plan was in place.
- Staff understood their roles and responsibilities and were confident in the registered manager who they described as, approachable, caring, supportive, and provided good leadership and direction.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed

both on their website and at the office and promptly informing CQC of notifiable incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they were happy with the service provided. One person said, "I'm absolutely delighted with the care I receive from Helping Hands."
- People and relatives knew who the registered manager was. One person said, "Yes, I know who the manager is, I've got her mobile number and name in my phone and when I ring I get to talk to her, she is approachable."
- Staff we spoke with felt supportive in their role. One staff member said, "It's a friendly and well-run agency and we all work together as a team."

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 registered manager understood her responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to recent incidents and any complaints she has responded to.
- The registered manager aimed to promote an open culture within the service and was able to describe the actions she had taken and was going to take to ensure the service learnt from any previous incidents or where any improvements were required. For example, in response to the medicines recording issues we shared.

Working in partnership with others

- The provider told us in the information shared with us (PIR), how they had networked with the local age concern cafe, and local charities to signpost people to or to provide support. They also liaise and work alongside other professionals in the community, such as district nurses, hospital discharge team to ensure people's healthcare needs were met.
- The compliance team within the organisation and managers keep up to date with information shared by CQC and NICE in relation with the national standards and implement these, cascading the relevant information to staff and changing practices as required through systems and training.