

Midshires Care Limited

Helping Hands Bolton

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 Bolton is a domiciliary service which provides personal care to adults with a range of support needs in their houses and flats. At the time of this inspection the service was supporting 123 people who used the live-in service and nine people who used the daily visiting 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

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Staff thoroughly assessed people's needs prior to a service starting. Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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 told us they were well treated and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

Managers responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The management team were available for people to contact and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 09 February 2021).

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 Bolton

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us.

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We reviewed six people's care plans and associated records. We spoke with the registered managers of the live-in service and daily visiting service, the live-in care director, the staff trainer, three care staff, three people, and seven relatives of people using the service. We received additional written feedback from five other care staff. A variety of records relating to the management of the service, including policies and procedures and staff recruitment records were reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help safeguard people from the risk of abuse; any issues raised were logged and fully investigated.
- Staff had received training in safeguarding and were able to describe different signs of abuse and neglect and the action they would take if concerned.
- People and their relatives spoke very positively about the care staff provided. One person said, "It works really well. I do feel completely safe. I would contact the manager if I wasn't happy and it would be rectified immediately. I have a core team but occasionally they've had to bring someone else in." A relative told us, "The carers notice things like bruises and bed sores and they always let us know immediately."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing.
- People had risk assessments in place which included any factors that might affect the person, with actions for staff to take. Risks to people's safety were identified and managed well. A relative told us, "Staff are quick to alert me to any concerns but not unnecessarily so."
- Staff understood where people required support to reduce the risk of avoidable harm. A person told us, "Staff are very punctual, and they do stay for the time they're supposed to."
- The service had a system for recording and monitoring accidents and incidents.

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.
- Staff were required to complete a period induction, shadowing other staff and getting to know people before starting to work alone.
- There were enough staff employed to meet people's assessed needs.

Using medicines safely

- Staff managed people's medicines safely; an up to date policy and procedure was in place.
- Staff completed appropriate training and had their competence assessed to ensure they administered medicines safely. We attended part of a full day of dedicated medicines training delivered at the office location and found this to be detailed and informative.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place and staff testing kits.
- Staff had done training in infection prevention and control and government updates had been communicated to staff.
- Processes for visiting the office premises ensured they were protected from catching and spreading infections. The provider's infection control policy was up to date.

Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- The provider analysed data to help identify useful themes and trends to minimise risks and reoccurrences.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed assessments of people's needs before they began to receive care and used these assessments to develop care plans.
- Staff documented people's assessed needs. Records showed the management team monitored care to ensure it was safe and reflected people's assessed needs.
- Care plans included relevant health and personal information. Staff monitored people's health care needs and worked in partnership with other relevant health care professionals, as required.

Staff support: induction, training, skills and experience

- Staff completed a period induction, shadowing other staff and getting to know people before starting to work alone. One staff member told us, "I had an induction at the head office for five days. It was in a special training centre and different scenarios were gone through and tests done afterwards. I think this was good."
- Managers monitored staff training provided and maintained a staff training matrix, including when training was due for renewal. A person told us, "I feel staff are well trained. For example, they're not allowed to do anything with the [name of health care item] until they've been trained."
- People received care and support from staff who had the skills and training to meet their needs. Training was aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff supported some people to maintain a diet of their choosing; support was dependent on the person's requirements, whether this be support with eating and drinking or preparing meals.
- Staff kept records of the support provided to people each day and had received training in fluids and nutrition. A person said, "I would recommend them."

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

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary.
- Care plans contained advice provided by healthcare professionals, so staff were providing care which met people's health needs. A relative said, "I'm really happy. [Person name] has tried all the alternatives for care and it's the only one he'll have because he wants to be in his own house and have no-one at night. They're really good. They do whatever needs doing."

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 followed MCA principles and encouraged people to make decisions for themselves. Staff provided people with sufficient information to enable this, in a format that met their needs. There was an emphasis on involving people and enabling them to make choices wherever possible.
- People were involved in developing their care plans and had agreed with the content. Staff had completed MCA training and understood the principles. One staff told us, "The MCA is about knowing the individual and that they have fundamental rights and may need an advocate in some cases, so, may need to be assessed and always represented at all times. Decisions are decision specific. Everyone should have a voice and be represented if need be. People need to be protected."

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff treated people well and respected their equality and diversity. A relative told us, "They're a fantastic company. I can't praise them enough. They've given [person name] his independence back and the extra help is like a weight off our shoulders." A person told us, "They're very friendly and easy to get on with. They're kind."
- The service had an appropriate equality and diversity policy and procedure and staff completed training in this area. A relative said, "They're very conscientious and caring. [Person name's] carer is out of this world so I feel we lucked out there."

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

- People and their relatives were involved in making decisions about their care and support. and could access their/their relative's updated care information on an electronic 'tablet' which provided information, for example, on which staff member was coming to visit them. The system also allowed people and their relatives to post comments for the managers and staff to see.
- Care plans included relevant information about people's diverse cultural, spiritual or other requirements. A relative told us, "The caring and being kind thing is the best part. Staff talk to [person name] do everything that's needed and take [them] for a walk or for coffee."
- Written reviews of the live-in service identified people and their relatives were happy about the service provided. Comments included, 'Staff make sure that they understand the needs and requirements of both you and your loved one, then they take that information and start to look for a carer that suits your needs. I can't find fault with this company and I wouldn't hesitate to recommend them to others,' and 'I have a good relationship with my carers, they are more like flat mates. What I also like about Helping Hands is that they treat their customers as individuals and support me very well. I would recommend anyone who needs care to go with them.'

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and were knowledgeable about how to maintain privacy and dignity when providing care. A person said, "Dignity and respect are fine. What they do particularly well is the general way they speak to me and the way they treat me."
- Staff described the ways in which they maintained a person's dignity when providing personal care and supported people in maintaining their independence by encouraging them to do what they could for themselves, for example, daily living tasks and support with hobbies and interests. A relative told us, "Staff have been keen to get to know [person name's] likes, dislikes and needs." A written review stated, 'We have

been extremely blessed with the care and support we have received from Helping Hands. Every one of the carers has treated [my relative] with such respect and allowed her to feel comfortable in her own home. The carers are part of the family and we are very grateful for that.'

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person-centred and contained specific individual details about people, how they wanted to be supported and the outcomes to be achieved. Care plans were detailed with people's likes, dislikes and preferences. Staff we spoke with demonstrated they knew people well.
- People and their relatives were involved in care planning and reviews of care. A relative told us, "Staff are really open and they're happy to tweak times if I've got an appointment or something. I don't think they've ever said no. They're above and beyond flexible. I liaise with [staff name], she's responsive, always gets back to you and is always kind. It makes you feel better about the things that make you feel bad." Another relative told us, "At the start, the managers came in and asked what we wanted. We settled on half hour slots three times a week for personal care and talking. They're really well-run and nothing is too much trouble."
- People's care plans detailed their strengths and areas of independence, reflected their abilities and needs and how they wished their needs to be met.
- The service regularly reviewed care plans to ensure all information was accurate and up to date; this ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.

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.

- Staff identified people's communication needs as part of the initial assessment process and ensured people received information which they could access and understand and provided communication support if needed. Information was available in an easily accessible format, on request.
- People's communication needs were clearly recorded in their care plans and updated in real time for staff to access.
- Care plans were provided in alternative formats if required, for example, in a different language or large print, and for one person Braille format. Video calling enabled people to connect with the registered manager and staff at any time.
- The provider had an Accessible Information and Communication policy in place and staff received mandatory communication training.

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

- Staff supported and encouraged people to take part in activities and maintain social relationships to promote their wellbeing.
- People received care which was personalised and met their needs and wishes. A written review stated, 'My carers are very good at helping me to have an independent life. I have even had my carer come with me on holiday which was great. I have a Motability car which my carer takes me out so that we can go shopping or a trip out which is always a good day out. My carer cooks & keeps my flat clean for me.'
- Care files contained a range of person-centred information, including detailed key background information, what was important to that person and how best to support them.
- People and relatives told us they always felt listened to and could contact the office without any problems at any time. A person said, "I've never complained in a big way; the odd one [staff member] I've reported to the office, but they've always changed them."

Improving care quality in response to complaints or concerns

- Most people had not had cause to make a formal complaint and everyone told us they would be comfortable raising concerns with the staff or management. People's relatives told us they knew how to complain but had not needed to. A relative told us, "Any problem, however minor, is completely taken on board and dealt with. Staff are keen to listen. They'll help with any difficulty. If things crop up for me, they're very accommodating."
- The provider had a complaints policy in place. We looked at the provider trend analysis report across all locality regions, for January to March 2022 and found the majority of issues related to staff conduct and performance and standards of care. The provider used this information to make recommendations for improvement.
- Quality assurance systems ensured a planned approach to monitoring, assessing and improving the quality of care as a result of feedback received. A customer experience team make weekly calls to people to gain feedback.

End of life care and support

- People were involved in developing care plans which identified how they wanted to be supported at this stage of life and any subsequent arrangements they wished to be carried out. Where possible, relatives had also been involved in end of life discussions.
- Staff worked closely with other relevant professionals such as doctors and district nursing teams to support people's choices when they reached this stage of life. Staff received training in basic life support.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted openness and honesty and kept in contact with people and their relatives. Relatives felt staff were always open and honest with them about everything, including if things had gone wrong. A relative told us, "The communication is good, and I can always get through to them. I've got no complaints at all."
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Managers reflected on past performance issues and used this to improve the services provided.
- Staff said the registered manager was approachable and available should they need to raise any concerns. One staff member said, "The managers are absolutely brilliant and very supportive and appreciative of all we do." A second staff member told us, "I know the registered manager and my immediate line manager is good; always at end of the phone or email and responds well." A relative said, "I liked the fact that staff came to the house and checked everything and understood everything. I'm very impressed with them." A regular customer magazine encouraged feedback.

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

- Staff understood the importance of their roles and responsibilities and their performance was monitored. The provider recognised and valued the hard work and commitment of staff, A clear line of management and staff responsibilities was in place. A staff member told us, "There is always someone to talk to in the evening and at weekends and the on-call system works well. I love working here."
- Effective governance systems ensured the registered manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a high standard of care for people.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.

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

- The provider enabled people to share their experience about the service, via feedback surveys, spot checks on care being provided and welfare calls to people and relatives.

- Relatives confirmed they received opportunities to share their views. A relative told us, "They [staff] were discussing [person name's] situation and [their] needs and viewing [them] very much as an individual. It feels like a very bespoke package. Staff match the carers to the client and who best suits who. It has exceeded my expectations and I'm struggling to think of anything that could be improved."
- Staff told us they had regular contact with the management team and found them to be supportive if assistance was required. The provider told us they communicated regularly with staff, people and their relatives. A relative said, "The communication is brilliant. They [staff] let us know immediately if anything happens and I've got no complaints at all."

Continuous learning and improving care; Working in partnership with others

- There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.
- The provider worked well with other organisations to ensure people's needs were met. This included liaison with statutory health and social care bodies.
- There were systems in place in relation to the monitoring of complaints, accidents, incidents and near misses.
- Staff performance was closely monitored by the registered manager who worked in collaboration with the staff team and completed regular spot checks of the service.