

Midshires Care Limited

Helping Hands Dulwich

Inspection report

525 Norwood Road
London
SE27 9DL

Tel: 02039378884

Date of inspection visit:
31 August 2022
16 September 2022

Date of publication:
03 November 2022

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 Dulwich is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. At the time of our inspection, 23 people were receiving personal care and support.

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

People had mixed views about staff's punctuality. Although enough numbers of staff were deployed to support people, a few had experienced delayed calls and missed visits. The majority of people felt safe with the care provided. Relatives' comments received included, "[Person] is quite safe so far with all the staff that have attended" and "The fact that usually they've got ID and they're in the uniform and they wear the face masks still."

Staff were aware of safeguarding processes and knew how to identify and report allegations of abuse to protect people from the risk of avoidable harm. One person told us, "[Care staff] is absolutely marvellous. They keep me safe. Absolutely fine with the care." Risks to people were assessed and management plans put in place to enable staff to provide care safely.

People were provided with the support they required to take their medicines safely. Safe recruitment practices ensured people were supported by staff vetted as suitable to provide care. Staff provided care in a manner which minimised the risk of contamination and spread of disease.

Staff were supported to undertake effectively their caring roles including undergoing training and supervisions. One person told us, "[Staff] are very easy going and professional."

People told us staff were compassionate and caring. Comments we received included, "The main skills that they have is to be professional and have a caring attitude and all the staff I've met definitely possess that." Staff respected people's privacy, dignity and confidentiality. People were encouraged to maintain their independence and to undertake tasks they were able to do for themselves. Staff enabled people to make choices about their daily living.

People underwent an assessment of their health and wellbeing to ensure staff provided them with appropriate care. A relative told us, "Things are done properly." People received healthcare services when required. People and their relatives were provided with information about how to make a complaint about any aspect of care delivered. Most people felt their concerns were resolved in a timely manner.

Quality assurance systems were used to identify and address shortcomings in care delivery. People, staff and relatives had opportunities to share their views about the service and in the majority, felt listened to. The provider worked in partnership with other agencies and health and social care professionals to provide suitable care to people using the service.

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.

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 the service under the previous provider was good, (published on 8 November 2018.)

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.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 Dulwich

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of one inspector and two Experts 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 the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 31 August 2022 and ended on 16 September 2022.

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 spoke with five people who used the service, five relatives and six members of staff including the registered manager and branch care manager.

We reviewed a range of records. This included five people's care records and various staff records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

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.

Staffing and recruitment

- Some people had experienced delays to care delivery. People using the service and their relatives commented, "Sometimes [staff] are just not punctual"; "[Carer] is not very good on time keeping. I did have a quiet word with a manager and they had a quieter word. This has improved" and "Most of the time they arrive early." Although some people had experienced delays, there were no reported effects about the safety of care delivery.
- People told us they were not always aware of the staff allocated to provide care. However, they said this had improved and now rotas were being provided in advance, so they knew the names of staff assigned to support them. Staff told us they received rotas in advance although they were asked at short notice to cover shifts, reassigned to provide care to other people and or had calls taken away.
- The registered manager who had been in post for six months at the time of our inspection explained they were implementing changes in how the rotas and staff allocations were managed. This included ensuring each person had a core team assigned to them to ensure consistency in care delivery while being flexible to provide cover for sickness and annual leave absences. People using the service said the changes were positive. We will review this at our next inspection.
- People told us they received support in the majority from a regular team of staff. "I tend to have the same person generally." The provider had an ongoing recruitment programme to increase the number of care staff.
- People received care from staff who underwent safe recruitment procedures. The provider obtained obtaining employment history, reference checks and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People's care delivery met the requirements of infection prevention and control (IPC) guidance. One person told us, "[Staff member] wears mask, apron and gloves. They all do. She walks in and she washes her hands."
- Staff were trained in IPC and knew how to keep people safe through practicing good hygiene such as wearing masks and washing hands before and after providing care.
- Staff told us they understood the importance of minimising cross infection and spread of disease. Spot check records showed staff followed the provider's policy wearing masks, gloves and aprons when appropriate which enabled them to reduce the risk of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Comments we received included, "I feel safe" and "We as a family do not have any concerns about the care."
- Staff received training and refresher courses in safeguarding adults and knew how to identify and report abuse to ensure people were safe. Staff had access to provider's safeguarding procedures and followed these when needed to raise concerns about people's welfare.
- The registered manager reported safeguarding concerns to relevant authorities to enable investigations and addressing of failings in care delivery.

Assessing risk, safety monitoring and management

- People's needs and risks to their health were assessed, reviewed and managed safely. Staff told us and records confirmed they followed support plans which enabled them to provide care in a safe manner.
- Staff were aware of the risks to people they supported which included how to support people to maintain personal hygiene, a safe environment, medicines and nutrition and hydration.

Using medicines safely

- People who required support to manage and take their medicines received appropriate care in line with best practice and the provider's procedures. Comments we received included, "[Staff] give him his medication once a day and they make sure he takes them" and "[Staff] help me sort out my medication."
- Checks and audits were carried out on Medicines Administration Records (MAR) to identify and address any shortfalls.
- Staff received training in medicines management and their competency assessed to ensure they knew how to support people safely in line with the provider's policy and procedures.

Learning lessons when things go wrong

- People benefited from a review of incidents and shortfalls in care delivery. Staff practices improved as they were encouraged to learn from incidents and attended additional and or refresher training when needed.
- Incidents were reported and recorded in line with the provider's policy and procedures. The provider looked out for patterns and trends and acted to minimise the risk of similar events from happening again. Staff told us and records showed team meetings were effectively used to discuss incidents and learning outcomes.

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.

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

- People received care appropriate to their individual needs and preferences. Comments we received included, "[Staff] help [person] with their needs" and "[Staff] provide help as expected."
- People and their relatives where appropriate took part in the assessment and developing of care and supports plans that met individual's needs.
- Care plans reviews were undertaken and updated which ensured staff had guidance reflective of the support each person required to meet their health needs.
- Records showed staff effectively delivered care in line with the provider's procedures and best practice.

Staff support: induction, training, skills and experience

- People were cared for by staff who were competent in their roles. Comments received included, "On the most part, that's been very good" and "All the carers that I've met are more experienced."
- New staff received an induction which equipped them with the knowledge to provide care. The provider ensured staff underwent regular training and refresher courses in various areas including safeguarding adults, infection control, moving and handling and health and safety to enable them to deliver appropriate care.
- Staff felt they were supported to undertake their roles. Regular reviews of staff practice were undertaken in supervisions and an annual performance check to improve their practice.

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

- People accessed healthcare services when needed. Comments we received included, "[Staff] will ring my daughter if I am unwell" and "[Staff] notice little things and will check if I want to see the GP."
- Staff worked closely with people and their relatives when their health changed and supported them to get the support they required. This included arranging appointments to their GPs and specialists and escorting them to hospitals which ensured people's needs were met and they lived healthier lives.
- People's care records showed staff followed healthcare professionals' guidance when delivering care such as supporting people to increase their fluid intake and to eat food cut in small pieces to reduce the risk of dehydration and choking.

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

- People were supported to eat and drink sufficiently and to maintain a healthy diet. A relative told us, "[Staff] come in and give her breakfast and leave her a sandwich."
- People told us staff encouraged them to have a balanced diet that included fresh food, vegetables and

fruit. A relative told us, "In addition to the cooking they go to the shop next door and get shopping in." Staff supported people in shopping for food and planning and preparing meals when needed.

- Records detailed people's food and drink preferences, and how they wished these to be prepared and served.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People consented to the care and support provided. Comments received included, "[Staff] do ask before they do anything for [person] and "I tell them what help I need."
- The registered manager ensured they held best interests' meetings when a person lacked capacity to make decisions related to any aspect of their care.
- Staff receiving training in MCA and understood how to provide care in a manner that respected people's rights.
- Care records confirmed staff cared for people in line with MCA principles. Staff supported people to make informed decisions about the support they required with their daily living such as having a bath or shower, choosing what to wear and meal preparation.
- Staff referred to the provider's procedures about MCA for guidance on how to support people to make decisions about their care and to uphold their rights.

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 were treated with kindness, respect and compassion. Comments we received included, "[Care staff] is very, very nice indeed and she is kind and she is caring"; "Generally, most of them are doing the job for the right reasons" and "They're relaxed. They're friendly. They're kind."
- Staff understood how people wished to be cared for and followed support plans by respecting each person's individual preferences and routines. People's records contained their life histories, likes and preferences which enabled staff to provide suitable care.
- People's care delivery respected their equality and diversity and staff delivered care without discriminating against each person's diverse needs and preferences.
- People commented staff respected their cultural backgrounds and heritage which included supporting them with their choices on food, dressing, religion and activities they chose. A relative told commented, "[Care staff] are respectful. They put on shoe covers as well."
- People were supported to go into the community, take part in activities of their choosing and to enjoy aspects of daily living like the rest of the society.

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

- People took the opportunities provided to express their views and to make decisions about the care and support they required. A relative told us, "She decides if she going to do some cleaning or washing. Mum organises this and they say 'yes, we'll do this.'"
- The provider ensured people using the service and their relatives where appropriate contributed to planning and developing their care and support plans. People told us and records confirmed staff provided care in line with their wishes and preferences. A review of the rota planning system enabled staff to be flexible to people's preferences and routines when needed.
- People were supported through advocacy when needed, for example to get additional support hours for caring roles such as personal care, house cleaning, shopping and accessing the community when a person did not have additional support from family or local links.

Respecting and promoting people's privacy, dignity and independence

- People were treated in a dignified manner and their privacy respected. Comments we received included, "[Staff] are respectful" and "Always polite and dignified."
- People received support that enabled them to live independent lives as far as practicable such as dressing up, making a cup of tea. One person told us, "[Staff] help to keep my quality of life to the way I like it."

- Staff knew what tasks each person could undertake for themselves in their daily living and the support they required and this was clearly detailed in each person's records.
- People's care planning was developed in a manner that enabled them to take positive risks to enhance their independence, for example arranging outings to reduce social isolation and loneliness. A relative commented, "It's [person's] birthday today and I took [person] out for a drink. The carer agreed to drop [relative] at the pub. She was really pleasant."
- The provider ensured staff maintained and respected people's right to privacy and confidentiality. Staff shared information with other health and social care professionals when appropriate.

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

- People received care which met their individual needs and preferences. People and their relatives told us, "I wrote it up in conjunction with the care company. It was reviewed just a few months ago"; "I've had one visit to review. They'll phone every so often and ask" and "I've done a review over the phone before."
- People's choices and preferences were identified which ensured they had control in planning for their care and support. Staff supported people according to their wishes of how they preferred to have their care delivered.
- Staff enjoyed positive relationships with people they supported. However, staffing issues at times meant people received care from staff who did not always know them well. The registered manager had implemented changes to ensure people received care from a consistent team of staff.
- Care and support plan reviews and regular updates ensured staff were kept informed of people's needs and the support they required. This enabled staff to provide care appropriate to people's individual needs.

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.

- People's communication and other sensory needs were identified which enabled staff to provide appropriate care by communicating effectively with them.
- The provider ensured they met their responsibility under AIS by providing information to people in a manner appropriate to their needs. The provider had access to agencies and professionals with resources to meet people's sensory needs including large font, braille and interpreters.

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

- People received the support they required to develop and maintain relations with people who mattered to them and minimise the risk of social isolation and loneliness. This also enable people to undertake activities of their choosing.
- People's records detailed information of their family, friends and community whom they wished to be involved in their care.
- Staff supported people when required to lead fulfilling lives such as preparing and providing escorts to attend functions to them such as church services, religious and or community festivals and their cultural celebrations.

Improving care quality in response to complaints or concerns

- The majority of people using the service and their relatives felt their complaints and concerns were resolved in a timely manner. Comments we received included, "I think the only thing is they don't ring back if you have a query. You phone them and they say they'll ring back and they don't"; "I think it can be managed better. If someone makes a complaint that complaint shouldn't be an ongoing complaint it should be dealt with" and "I've certainly had no complaints whatsoever." The registered manager told us they were aware of some of the concerns raised and had taken action to ensure they addressed issues as they arose.
- People told us the registered manager and office staff continued to improve on the manner they investigated and resolved concerns.
- People and their relatives received the complaints policy and procedure which enabled them to understand the process in have their issues address.

End of life care and support

- People's end of life care wishes were recorded where they preferred to share these. Care records were maintained and updated to show people's wishes as appropriate. At the time of this inspection, there was no one receiving end of life care and support.
- The provider's policy on end of life care showed they understood their responsibility to support people with their end of life care and to work with other agencies and professionals. This would enable people to receive a comfortable and dignified support at the end of their lives.

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

- The majority of people, their relatives and staff spoke positively about the running of the service. However, comments we received also included, "They don't seem to think that us complaining is warranted"; "Fairly well managed"; "There was a period about a year ago where one of their managers was leaving. As a result of that, there was clearly a lot of turmoil and disruption. Now there's somebody who's much more hands on and they're taking care of things" and "I think so they seem to be on the ball."
- We spoke with the registered manager who showed us they were engaging with people more often to understand the areas where they were unhappy with any aspect of their care. We will review the impact of this at our next inspection.
- People received person-centred care because staff were provided with up to date information about their needs, preferences and routines.

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;

- People and their relatives told us the registered manager communicated with them openly when things went wrong.
- Staff told us the registered manager encouraged them to own up to their mistakes and seek ways to improve their practice.

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

- People were supported and received care in line with statutory and regulatory requirements. The provider and registered manager understood their responsibilities and submitted notifications to CQC, the local authority safeguarding teams and other agencies about significant events as required.
- The provider and registered manager undertook checks to improve on the quality of care provided. Audits were carried out on aspects of care such as care planning, record keeping, medicines management, staff training and supervisions to develop and improve staff's practice.
- Policies and procedures were up to date and accessible to staff to ensure they provided care in line with regulations, for example guidance on infection control prevention during a pandemic.
- Staff were clear about their roles and responsibilities and knew when to get support to improve their practice.
- The registered manager reviewed staff performance through regular supervisions, appraisals, feedback

about their practices and that from people using the service which enabled them to develop their practice.

- Staff told us they held catch up meetings and discussed risks to people, medicines management, policies and procedures and any concerns about the running of the service.

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

- People and their relatives and staff said their involvement with the service had improved.
- However, some people, their relatives and staff felt the communication with some office staff did not always resolve their issues and felt at times their concerns were not dealt with. Comments included, "[Office staff] are quite poor in communication." The majority of them said the registered manager had made changes and that communication with office and care staff had improved. We will review this at our next inspection.
- People told us the provider and registered manager provided them with opportunities to feedback and share their views about the quality of care via questionnaires, home visits, telephone calls and care planning reviews.
- Staff took into account people's religious background and cultural differences to protect their equality characteristics.
- The provider ensured staff had opportunities to develop their practice and career progression at the service.

Continuous learning and improving care

- People's care delivery improved because the provider fostered a culture of continuous learning. The registered manager reviewed accidents and incidents to identify gaps in staff's practice and drive improvement. Staff were encouraged to learn and develop their practice from any failings in care delivery through mentoring, supervision, team meetings and spot checks.
- People, their relatives and staff told us the registered manager sought their views. However, they did not always feel their ideas to develop the service. There were historical issues which the registered manager continued to work on and they said issue were now being resolved.
- People and their relatives told us the provider was now using their feedback to drive improvements when required.

Working in partnership with others

- People received input to their care delivery from a range of health and social care professionals and other agencies who worked closely with the service. Staff followed guidance provided by healthcare professionals such as GPs to support people with complex health needs.
- Referrals were made to other healthcare professionals and agencies to ensure people received the support they required to lead more fulfilling lives.