

Midshires Care Limited

Helping Hands Wantage

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 Wantage is a domiciliary care service providing the regulated activity of personal care. The service provides support to people living in their own homes. At the time of our inspection there were 40 people using the 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. At the time of inspection 31 people out of the 40 were receiving a regulated activity.

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

People were kept safe from abuse and harm, and staff had the training, knowledge and experience to report any suspicions concerning abuse. The registered manager had systems in place to report and investigate concerns. Risks had been assessed and assessments were in place to manage the risk of harm to people. There were sufficient staff available to keep people safe and meet their needs.

People were supported in a kind and caring way by staff that knew them well. They were happy with the support they received from staff. People's privacy and dignity was considered and maintained, and people were encouraged to make choices. People's preferences, including their likes and dislikes, were considered, and they received support based on these needs. Peoples' communication was considered and there was a complaint policy in place.

Staff members were trained to enable them to safely meet people's needs. Records evidenced that supervision meetings for staff were held regularly and staff told us they were well supported to perform their roles. 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.

Relatives and staff spoke highly of the management; they found them approachable and supportive. There were effective systems to monitor, maintain and improve the quality of the service and the registered manager ensured care and support were provided appropriately, and effectively.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who had a learning disability and or who are autistic.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 21 June 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of an unrated 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 Wantage

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 made phone calls to people who use the service and/or 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

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 September 2022. We visited the location's office on 22 September 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and seven relatives of those using the service. We spoke with five staff including the registered manager, and we contacted health professionals for feedback about the service.

We reviewed a range of records. This included six people's care records. We reviewed care records remotely through the provider's secure portal. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and policies and procedures, were reviewed.

Following our visits to the office, we continued to seek clarification from the provider to validate evidence found. We looked at training data, electronic monitoring data and quality assurance records of site.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. People's comments included: "I have got to know my carers well and they know what I need from them so I feel safe" and "I live miles away but I know they are safe as they manage their conditions well as we can see how things have improved since the company has been looking after them."
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were not always aware that incidents of potential abuse or neglect should be reported to the local authority. One member of staff told us, "We should always protect the customer [person], making sure they are safe and that no abuse occurs, I would speak to my manager to raise concerns."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us that all safeguarding concerns would be recorded and investigated by the service. We saw evidence of safeguarding's and investigations with appropriate action in place.
- Staff were kept updated as needed. A member of staff commented, "I am made aware of safeguarding and kept up to date by alerts emails."

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. These included risks associated with mobility, falls and health conditions. Comments from relatives included, "Risk assessments and care plans have been done and she [person] is safe with the carers."
- Clear guidance was provided to staff to help them manage risks. For example, one person was at risk of developing pressure care concerns. Staff were guided to ensure the person was receiving care for pressure injury prevention and what steps to take, including monitoring and reporting as well as escalating concerns to district nurses and contributing factors like nutrition and hydration.
- Staff were trained to support people safely. They received training in manual handling and first aid. A relative commented, "There is equipment in the house to keep her [person] safe when she moves around her home, such as a walker and stairlift. The carers know how to help her with the equipment they are well trained."
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe and meet their needs, however we found this often-included office staff who provided care for some calls in the morning. One relative we spoke

with felt the care company was sometimes "understaffed and overwhelmed".

- People and their relatives told us staff were mostly punctual and stayed for the full visit time. No one reported missed visits. Their comments included, "They tick all the boxes, they are on time, no missed calls and they have regular carers that know their routine" and "If the carers are running late, they will let us know".
- Staff recruitment files including interview questions were reviewed. The provider's recruitment processes were robust. Pre employment checks had been carried out to ensure staff were suitable to work with vulnerable people. This included references, obtaining proof of staff identity, right to work in the UK and DBS checks. 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.

Using medicines safely

- Staff told us, and records confirmed staff had been trained in administering medicines safely, and the provider checked staff competencies.
- Spot checks were conducted to ensure staff followed safe practice. A relative of someone using the service told us "Mum [person] has her medication dispensed by the carers from a dossette box and there are no problems."
- Monthly medicine audits were carried out to identify and address any issues, relevant findings were then discussed with staff in team meetings and actioned accordingly.

Preventing and controlling infection

- Staff completed infection, prevention and control (IPC) training and were provided with current guidance to follow.
- People told us staff used correct PPE and followed safe infection control practice. Their comments included; "The carers wear their PPE and dispose of it in the bin outside," and "They wear their masks and gloves."
- The management team carried out spot checks on staff practice to ensure they were following infection control procedures correctly.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- The provider had a culture of wanting to get things right and to continuously improve and develop.
- Where appropriate, accidents and incidents were referred to the local authorities and advice was also sought from health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People had their needs assessed before care was provided. This ensured their care needs could be met in line with current guidance and best practice. These included people's preferences relating to all their care and communication needs.
- The provider used the information from these assessments to develop care plans for people. People's choices and preferences had been recorded in their care records. This helped to make sure staff provided support in line with people's wishes and needs.
- Relatives of those using the service told us, "Mum [person] has a care plan and risk assessments were done, as the manager went around her home and looked at various things to ensure everything was safe" and "The company met with us and did a comprehensive care plan before they started providing care."

Staff support: induction, training, skills and experience

- We received mostly positive feedback from those using the service and their relatives. Comments included; "We feel very reassured by the support that they will be able to give when needs increase" and "The carers have been well trained in procedures required as an NHS trainer came to show them all what they had to do". However, we also heard, "The carers are not well trained in dealing with dementia". Records showed staff had received training in dementia care from the service and as part of the Care Certificate. The registered manager reassured us a review of the person's care needs would be carried out in order to address any concerns.
- Staff said they had received the training they needed to undertake their roles. Comments included "I feel the training covered everything I needed, if I felt there was additional training, I know I could contact the office, and this would be arranged."
- Staff received an induction and ongoing training and support. This included mandatory training and completion 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

- People received support where needed with eating and drinking. We spoke to relatives and people using the service. Comments included, "They really encourage Mum [person] to drink and will assist her if required and make her meals that she enjoys" and "They will make me meals if I require them to and also they leave me with lots of drinks."
- We saw that people's care plans contained details about how to support them at mealtimes, as well as information about their dietary needs and preferences. These listed details of what people preferred to eat

and drink and how best to support them

- Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet and gave examples of what people liked to eat and how they liked their food and drink prepared.
- People's care notes were reviewed, we could see that most staff included what people had to eat and drink, however, some people's records contained more detail than others and did not always specify what the person had eaten.

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

- The registered manager and staff worked closely together to ensure people's health, wellbeing and needs were met. They communicated with each other reporting any changes or issues, this was seen within people's care notes.
- Relatives and people using the service told us the service was proactive in ensuring health needs were identified. Comments included, "As Mums [person's] needs are changing rapidly, the company are very proactive in reviewing her needs and discussing additional care required" and "They are very good and notice if I develop blister and contact the doctor to get steroid cream, so they monitor me well."
- The registered manager told us they had worked on a regular basis with external agencies for support and had made referrals as and when necessary.
- We received feedback from external agencies who have worked closely with the team. Comments included "I've never had a negative experience. The care agency communicates to a very high standard. The registered manager will always involve me and give me feedback, discussing concerns which I don't get with a lot of other agencies."

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One member of staff told us that if someone refused care, they would explain its importance, wait and ask again and where necessary seek further support from family or management, documenting their refusal and what has been done to support them

and their wishes.

- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 using the service told us, "They treat me with kindness and with dignity during personal care."
- Staff knew people well and were passionate about ensuring people felt valued and cared for.
- We asked people if their relatives were treated with kindness and compassion by staff. Responses included, "They are very good and caring people" and "They do such nice things, when dad [person] was in hospital the manager called in to see Mum and asked her if she fancied fish and chips, she also brought some for herself and sat down with her to give her some company, she never charged either for the fish and chips."

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

- People's records reflected their preferences and choices and how these were made.
- People and their relatives told us they were involved in making decisions about the care being provided; "As a family we were very involved with the care planning and involved in reviews with the manager".
- One relative told us, "They [staff] understand what Mum [person] requires at each call as it is listed on her care plan".

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was preserved at all times. Staff told us they would "Ensure doors and curtains were closed when carrying out personal care and always tell people what you are doing."
- Relatives told us people were treated with respect. One relative said "She [person] has a lovely team of carers who respect Mum and provide as much privacy as they can when carrying out personal care, they keep doors closed and try to keep her covered as much as possible."
- We were told that staff made people feel at ease when care tasks were undertaken. Relatives comments included, "They are very gentle with Mum [person] and when they wash her, they give her privacy and are most respectful."
- We saw care plans that reflected peoples wishes which included actions for carers such as explaining who they were, gaining consent, maintaining privacy and dignity, closing the curtains.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's care plans were personalised and tailored to each individual. We saw there was clear guidance on how to meet people's individual needs as well as their preferences. People's care files included information about their personal histories and what was important to them.
- People were involved in their reviews supported by staff both over the phone and where appropriate in person.
- We had feedback from an external health care professional who said, "Staff are very receptive to people's changing needs and the person always get what they need."
- Where possible people had a small staff team that could offer them consistent support. One relative told us "I have met her [family members] team and they are very good and we have a rota to inform us of what carer has been allocated to calls."

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.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. This included guidance relating to communication aids such as glasses or hearing aids. One staff member said, "I always check their [person's] hearing aid is working, it's important to hear and communicate when carrying out care."
- Communication needs were documented clearly in people's support plan. For example, one person's care plan stated; "Please check each day that my hearing aids are working, you can do this by talking to me and seeing if I can hear you. If I cannot then please remove them and replace the batteries and then put them back in for me. My daughter also changes my hearing aid batteries on a Tuesday when she visits."

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 were supported to maintain relationships that mattered to them, such as family and friendship. This promoted people's well-being and helped to prevent social isolation.
- A relative of the service was asked if they felt they were involved in their loved ones care, they told us,

"Communication is very good and at night the carers will call me so I can say goodnight to my relative [person]".

- People were supported to attend things in the community. We heard from one person using the service "I miss going to the theatre, so the carers organised a trip with me to the Oxford Playhouse which I so enjoyed, they accompanied me" and "The manager completed risk assessments before my trips to ensure all would be well".
- We also heard from someone using the service "A local organisation that I belong to were having a BBQ so the manager arranged a carer to come with me as well as the taxi."

Improving care quality in response to complaints or concerns

- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. An up to date complaints policy was in place.
- We asked relatives if they knew how to make a complaint or raise a concern, whether they felt comfortable doing so and if they had whether they were happy with the outcome. Comments included, "We have a copy of their complaints procedure in the event we need to raise any issues" and "I recommend the company and don't think there are any areas that they can improve, we are very happy with the care provided."

End of life care and support

- The registered manager explained how people's wishes around end of life care were discussed and documented in their records.
- We received evidence and feedback regarding working relationships and liaising with other professionals to further support people. This also included ensuring ongoing training and support for the staff.
- Relatives of those using the service told us about the support and information they receive from the company, "The company have advised about CHC (a package of care funded by the NHS) funding and also discussed end of life care and what they can provide when the need arises."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People, relatives, and staff spoke positively about the company and the support they received. We asked if people would recommend Helping Hands Wantage to other people. Responses included, "I cannot fault them; it is a well-managed service" and "They are so reliable, I would recommend them."
- A social care professional commented, "The manager will always involve me and communicate concerns and actions which you don't get with a lot of other care agencies."
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "The manager is approachable and fair, I feel that we are all supported, there is always someone to talk to, and our opinions are valued."
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a positive way and reflected on how they were managing the service.

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 registered manager was aware of their responsibilities in relation to duty of candour.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- The provider had their own internal auditing system which was effective. Quality checks and audits were completed within the service. These covered key areas such as medicines health and safety and care planning. Where areas of improvement had been identified there was evidence of the action that had been taken to make these improvements.
- There was an electronic monitoring and management system to capture and monitor developments within the service to identify trends and improve quality including upcoming training or assessments that needed to be completed.
- All staff we spoke to understood their roles and responsibilities and there were clear lines of delegation.

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

characteristics

- People's and relative's views had been sought through regular support plan reviews and quality calls in which relatives and people using the service were asked for feedback about the service. One person told us "They are very supportive and the manager reviews Mums [person's] care."
- Staff were involved in providing feedback and their views and input were valued. One staff member said, "I told management about the needs of someone we support and suggested they may need extra support, this was reviewed with the person and put in place really quickly."
- Staff told us they felt listened to and felt able to contribute to the improvement of care. Records showed staff were regularly praised for their hard work and commitment.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- The management team completed spot checks on staff to check their performance was of a high standard.
- Regular team meetings were held. We saw notes of these discussed areas such as communication; incidents care; positive culture and team management; partnership working and outcomes; new clients; complaints; roles; conflict management; safeguarding, praise and recruitment.