

Midshires Care Limited

Helping Hands Doncaster

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 Doncaster is a service providing support for people in their own homes. Support is provided to people living with dementia and people with physical disabilities amongst other support needs. The service was supporting 10 people at the time of the inspection.

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

People spoke positively about their experience of receiving care from this provider. One person's relative said: "They are very respectful, they instinctively understand how to communicate with [my relative] and never talk down." Another person described the service as a "lifeline."

Relatives told us of times they felt the provider had gone above and beyond their expectations, and more than one told us this provider compared very positively to their previous experiences of receiving domiciliary care.

The registered manager had systems in place which enabled them to have a good oversight of the service. The quality of care people received was regularly audited and adjusted to meet their needs.

Where incidents had occurred, the provider had made the legally required notifications to CQC, and undertook an analysis to assess whether anything had gone wrong or could be improved.

Staff told us they felt well supported, with one telling us: "I enjoy working for Helping Hands they are always sending us emails of appreciation and anything they want to update us on and they are always there when you just need a chat." Staff reported a good level of communication within the service, and said they felt like they were part of a strong team.

Medicines were managed safely, with regular audits of people's medication taking place.

The provider took steps to involve people in their care and carried out regular care reviews with people. This enabled them to give feedback and make any changes to their care that may be 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. Care took place in accordance with people's consent, people confirmed staff always asked for their consent before undertaking care tasks.

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

Rating at last inspection

This service was registered with us in September 2021 and this is the first inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our well led findings below.

Helping Hands Doncaster

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 and staff.

Inspection team

This inspection was carried out by 1 inspector.

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 short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at.

Inspection activity started on 16 December 2022 and ended on 23 December.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 the registered manager and 4 people's relatives. We also received feedback from 4 members of staff.

We reviewed a range of records. This included 3 people's care records and various medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people 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.

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

Preventing and controlling infection

- The provider's records showed staff had access to appropriate guidance and policies regarding infection control, and had received training in this area.
- Personal protective equipment (PPE) was available for staff to use. People using the service confirmed staff always wore PPE and told us they had no concerns in relation to infection control.
- The registered manager carried out an audit of the service quarterly, and this included an analysis of the infection control arrangements in place, with actions identified and implemented where required.

Using medicines safely

- People's medicines were managed safely.
- Records of medication administered were accurately maintained and audited.
- People using the service described how staff supported them with their medicines. One person's relative said: "They understand what is required and administer [my relative's] medication correctly."
- Staff received training in medication management, and also training specific to people's individual medication needs, such as the use of eyedrops

Systems and processes to safeguard people from the risk of abuse

- People's relatives said they thought the service was safe, and told us they had no concerns in this regard. One person said: "The staff know what they are doing, which is what keeps [my relative] safe." Another said: "Thankfully that's nothing I have to worry about, it's very safe."
- Staff told us they understood what to do if they suspected a safeguarding incident, including reporting to managers or the local authority as required.
- Where suspected safeguarding incidents had occurred, the provider had taken all required actions, including making referrals to the local authority and notifying CQC. The provider maintained a central register of these incidents to allow the registered manager to monitor them in order to keep people safe.

Assessing risk, safety monitoring and management

- Risks, such as falls, malnutrition and personal safety were identified when people began to use the service, and detailed risk assessments were implemented. Staff followed these when providing care to ensure people were kept safe.
- The registered manager kept records of safety incidents so they could maintain an oversight of where people were vulnerable to risk.
- People's relatives told us they had been consulted about risks when the service started, and felt they were able to contribute to keeping their relatives safe.

Staffing and recruitment

- Staff were safely recruited.
- Appropriate background checks had been carried out before people started work.
- People told us there were usually enough staff available and rarely experienced a late call. They told us any staffing shortages were communicated to them by the office
- Staff told us they felt the recruitment process had been thorough and confirmed the background checks that were carried out.

Learning lessons when things go wrong

- People told us they were confident to raise any issues, and felt the provider would listen and make changes.
- Records showed changes were implemented following incidents or accidents.

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.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff obtained consent before carrying out any care tasks, and care records showed people's ability to consent to their care was taken into account when their care was being planned.
- Staff told us they understood the requirement to act in accordance with the MCA, and confirmed they had received relevant training.

Staff support: induction, training, skills and experience

- People told us staff demonstrated a high level of knowledge. One said: "They must get well trained, they know what they are doing."
- Records showed staff received a thorough induction when starting work, and then undertook a program of training within the first 4 weeks of employment covering key areas of care and support work. Staff confirmed this, and told us they felt well-equipped to carry out their roles.
- One staff member told us: "This is the best care company I have worked for and I am always listened to and my concerns are always acted upon."

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

- People's relatives told us their relative's care had been designed in a way to reflect their needs and preferences.
- Records showed the management team monitored care to ensure it was in line with current guidance.

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed.
- People's care records showed where staff were required to provide them with food and drink, it reflected their expressed personal preferences.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed staff incorporated advice and guidance from external professionals to ensure people received effective care.
- People's relatives told us the provider worked with district nurses, social workers and other professionals. One said: "They know everyone involved in [my relative's] care, they are very good at that."

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.

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

- Records showed people's views and decisions about care were incorporated in the way they were cared for. Relatives were also involved in this where appropriate.
- People's relatives confirmed the provider emphasised the need for people to express their views about receiving care, to ensure it met their needs.
- Staff demonstrated they understood the importance of listening to people's views.

Ensuring people are well treated and supported; equality and diversity

- People's relatives told us that without fail care staff treated them well, and engaged with people in a respectful manner.
- Care plans we checked showed information about people's cultural needs.
- Staff told us they were proud to ensure people were well-treated, with one telling us they approached providing support as if they were supporting their own relatives.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff were respectful and upheld people's dignity. One told us how it was important to them that staff did not "talk down" to their relative, and confirmed all staff were respectful in their communication.
- Relatives told us staff consistently ensured care took place that upheld their loved ones' dignity and privacy.

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 requires good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had appropriate arrangements in place to provide information in accessible formats, including a detailed policy regarding the responsibilities in relation to the AIS
- People's relatives told us staff communicated in a way appropriate to them, and one staff member told us: "I cared for a lady who was profoundly deaf and communication with her was by using a whiteboard."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care record we looked at held information about people's preferences, and was highly detailed.
- Staff told us person-centred care was important to them, with one saying: "There is no 'one size fits all' way of providing care, every single person has their own mind, their own opinions and feelings, and it is about working with them to make them feel that they are getting the best possible care I can give them."
- People told us staff promoted choice, and records of care visits showed staff ensured people's choices were upheld.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and set out steps people should take if they wished to make a complaint.
- People's relatives told us they would feel confident to complain if they needed to, and described the office staff as responsive, though they stressed they had felt no need to raise any complaints.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Staff told us they received a good level of support from managers. One staff member said: "The first thing I am always asked is how I am, and up to now I've not really needed any additional support, but I genuinely believe that this is because the day to day support I get from the management team is superb."
- The provider's systems enabled the registered manager to monitor and improve the quality of the service.
- We checked care notes, and found they were clear and evidenced the care provided to people. These were regularly audited to ensure care was of high quality.
- We checked records of incidents, and found CQC had been notified, as required by law, of any notifiable incidents.

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

- Staff told us of a positive culture. One staff member said: "In my opinion, this is a brilliant company to work for, they genuinely care about their staff, and their clients, and the wellbeing of both is paramount. I can honestly say hand on heart that this is the best and most satisfying role I have ever had. "
- People's relatives told us the provider worked hard to achieve positive outcomes for people.
- The provider's records showed that if things went wrong, they were open and honest with people.

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

- Surveys completed by staff showed they reported high levels of satisfaction with management support.
- Records showed people were regularly contacted for their feedback. People's relatives confirmed this, with one relative telling us: "They do ask me regularly how I think things are going for [my relative] and I have the opportunity to share my views."