

Midshires Care Limited

Helping Hands Rothwell

Inspection report

30 Commercial Street
Rothwell
Leeds
LS26 0AW

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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 Rothwell is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, people with dementia, people with a physical disability, people with a learning disability and autistic people. At the time of our inspection there were 22 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.

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

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 have a learning disability and or who are autistic.

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

Right Support:

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. Staff received good support which equipped them with their right skills and knowledge to deliver safe, person-centred care. Recruitment processes were in place and most checks were done robustly. The registered manager and provider assured us that going forward they would make sure every check would be consistently robust and safe.

Right Care:

Care was personalised and responsive to people's needs. People who used the service and their relatives were very happy with the service and confirmed they were involved in planning their care. Everyone was complimentary about the staff. Where required, people received good support with eating and drinking and medication. People received support from staff who were reliable and arrived on time. Feedback about consistency of support workers was generally positive although some people said they would like a smaller team.

Right Culture:

The service was consistently well-led. The management team promoted values that included involvement, respect, independence and quality. Staff had a good understanding of sound care principles such as privacy, dignity and confidentiality. Effective systems were in place for engaging with people who used the service, their relatives and staff. The service had received many compliments which evidenced people

received person-centred care. Staff and management worked in partnership with other professionals and agencies.

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 on 20 May 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?

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 section 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 section below.

Good ●

Helping Hands Rothwell

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 1 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 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

We gave the service 24 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.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used information gathered as part of our monitoring activity that took place on 4 May 2022. 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 4 people who used the service, 6 relatives and 7 members of staff including, the registered manager, care-coordinator and support workers. We reviewed a range of records. This included 4 people's care records and 3 people's medicine records. We looked at 2 staff recruitment files. A variety of records relating to the management of the service were reviewed.

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 were protected from the risk of abuse.
- Everyone told us they felt safe when support workers visited. One person said, "I feel safe in their hands."
- Staff received training around protecting people from abuse and understood their responsibility to report all safeguarding concerns. They were confident any issues would be dealt with promptly and appropriately by the management team.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks relating to people's health and safety were assessed and well managed. Assessments were detailed and regularly reviewed.
- The service ensured people lived and staff worked in a safe place. Environmental risk assessments were completed, and equipment was checked to make sure it was safe to use.
- Staff were appropriately trained and knew how to support people safely. They told us they received relevant information and updates about any changes in how risk should be managed. One support worker said, "Everyone has risk assessments and we can view these all the time. We get all the information about how to do things safely when we get a new customer. Recently I was unsure where to park safely and phoned the office. They stayed on the phone until I got to the customer's door."
- The service had systems for managing infection risks effectively including those presented during the COVID-19 pandemic. One person said, "They are very careful with masks and gloves and do everything they need to."

Staffing and recruitment

- People received support from staff who were reliable, arrived on time and stayed the agreed period. The service used an electronic call monitoring system which showed people usually had regular visit times. One person said, "They always stay the whole hour and they always check with me everything is done and I have everything I need." Feedback about consistency of support workers was generally positive although some people said they would like a smaller team. One person told us they had different support workers but felt this was, "Because I have more care now, but I do like my regulars."
- Staff told us there were enough staff to meet people's needs. They said their rotas were well planned and they usually supported the same people. Rotas we reviewed confirmed this. A member of staff said, "In between calls we have time to assess, and we always make sure the customer is happy with the service." They discussed a recent example where they contacted the management team because a person was needing more support during their lunch call, so it was taking longer. They confirmed it was resolved straight away.

- Recruitment checks were carried out by the provider, but this was not always done robustly. As soon as we brought this to the attention of the registered manager and provider, they took immediate steps to address the issues and assured us that going forward the process would be consistently robust and safe.
- Some checks had been completed thoroughly such as identity, Disclosure and Barring Service (DBS) and candidate interviews. However, the provider did not always make sure candidates had provided all the required information such as a full employment history. 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

- Medicines were managed safely. The provider had systems in place to support the management of medicines. Staff received appropriate medicine training and their competency was checked.
- Support plans had clear guidance around how to support people with their medicines and medication administration records (MARs) were well maintained.
- People told us their medicines were administered safely. One person said, "They are very strict about medication and will only give it if they have a photo of the prescription. They wouldn't give me anything outside of that."

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. The service identified actions to help prevent repeat events.
- The service communicated learning and important information to staff using different systems, such as, electronic messaging, face to face discussions and team meetings. We saw in November 2022, at a team meeting, staff had discussed accidents, incidents and near misses.

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.

Staff support: induction, training, skills and experience

- People received support from staff who had the right skills, knowledge and competency. A relative told us, "All the carers we have had are very competent and we've had a new one. It takes a while for them to get to know [name of person] but they are very good and very patient."
- Staff told us they received good support which equipped them to carry out their job well. Records showed staff received relevant training which included a comprehensive induction when they commenced employment. A member of staff who had recently started working at the service said, "Everyone has been very supportive, I have shadowed experienced staff and am starting the Care Certificate. We focus on person-centred care. It has been a very positive experience; I'm going to work every morning with a big smile on my face which says everything." 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- The service had a robust system to assess people's needs and care was planned and delivered in line with current standards and guidance.
- The management team visited people before they commenced a care package and made sure they had information about how people wanted their care delivered. We saw one person who recently started using the service had a comprehensive assessment and support plan.
- Systems were in place to make sure people's nutritional needs were met. Where people required assistance with eating and drinking their support plans had clear guidance around involving people around planning meals.

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

- Systems were in place to support people with their health needs. Care records had detailed information about people's medical conditions and health professionals who were involved in their care.
- The registered manager and staff shared examples where they had liaised with other professionals and made referrals where appropriate. Two people told us they received regular support from Helping Hands Rothwell and from health professionals, and said everyone had clear roles and responsibilities. One person explained their support staff had followed physiotherapy guidance which had enabled them to be more independent.

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.

- The service always worked within the legal framework of MCA.
- Staff had a good understanding of the principles of MCA and shared examples of how they applied this day to day. They were confident people were offered choice and made decisions for themselves.
- Support plans were signed by people and contained clear guidance about consenting to care.

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 always received compassionate care and were treated with kindness and respect.
- Staff had a caring attitude and demonstrated good values such as being respectful and treating people as individuals. A member of staff said, "It's a really nice and friendly service."
- People and their relatives told us their experience at Helping Hands Rothwell was positive. Comments included, "The carers are very polite and helpful and quite chatty. I do like it when they come. I can talk to them" and "They chat to me. One of the girls likes football. If we finish a bit early, they will make a cup of tea and we have a chat, I like that."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to make choices for themselves. People told us they had been asked about their care and how they wanted it to be delivered. One person said, "When we first started, about 6 months ago, they did ask things about likes and dislikes and things like male or female carers. It was all part of their questions."
- People were encouraged to maintain their independence. Staff told us this was something the service did well. A relative said, "The carers encourage [name of person] to do what she can herself without pushing her."
- The service understood when people needed help from their families and recorded this in the care records. Relatives told us communication was good.

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; End of life care and support

- People received person-centred care. Care and support planning focused on the person and included important information such as what they wanted to achieve and their history which enabled staff to understand and meet people's needs.
- Care records were regularly reviewed to ensure care delivery was appropriate and any changes in people's needs and wishes were identified.
- People who used the service, relatives and staff told us the service was responsive. One person said, "They talked it all through with me, what I wanted, and now they phone me every so often to see how I'm getting on and have a chat to make sure I have what I need."

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 communication needs were met. The registered manager explained in their PIR, 'During initial assessment we ask if a person has any information or communication needs and assess how best we can support with this. We will then incorporate this into our care plan and risk assessments to ensure we are meeting their needs.' Care records we reviewed confirmed this.

Improving care quality in response to complaints or concerns

- The provider had a system to deal with complaints and concerns. The registered manager told us they had not received any formal complaints in 2022.
- People and their relatives told us they did not have any complaints and would feel comfortable raising concerns. A relative said, "Never had to complain. We've had other agencies before and Helping Hands are by far the best."

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

- The service prioritised high quality, compassionate care. People told us they were happy with the service. One person said, "Their approach is, 'You are the customer and we will do everything we can to help' and they do just that."
- The service involved people and genuinely welcomed feedback. People told us they were asked by the provider to give feedback about their experience. A relative said, "They send questionnaires and they have an app with a family portal to access information. They text after a visit (you can opt out) saying, Helping Hands has helped today. How did we do?"
- Staff were proud to work at the service and were confident people received person-centred care. They told us the registered manager promoted high standards. A member of staff said, "Their priority is to make sure people get the best care and staff also get the best support." The registered manager told us, "All staff have the right values, I am really proud of the team because they provide the best care."
- We saw evidence of many compliments the service had received for their person-centred approach. Comments included, '[Name of person] was always treated with kindness, compassion and dignity. The professionalism of the care team was always exemplary and very much appreciated' and 'I find your care helpful, very kind and I really enjoy the visits and look forward to them'.

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

- Systems for monitoring the service were effective. The management team carried out a range of checks which included medication, support plan, and IPC audits. The provider's quality assurance team had also recently checked systems and had noted, 'Great detail found in all care plans audited by the QA team.'
- The management team had regular contact with people and checked they were happy with the care being delivered. They completed quality assurance checks with people and covered key areas such as satisfaction with the overall service, their support workers and support from the office.
- Communication was effective and ensured everyone was kept up to date. All staff had access to electronic care records which gave them clear guidance around people's support needs and any changes. Staff received regular updates about the service and received feedback about individual and team achievements. A member of staff told us, "The management team will go through everything to make sure we are doing it right. They say follow the care plan and will also advise us."

Working in partnership with others; 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 worked in partnership with people who used the service and their relatives. They also worked alongside other professionals to provide good outcomes for people.
- The registered manager reported significant events to external agencies when they occurred. A notification was submitted to CQC in 2021 which showed the service took appropriate action. No notifications were received in 2022. The registered manager confirmed this was correct because no notifiable events had occurred.