

Midshires Care Limited

Helping Hands Cirencester

Inspection report

31 Castle Street
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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 Cirencester is a domiciliary care service providing the regulated activity of personal care to people living in the community. The service provides support to older people and young adults. 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

People's needs and risks were assessed before receiving care from the service and were updated regularly. This means that people's changing needs were identified and supported in a timely way.

People's care plans and risk assessments guided staff to provide safe and effective care. People felt safe whilst receiving personal care from the service and felt protected from any risk of abuse.

Where people were supported in the administration of their medicines, they were supported by staff who had been trained and competency assessed.

Accidents, incidents and near misses were reported and responded to appropriately and in a timely manner.

Staff followed good infection control practices and had access to personal protective equipment (PPE).

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

Staff were recruited safely and had a suitable induction with ongoing training.

People and their relatives were positive about the caring nature of the service and the staff. They reported that they were treated with dignity, respect and kindness.

People, relatives and staff felt that their concerns were listened to and acted upon. Any learning from good practice of areas for improvement were shared across the organisation.

The registered manager and management team promoted a positive learning culture and ensured that good practice was shared and acted on throughout the service. The service had a number of systems in place to quality monitor staff practices and the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Rating at last inspection

This service was registered with us on 11 October 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.

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 Cirencester

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

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 15 December 2022 and ended on 21 December 2022. We visited the location's office on 20 December 2022.

What we did before the inspection

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 information gathered as part of a monitoring activity that took place on 27 May 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with the area care manager and the care coordinator for the service. We spoke to 6 staff members including carers and a care trainer practitioner. We spoke to 2 people that use the service and 4 relatives to gather feedback.

We reviewed a range of care records, risk assessments and medication records. We looked at 3 staff files in relation to staff recruitment. We reviewed a variety of records relating to the management of the service, staff development and the provider's policies and procedures.

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

- Systems were in place to protect people from the risk of abuse or harm. Staff at the service had received safeguarding training and were able to tell us how they would report possible risk of abuse. One staff member told us "[staff] feel confident in reporting [abuse]." A member of the management team told us "[Management] would expect all staff to report [abuse]."
- Staff had access to the providers safeguarding and whistleblowing policies to guide them.
- People told us that they felt safe and could raise safeguarding concerns. One person told us "I'm extremely safe and very satisfied." A relative told us "[People are] totally safe and if [my relative] had any concerns, [they] would just call [management]."
- The service had safe and effective systems in place to help monitor and manage people's money. There were clear processes staff followed when supporting people in financial transactions, for example; buying food shopping. These systems helped reduce the risk of financial abuse to people.
- Procedures were in place for staff to follow if they could not contact people for their planned call times. This meant that the provider could ensure people's whereabouts and that they were safe.
- The provider had an 'out of hours' telephone service to support staff, people and their relatives outside the office hours or in the event of an emergency. One staff member told us "[management] are always available at the end of the phone."

Assessing risk, safety monitoring and management

- People's needs and associated risks had been assessed, monitored and regularly reviewed.
- Staff had access to detailed care plans and individual risk assessments which provided them with the information they needed to support people in a safe manner. Care plans and risk assessments ensured people retained their independence where possible whilst managing their risks.
- People were involved in the assessment of their care needs and risks prior to being offered a package of care from the service. One person told us "We've had access to the care plan from the beginning".
- The service used technology and electronic communication systems to keep staff updated about people's risks and changing needs. Staff felt informed about people's needs and would also feedback observations of people's changing needs to the management team. A staff member told us "there is a two-way communication from staff to management [about people's needs]."

Staffing and recruitment

- Staff and people told us that they felt the service did not have enough staff at all times. This meant at times care staff travelled further to provide packages of care for people. The provider was aware of this and

had an active recruitment drive to address this feedback from staff and people. Additional staff were also called in from other branches run by the provider to ensure that people were supported and provided care.

- People were supported by a permanent staff team who knew them well. The service did not employ agency members of staff. If cover was needed this was provided by other Helping Hands offices. A relative told us "[Person] does get a rota in advance, it is generally the same people that come."
- Staff were recruited safely to the service. Checks were made before new staff started working at the service. 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

- The service had systems in place to ensure people's medicines were safely administered and managed.
- Staff supporting people with the administration of prescribed medicines had received training and competency assessments to administer medicines safely and in accordance with the providers policy.
- The provider had a medicines policy that staff were required to follow. This helped to ensure that people's medicines were administered in line with best practice guidelines.
- Staff were aware of people's right to consent in relation to medicines. Staff were aware of what they should do if medicines were refused and how they would manage this potential risk.

Preventing and controlling infection

- The service had a clear infection prevention control (IPC) policy in place to guide staff.
- Staff had completed IPC training and told us that this supported them in their roles to keep people safe from possible infection.
- Staff told us that they had access to personal protective equipment (PPE) to help keep them and the people they support safe.
- People's care records directed staff to ensure that PPE was worn when providing personal care to people.
- We were assured that the provider was responding effectively to risks and signs of infection.

Learning lessons when things go wrong

- The service shared learning from accidents, incidents, and near misses to help reduce risk to people and staff. Staff reported accidents and incidents through the app used by the service to log care visits. Managers were then able to respond swiftly and share any learning immediately and through monthly meetings.
- The management team adopted a culture of learning and openness within the service. A member of the management team told us "we are here to learn and we just want to get it right [for people]."
- The service used the organisations 'lessons learned' intranet page to ensure that they were following good practice and sharing learning across the organisation around accidents, incidents and near misses.
- The provider understood and acted upon the duty of candour. This means that the service was open and honest with people if something went wrong with their care.

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's needs were fully assessed before they started receiving personal care from the service. The service wanted to ensure that they were the right service to support people and could effectively meet their needs. Assessments included details about people's care choices, life history, medicines and how to support them safely around any risks.
- The management team developed care plans and risk assessments in partnership with people and their relatives. This ensured that the care was individual to the person and effective in meeting their needs. One person told us "I'm fully in control [of my care]."
- Care plans and risk assessments were reviewed regularly to ensure that they captured people's changing needs and choice.
- The provider used technology to promote and ensure that people received effective and personalised care. This included an app used by staff to record daily notes and observations. The management team were able to monitor care calls remotely in real time to ensure the quality of care.

Staff support: induction, training, skills and experience

- New staff to the service were provided with an induction, training and shadowing opportunities. Staff told us that this helped them to feel confident in their new role.
- Staff who did not have previous experience in care were offered The Care Certificate training. 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.
- Staff were provided with ongoing training, competency assessments and support from the management team in their roles. Staff felt able to request additional training if they needed it. Staff comments included "[Management] are really supportive," and they receive "very very good online training!"
- Staff received supervision and direct observations to support them in delivering good quality care to people.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People's healthcare needs, any advice from health care professionals and agencies involved were recorded in care plans to guide staff on how best to support them.
- Where required, people were supported with shopping and the preparation of their meals and drinks. Care plans provided preferences and details around how staff should support people's dietary requirements and fluid intake.

- Staff and the management team worked closely with relatives to ensure people's welfare and wellbeing. How staff should work in collaboration with relatives, next of kin and lasting power of attorneys to support people was documented in care plans.

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

- The service worked in collaboration with healthcare professionals to support people to receive effective and timely care. One professional told us "[professional] valued the support [the service] gave the people that [professional] was working with." Another professional told us "[professional] am able to speak to the office when needed and [the manager] escalates concerns correctly."
- Relatives of people were viewed as an integral part of people's care and their support networks. Staff and the management team worked closely with relatives or next of kin to ensure people received effective care.

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

- People were supported to make choices and decisions about their care. The management team spoke passionately about promoting people's independence and choice.
- Where people had capacity, they had signed an agreement and consented to receive care and support.
- Where people were unable to consent to their care, the service had involved relatives, lasting power of attorneys and professionals to support the least restrictive solutions.
- We judged through conversations with staff and people, that the service had a good understanding of how to gain people's consent and that this was happening prior to offering care or support.

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

- Staff and the management team spoke positively about their caring roles in supporting people. Staff told us "[staff] like helping people, and [the people] are all lovely!" and "[staff] build a bond [with people]". A member of the management team told us "[manager feels] so blessed to be working with [people]."
- People were provided with kind and compassionate care by staff. People told us "They're all kind and caring." Comments from relatives included; "[Staff] are kind and caring and they listen to [people] really nicely." and "[Person] is always treated with dignity and respect."

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

- People and their relatives told us that staff listen to them and involve them in the daily decisions about their care.
- People were involved in the development and review of their care plans. People's feedback was sought around their care needs, choice and preferences. One person told us "[staff/management] take it all very seriously, and always ask what is needed."
- Staff described how they seek people's feedback when they provide personal care and how they encourage people to express their views. One staff member told us "[Staff] talk through what they are doing [with people] so there are no shocks."
- The service welcomed feedback on the quality of care provided to ensure that it was caring and effective and could demonstrate what action had been taken in response.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy, confidentiality and independence was promoted by staff on care visits. Staff gave examples of the importance of dignified care and how they support people's privacy during personal care. One staff member told us "[staff] would like [people] to be treated like my parents".
- People felt that their privacy, dignity, confidentiality and independence was respected and promoted by staff supporting them. Comments from people included; "[people's] privacy is very much protected." and "[Staff] treat [person] with dignity." and "[Staff] encourage me [with independence]." A relative told us "What [relative] think [staff] do well is that [staff] care exceedingly well. [Staff] are kind and patient and do what [relative] expect and more".
- The management team promote the values of independence and dignified care at the start of staff's career and throughout their time at the service. Managers had the experience, capacity and capability to ensure that the values were effectively delivered.

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 had been offered the choice of the gender of the staff supporting them, and had been introduced to them before they provided personal care. This helped people to get to know the staff supporting them and provided them with greater choice and control. One person told us "I've been asked if I would object to a male or a female carer."
- The service responded to people's changing needs in a timely and personalised manner. For example, the service offered additional training around PEG (percutaneous endoscopic gastrostomy) tube to support people's changing needs.
- People's needs, preferences and choices had been recorded. Staff had access to detailed records to help them be responsive to the changing needs of people. For example, one person's personal care times were adjusted by the service so that they could have a weekly call with their family member in another country which was important to them.
- Staff ensured that they left people comfortable when finishing care visits, such as a drink, blanket or personal alarm.
- Systems were in place using the care app to check that people's needs were being met and that the care was being responsive to people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider sought to understand people's communication needs and recorded how to support people within their care plans.
- Staff and managers spoke about how they competently supported people with a disability or sensory loss in a sensitive and responsive manner.

Improving care quality in response to complaints or concerns

- People and their relatives told us that they felt able to raise any complaints or concerns to the registered manager. Relatives told us "If [relative] had any concerns, [relative] would just call [manager]." And ""If [relative] was unhappy, [relative] would speak to the office."
- The provider had a complaints policy which detailed how complaints and concerns would be responded

to. The management team took complaints of concerns seriously and aimed to address them comprehensively and in a timely manner.

End of life care and support

- The service had not yet supported people receiving end of life care at the time of inspection.
- The provider told us that end of life training would be offered to staff in the future. Staff spoke positively about being involved in this important aspect of care.

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 and their relatives told us that they received good quality care and they were happy with the service provided. A relative told us "We are happy and confident with the care received."
- People, relatives and staff told us the registered manager was approachable, caring and professional. Staff told us "[the registered manager] is so supportive and fabulous." and "[staff] feel able to raise anything."
- The management team adopted an open culture of learning to promote person centred care for people. The service held regular 'huddles' meetings to discuss learning and how they can ensure good quality care. The management team spoke positively about people and their role in empowering 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 registered manager and management team understood their responsibilities in relation to duty of candour. The management team spoke about being open and honest when things go wrong.

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

- There was a clear management structure in place which was understood by staff, people and their relatives. The registered manager oversaw the running of the service and was supported by a care coordinator and senior care staff. A person told us "[people] think [the service is] well managed".
- There were effective systems in place to oversee the quality of the service. The management team monitored the quality of care planning through their electronic systems to ensure care was being carried out as planned.
- The care practices of staff were regularly spot checked by the management team to ensure the quality of care being offered to people was maintained. Positive feedback and any areas of learning were shared with staff to help them learn and grow in their work.
- The service had submitted appropriate statutory notification about any significant incidents at the service.
- The service had a business continuity plan to detail how the service should be run safely in the event of exceptional circumstances, such as extreme weather or staff shortages.

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

- The views of staff, people and their relatives were sought by the service. The provider sent out routine questionnaires to gain people and relatives views on their care and seek any learning. A person told us "[people] have given feedback yes, [the service] are more professional than any company [people] have worked with in the past, [the service] are interested in our opinion and willing to discuss".
- Staff were invited to team meetings with the registered manager to discuss good practice and learning from improvements when these were identified.
- Regular newsletters and communications were sent to staff to update them to update them on any changes in the needs of people and to share good practice.
- The management team conducted telephone calls to people to spot check the quality of care that staff were providing them. This ensured that people's views were sought about their care and ensured it continued to meet their needs.
- The service shared learning with the wider organisation to promote best practice and good quality care.

Working in partnership with others

- The service worked in partnership with other agencies and professionals to promote and ensure good quality care for people. Professionals working with the service told us "[professional has had a] really good experience with [the service]." And "[professional] have found them to be helpful, caring and effective."
- We received positive feedback about the service working in partnership with complex needs. A professional told us "[the service] can see the positive in challenge".
- The service valued and worked in partnership with relatives and key members in people's lives.