

Midshires Care Limited

Helping Hands Wigan

Inspection report

Suite 212, Atlas House Thrive
Caxton Close
Wigan
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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 Wigan is a domiciliary care service based in Wigan, Greater Manchester. The service provides personal care and support to people living in their own homes. 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 16 people received personal care and were included in the inspection.

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

People and relatives told us care was provided in a safe way which met people's needs. Staff received training in safeguarding and knew how to identify and report concerns. People's care visits were completed on time and people received continuity of care. Risks to people had been assessed, with clear guidance in place for staff to follow to help keep themselves and people safe. Medicines were managed safely by staff who were trained and been assessed as competent.

People and relatives told us staff were competent and appeared well trained. Records showed staff had completed required training and supervision to ensure they could provide safe and effective care. People were supported to have maximum 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. People receiving support with food and drink told us they were happy with the assistance provided..

People and relatives were complimentary about the standard of care provided by the service. Staff were described as "polite", "attentive" and "respectful". Care staff had formed positive relationships with people and their relatives, who told us they would recommend the service to others. People's privacy and dignity was respected. People were offered choice and encouraged to complete tasks they could manage for themselves, to ensure they retained as much independence as possible.

People and relatives told us they were involved in discussions about the care provided. Care plans were detailed and clearly explained how people wanted to be supported. Information was available in a range of formats to meet people's communication needs. The complaints process had been provided to people. Each person or relative we spoke with knew how to raise concerns but had not needed to.

People, relatives and staff spoke positively about the management of the service and support provided. A range of systems and processes were used to monitor the quality and effectiveness of the service, with an improvement plan used to ensure any identified issues were addressed.

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 25 November 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration in order to provide an initial rating for the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This inspection was predominantly completed using remote technology. This means we only visited the office location for a short period of time then used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service and staff as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Helping Hands Wigan

Detailed findings

Background to this inspection

The inspection

We carried out this inspection / performance review and assessment under Sections 46 and 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.

Unlike our standard approach to assessing performance, we only physically visited the office of the location for 3 hours. This was due to the provider informing us on arrival all documentation was stored on a secure file sharing platform. We then utilised our new remote approach to reviewing and assessing performance of some care at home providers. This involves using technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience, who conducted telephone calls with people using the service and their 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, flats and specialist housing.

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. The notice period also allowed the provider time to start asking people using the service and their relatives, if they would be prepared to speak to us about their experiences.

Inspection activity started on 6 December 2022 and ended on 19 December 2022, by which time we had sought the views of people, relatives and staff, reviewed all additional information sent following the visit and completed a video feedback call with the provider and registered manager. We visited the location's office on 7 December 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. 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 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

This performance review and assessment was carried out with only a short visit to the location's office. We predominantly used technology such as phone or video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We asked all 16 people receiving regulated activity if they would be prepared to speak with us. Ten agreed, although all but 1 requested we speak with their relative or next of kin. As such, we spoke with 1 person who used the service and 8 relatives about the care and support provided. We spoke with the registered manager and the providers quality assurance business partner and captured the views of five staff members via questionnaires.

We reviewed a range of records. This included four people's care and medication records. We looked at four staff files in relation to recruitment, training and support. A variety of records relating to the management of the service were also 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 and relatives told us Helping Hands Wigan provided safe care which met their needs. Comments included, "Yes I do [feel they provide safe care]. It's just how careful they are with [relative]" and "Oh definitely safe, the experience with these carers is a lot better than the previous company we used."
- Staff had received training in safeguarding and knew how to identify and report concerns.
- The service had an up to date safeguarding policy and the registered manager was aware of the local authorities reporting guidance. A log was in place to document any referrals, although none had been required to date.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed and documented within their care files.
- Each person's care records contained a number of generic and individual risk assessments, which detailed any risks and the control measures in place to minimise these. This ensured staff knew how to support people safely and the environment they worked in was safe.
- Accidents and incidents were logged on the providers electronic system. Monthly analysis was completed looking at actions taken and outcomes, to help learn lessons moving forwards and prevent a reoccurrence.

Staffing and recruitment

- People and relatives told us support was provided by a consistent team of care staff, who usually arrived on time and remained for the duration of the care visit. No missed visits had occurred.
- Although people and relative feedback was positive, staff feedback varied. Some had no concerns, whilst others commented on a lack of realistic travel time between visits and felt care visits could be more effectively scheduled, to minimise travel distances. The provider was aware of these issues and was in the process of reviewing rotas and call timings.
- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.

Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed.
- Medicine administration records (MAR) viewed during the inspection had been completed correctly. MAR audits had been completed monthly to identify and address any issues, such as missing signatures.
- Guidance in place for staff to help them administer medicines, including 'as required' medicines such as paracetamol, was detailed. This explained what the medicine was for, when and how much to give, along

with how the person liked to take it.

Preventing and controlling infection

- Robust infection control policies and procedures were in place.
- Staff had received training in infection control and the safe use of personal protective equipment (PPE).
- People and relatives confirmed staff wore PPE during care visits, Comments included, "Yes, carers wear plastic aprons, gloves and a mask" and "They wear all the PPE they are supposed to, gloves, disposable aprons and masks."

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

- Assessments had been completed with people before their care package commenced, to ensure the service was suitable and could meet their needs.
- One relative told us, "Yes, they did. They [staff] visited [relative] to talk about the care and support they wanted" Whilst a person stated, "The manager came out to see me with one of the carers."

Staff support: induction, training, skills and experience

- Staff received sufficient training, support and supervision to carry out their roles safely and effectively. People and relatives told us care staff who visited were well trained and competent. A relative said, "Yes, I feel they are well trained and all know what they are doing, there is no hesitation."
- Staff new to care had completed the Care Certificate, although all staff were encouraged to do so, regardless of experience. 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 sector. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff confirmed they received supervision and appraisal in line with the providers policy, as well as having their competency checked on a regular basis.

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.

- Staff had received training in the MCA and knew how the legislation applied to their roles. One staff member stated, "The MCA relates to people's ability to make their own decisions." During the inspection we saw evidence of best interest meetings being used, where people lacked the capacity to make certain decisions.
- People's consent had been sought as part of the assessment and care planning process. This included

consent to receive the planned care and support and for information to be shared with relevant professionals.

- People and relatives confirmed care staff also sought consent prior to delivering care. One relative stated, "Yes, they always ask. The staff are amazing, nothing is too much trouble."

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

- Care plans contained information about people's nutrition and hydration needs and how these should be met.
- People who received support with meal preparation were happy with the assistance provided. Comments included, "The staff do whatever [relative] wants for their breakfast, lunch and tea" and "The staff make all [relatives] meals. They can eat and drink themselves, but staff will cut up the food into smaller pieces, so it is easier to eat."

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

- Care plans included information about people's medical needs and any support required.
- Where necessary the service supported people to stay well and contact or access healthcare services.

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 and relatives spoke positively about the care and support provided by Helping Hands Wigan. Comments included, "The staff are polite, they are attentive to [relative], they chat with them and provide encouragement" and "They [care staff] are lovely, they are so nice. I'm so glad I came across them."
- Staff explained how they ensured people received the care and support they wanted. One staff stated, "I talk to them, check they would like my help with certain tasks. The care plan contains lots of information about each person and their needs, but I like to ask them too."
- The service ensured people were treated equally and their protected characteristics under the Equality Act were respected and promoted. Discussion about people's spiritual, religious, cultural, gender or sexuality needs was completed as part of the admission and care planning process, with information contained in people's care records as necessary.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people with dignity and respected their privacy. One relative stated, "Yes, they treat [relative] with dignity. The way to talk to them is very respectful. When they are changing [relative] they always cover them up." Another relative said, "They are always conscious of what [relative] wants. They always ask permission before washing them."
- Care staff also promoted people's independence. One person told us, "They ask me what I need help with. I shower myself, but they help me do my back and to have a shave."

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

- People's views were sought through care plan reviews and annual surveys.
- We looked at data from the survey dated April 2022. This consisted of 27 questions which covered areas such as provision of care, staff competency and the company as a whole. Overall feedback was positive, with all but one respondent providing ratings of good for each area. All of the respondents agreed people's needs were consistently met, staff were competent and punctual and always wore PPE.

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 received care which was personalised and met their needs and wishes.
- Care plans contained a range of person centred information, which helped care staff understand people as individuals and provided a clear guide about how they wanted to be supported. A staff member told us, "In the care plan there is an 'about me' section that gives information about the person and their life. We also chat with people about their pasts."
- People and relatives confirmed care plans were discussed with them and accessible. A relative told us, "There is a care plan in place. They [Helping Hands] have got a portal where I can go online and read it. The care manager contacts me if anything changes and this is added to the care plan." Another relative stated, "[Staff name] rings me on a weekly basis to check everything is okay, if anything needs to be added or changed."

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 service was meeting the requirements of the AIS. Information was available in a range of different formats, including easy read, large font, braille, audio and alternate languages.
- People's communication needs and whether alternative formats would be required was included as part of the initial assessment process. This information was also contained with their care plan.

Improving care quality in response to complaints or concerns

- People and relatives confirmed they knew how to complain and had been provided with a copy of the complaints process. However, nobody we spoke with had needed to make a formal complaint.
- A relative told us, "I would just ring up if there was anything bothering me but there's not been anything whatsoever. There was a minor issue when the package was being set up but it was sorted quickly. They have been great to be honest."
- The provider documented minor issues, referred to as customer concerns alongside more formal complaints. These were recorded on the provider's electronic system and included what action had been taken along with outcomes.

End of life care and support

- The service was not providing palliative or end of life care at the time of inspection. Care files contained a section relating to end of life considerations and people's last wishes, should they choose to complete this.

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

- Staff provided mixed feedback about feeling supported and listened to, which was linked to their concerns with rotas and working patterns. The provider told us these concerns pre-dated the current change in management, and action was being taken to address these concerns.
- People and relatives told us they were happy with the service provided by Helping Hands Wigan and would recommend them to others. Everyone we spoke with knew who the registered manager was and confirmed communication from and with the service was good.
- One relative told us, "I've forgotten their name [registered manager], as they are quite new, but they did ring me to introduce themselves." Another stated, "I did a questionnaire the other day, rating things on a scale of 1 – 10. The staff are very good with [relative]. I would recommend them as they are lovely."
- Staff surveys had been completed, although these were done at provider level rather than by each branch of Helping Hands. We discussed with the provider and registered manager how a more localised approach may be useful, to ensure staff felt their specific concerns were being heard and were clear on what actions were being taken.
- The provider also utilised a rewards programme to recognise staff who had gone the extra mile or for whom positive feedback had been provided about them by people or relatives. As part of their induction process, staff indicated what things they liked or enjoyed. This information was used to ensure any award given was specific to the staff member and something they would value.

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 responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- People and relatives were complimentary about the quality of communication from the service. Comments included, "There's never any problem getting through and speaking to someone. I've got mobile numbers I can ring as well" and "Communication is very good."

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

- A range of audits and monitoring systems were used to assess the quality and performance of the service.

We found these had been completed consistently.

- The registered manager and provider used action plans to drive improvement and ensure any issues identified through the audit process were addressed.
- The registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

Working in partnership with others

- We noted a number examples of the home working in partnership with other professionals and/or stakeholders to benefit people using the service. This included social workers, medical professionals and family members.
- The service had also formed links with a local homeless charity for whom they had arranged a sponsored walk, which took place during the course of our inspection.