

Midshires Care Limited

# Helping Hands Wigston

## 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 Wigston is a domiciliary care service providing the regulated activity personal care, which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection there were 47 people receiving personal care using the service.

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

Systems and processes were in place to support people's safety. People's needs, including their safety were assessed and monitored. People were supported by staff who had undergone a robust recruitment process. There were sufficient staff to meet people's needs. Family members spoke of the reliability and good time keeping of the service. People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

People's needs were assessed and kept under review and reflected all aspects of people's care. People and family members contributed to the assessment process. People's health care needs were documented, and staff liaised with family members regarding people's health and wellbeing where required. Staff had the required experience, knowledge and training to meet people's needs, which was kept under review through ongoing assessment of their knowledge and competence.

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.

Family members spoke of the kind and caring approach of staff. Family members said they were involved in decisions about their relative's care and their views were respected by staff.

People and their family members were involved in the development and reviewing of their care and support package, and the care packages were tailored to reflect people's preferences. Family members were aware of how to raise a concern. Family members told us they had no concerns about the service.

The providers systems and processes monitored the quality of the service being provided. People's views and that of family members were sought through surveys, which were analysed and used to identify where improvements were needed. A range of audits were undertaken to monitor the quality of care provided. Staff were supported through ongoing monitoring and good communication, which included regular staff meetings to support the delivery of good quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 27 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 Wigston

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

Inspection activity started on 27 February 2023 and ended on 21 March 2023. We visited the location's office/service on 3 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 reviewed care plans for 4 people. We reviewed multiple Medicine Administration Records (MAR) and records relating to accidents and incidents people had. We spoke with 4 people who used the service and 7 family members about their relatives experience of the care provided. We spoke with 3 staff including the registered manager and care staff. We reviewed a range of records that relate to the safety and governance of the service.

# 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 and processes were in place to protect people from abuse.
- People felt safe. A family member told us, "I feel [my relative] is extremely safe with these care workers looking out for them, they are quite simply brilliant and work really well with them. "A second family said, "They are just marvellous with [my relative] and they are very content with them and feel so safe".
- The registered manager was fully aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse, and were aware of who to report concerns to, both internally and to external organisations.
- Staff felt confident to speak with the registered manager if they had any worries about people's safety. A staff member said, "We are encouraged to speak up, ask questions and having people to speak to is the best thing if you are not sure."

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

- People were protected from risks associated with their care. Potential risks were assessed and kept under review to promote people's independence and safety.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.
- Environmental risks linked to people's homes were considered as part of the assessment process. For example, potential trip hazards. To further support people's safety, key information was recorded within people's records. For example, whether smoke detectors were installed and the location of gas and water should these need to be accessed by staff in an emergency.
- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge. For example, in the use of equipment to move people safely, first aid and food safety awareness.
- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the CQC and the local authority.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs. Staff told us they were provided with a rota 4 weeks in advance, which included sufficient time to travel between people's homes.
- Staff were recruited in line with the provider's policy. Staff records included all required information, to

evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

- Staff undertook a period of induction, where they worked alongside experienced staff. Ongoing support was provided through a systematic approach to supervision and observed practice. This ensured staff had the appropriate support, knowledge and competence to promote people's safety and well-being.
- People told us the service was reliable and staff arrived on time and stayed for the agreed length of time.

#### Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines.
- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was required, people's records clearly identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff. A family member told us, "[My relative] is fiercely independent and insists on doing [their] own medication but I can relax knowing [the care staff] keep an eye on it and will nudge [them] to get it right."
- Staff who administered medicine undertook medicines training and their competency was regularly assessed.

#### Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training about infection prevention measures, which included the use of personal protective equipment (PPE), such as gloves, masks and aprons. A member of staff told us, "We are always striving to provide good care to people, whilst keeping them safe. PPE helps us do this when working in their home."
- During COVID-19, Helping Hands Wigston introduced COVID-19 safe working policies and procedures. A family member told us, "They [staff] have been very strict with all the necessary PPE precautions and we have never worried about it."
- People's assessments and care plans highlighted the importance of staff following infection prevention measures, which included hand washing and the use of PPE.



# 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 assessed before they commenced using the service to ensure their needs could be met. Assessments included consideration of protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs.
- A relative told us staff had visited them and their family member at their home and had undertaken a full assessment of their needs. They told us the assessment included their views as to the expectations of the service and care to be provided. Another relative said, "[My relative] had an initial assessment that we all were present at and then they [staff] call me to check for any changes that need to be made along the way."
- People's care needs were kept under review by staff with the involvement of the person and the people involved in their care.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- Staff were supported to complete The Care Certificate, which 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.
- The service had effective systems in place to support and supervise staff. This included one to one supervisions and observations of staff competencies. For example, in the use of equipment to move people safely. Staff told us they received feedback following these observations. A staff member said, "
- Staff undertook training in key areas to promote people's health and well-being, which enabled them to meet people's needs. For example, dementia awareness.

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

- People's dietary needs were considered as part of the assessment process and specific dietary information recorded. For example, food allergy.
- Where people required support in the preparation and consumption of drinks and food this was detailed within their care records.
- People's care records contained personalised information as to people's likes for food and drink and included key information to ensure people had sufficient amounts to drink and eat. For example, by stating staff needed to ensure drinks were placed within reach of people.

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

- People's records provided information as to people's health care needs and known health conditions.

This enabled staff to better understand people's needs and the impact this had on the person's day to day life so as staff could provide the appropriate support and care.

- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or district nurse.
- Staff liaised with family members who supported their relative in accessing health care services. A family member told us, "The staff are observant and if they have any concerns over[my relatives health they call me immediately and we get the right help, they [staff] are very proactive."
- Staff we spoke with had a comprehensive understanding of the needs of people, which was consistent with information held within people's care records.

#### 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's capacity to make informed decisions were considered consistent with the provider's policy.
- People had confirmed and signed an agreement consenting to their care and support from Helping Hands Wigston.
- Staff as part of the assessment process identified and recorded where a person's family member had a Lasting Power of Attorney (LPA) for decisions relating to health and welfare.

# 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 were treated with kindness and compassion. A staff member told us, "We see the change in people once care has started. Knowing you have been the difference."
- Family members spoke of the kindness and caring approach of staff. A family member told us, "They [staff] are patient and extremely kind with [relative], I have both witnessed this and been told countless times by them." A second family said, "They [staff] are incredibly patient with [relative] and that's what they need, to be given time to do things at their own pace."
- People's care records provided information as to what was important to them, which included family members and their role in supporting with personal care.

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

- People were involved in all decisions about their care. A family member told us, "They [staff] are so patient with [relative] and listen intently when they are expressing what they want."
- Family members told us staff kept them informed of any concerns they had regarding their relative's health and wellbeing. A family member said, "If [relative] is in pain or any discomfort the staff are quick off the mark and will let me know and organise the appropriate help."
- People were supported to access independent advocacy services to support them to express their decisions. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- People's care records emphasised the importance of promoting people's privacy. For example, staff telephoning people before entering their home.
- Staff encouraged people to be as independent as possible. People's care records contained clear information as to what people could do independently without the support of staff, and where support was required, clear instructions were in place guiding staff as to the support needed. A family member told us, "[My relative] has got what they want and need, good care, appropriate care and in the peace of their own home making them as independent as possible thanks to the staff's hard work"
- A staff member told us, "A person we support had a fall and this really knocked their confidence. They were then reluctant to leave their house, but we supported them to come to the office for a cup of tea to help them build their confidence up again. Whilst they were out, their shoe broke. We supported [them] to buy some new suitable shoes. They now 'glow' as they are going active again, as they can."
- The registered manager and staff were aware of the importance of keeping information safe and

confidential and had undertaken training with regards to data protection and confidentiality.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's packages of care were personalised and tailored to meet their needs and included information as to their preferences. For example, how they wished their personal care to be provided including their preferred way of having their hair washed.
- Family members spoke positively about their expectations in receiving personalised care. A family member told us, "We all discuss [relative's] plan and their care together as nothing should or could be done without them agreeing. Really everything is in place as and when it may be required in the future. It is keeping them safe."

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 considered as part of the assessment process and documented within their care records. For example, the importance of staff ensuring people were wearing their glasses or hearing aids.
- Staff were trained in how to recognise communication barriers and how best to support people to access information or seek guidance. The registered manager ensured the provider's information was accessible to every person in line with their specific needs, to empower people to be more involved in their care.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints. No concerns or complaints had been received.
- Family members we spoke with said they would speak with the registered manager if they had any concerns. A family member said, "If I have a concern about [relative] I feel I can call them and discuss it with them but I haven't had a concern about their level of care or service at all."

End of life care and support

- At the time of the inspection no one using the service was in receipt of end of life care. The registered manager was aware of the need to respect people's end-of-life preferences, including religious and cultural wishes and to document these within people's care records.
- The assessment of people's needs included reviewing whether people had Do not attempt

cardiopulmonary resuscitation(DNACPR) decisions in place, and where these had been agreed a copy was kept within people's care records.

- Staff had undertaken training in the provision of end of life 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

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people. A staff member told us, "It's such a good place to work. Having access to training, having the registered manager about so you can speak up and having people to speak to about people's clinical needs. As a team, we are very proud of the branch and how it is growing."
- Staff were supported by the registered manager to provide good quality care. The registered manager worked alongside staff in the delivery of people's care, and provided supervision and appraisal of staff, which included guidance and feedback on the quality of care they provided. A member of staff said, "We have such a good team and all work really well together. Absolutely a team effort."
- Family members told us they would recommend the service. A family member told us, "Each and every member of staff, whether it be in the office or on the ground understand fully what their responsibilities are." A second family said, "I would certainly recommend this service to others who need piece of mind with the care of their loved ones."

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 the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law.

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

- Systems and processes were in place to monitor the quality of the care provided, which included a schedule of audits of people's care records.
- The registered manager analysed the results of audits undertaken in a range of areas. These included timeliness of care calls, information staff recorded within daily notes detailing the care provided to people and people's risk assessments and care plans. This enabled them to identify if improvements were needed so action could be taken.
- Family members spoke positively about the management of the service. They told us any queries were quickly responded to by the registered manager who they had regular contact with.

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

- Systems and processes were in place to seek and receive feedback about the service.
- People or their family member were encouraged to provide feedback about the service, which included the completion of surveys. The results of surveys were analysed and individual comments were responded to.
- The provider's electronic care planning system could be accessed by people and their family members via an online portal set up by staff once consent had been gained. This allowed family to feel part of the support their relatives were receiving. A family member told us, "I have full access to all [relative's] details and care plan."
- Staff spoke positively of the support they received. A staff member told us, "The registered manager is always available if you need anything or require advice and support."
- Regular staff meetings were held where information was shared about the development of the service, including training and any feedback received about the quality of the service being provided.

Continuous learning and improving care

- The registered manager accessed resources to support them in providing good quality care. For example, they had attended events with the local authority/Integrated Commissioning Board (ICB) and were a member of a local managers forum.

Working in partnership with others

- The registered manager worked closely with external professionals.
- Professionals were invited to complete anonymous questionnaires asking for detailed constructive feedback about the care people received. The registered manager used this feedback to ensure people achieved good outcomes and to drive forward continual improvements.