

Midshires Care Limited

Helping Hands Swadlincote

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 Swadlincote is a care at home service providing the regulated activity of personal care to 41 people at the time of this inspection. The service provides support to older and younger adults with a range of needs. 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.

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.

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

Right Support: People were involved in the assessment and planning of their care in their own homes. People had choice in how they received their care to meet their needs and preferences. People knew how to raise any concerns they might have and to who. Staff had been safely recruited to support people.

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.

Right Care: People received care from staff who understood their preferences and promoted their independence. Staff supported people to access services to maintain their health and well-being. Staff valued making a difference to people's everyday lives. People received their care at the times they chose.

Right Culture: People were complimentary about the care they received. Staff were trained and assessed to be confident and competent. The registered manager and staff were committed to delivering a high standard of care to people.

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 10 October 2020 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 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 Swadlincote

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 1 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since its registration. 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 visited the location's office where we met with the registered manager and care coordinators of the service. We spoke with 6 people who used the service and 2 family members about their experience of care provided by the agency. We spoke with 6 members of staff including the registered manager, care coordinators and care staff. We reviewed a range of records; this included 3 care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, training data and quality assurance records.

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 avoidable harm.
- People consistently told us they felt very safe with the carers. One family member told us, "They do send in different people, but they are from the same group, on rotation. They send me a rota of who will be coming in."
- All staff had received suitable and effective training in safeguarding. Staff understood how to recognise and report concerns and were confident these would be addressed. One member of care staff told us, "I reported a concern. I received a call from the registered manager who then dealt with it. I felt supported and the office staff were brilliant."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and regularly reviewed.
- Assessments were carried out by competent staff and identified the areas of risk in people's lives and actions to mitigate known risks. Care plans provided guidance for staff to follow to help keep people safe.
- People were involved in planning and reviewing their care. One family member told us, "I was involved with the care plan when it was originally drawn up. There is a regular review meeting, and I am involved at every level. I can raise any concerns and they are always followed up."
- Staff used an electronic care record system to record daily care notes. People's care notes were regularly reviewed by senior staff. Changes in people's needs were identified and acted on by staff. People's care plans were kept up to date.

Staffing and recruitment

- Staff were recruited safely. Checks were completed to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient suitable staff to meet the needs of people. People consistently told us they were supported by care staff who knew them well and they never felt rushed.
- Recruitment was ongoing in preparation to meet the needs of potential new clients. There were times when care calls had been covered by office staff to ensure people received the support they needed. Staff who worked in the office were trained to deliver care.

Using medicines safely

- Systems to manage medicines were well organised and ensured safe administration of medicines to

people.

- The provider implemented an electronic system for recording medicines. This meant any issues with medicine management were identified and addressed quickly.
- Staff received training in medicine administration, and this was followed by competency checks to ensure staff administered medicines safely.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider implemented systems to manage incidents and learn from them.
- Care staff knew how to record and report incidents and concerns. Incidents were reviewed by the management team and outcomes shared with people and staff.

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

- The service did not offer support to any people with a learning disability or autism at the time of inspection. The model of care was aligned with the principles of right support, right care, right culture. The provider carried out a thorough assessment with people prior to people starting to receive services from them which was used to formulate a person centred plan of care.
- The registered manager was confident the assessments used in the service and the training available to staff would provide support to people with a learning disability or autism in line with the principles of right support, right care, right culture if required.
- People's needs were assessed in line with current guidance and best practice. For example, a risk assessment was used to manage pressure area care.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to care for them safely.
- Care staff had completed a programme of induction and training. Induction for new care staff included opportunities for shadowing experienced staff, competence assessments before starting to work with people. One member of care staff told us, "The training was really good. I felt confident to support people after the induction."
- People consistently told us care staff were skilled and very good at their jobs. One person told us, "I have complex care needs and they (care staff) are exceptionally good at moving me. The team has been trained to do so."

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

- People were supported by staff who understood their day-to-day nutrition and hydration needs and preferences.
- Changes in people's requests for meal support were responded to quickly to ensure people had sufficient to eat and drink. The management team had quickly responded to a family member's request to change the time of a person receiving their main meal as they were missing meals following a change in their health. The care staff had implemented this immediately and reported a full meal was taken at the new time. This change was agreed and saved in the care records and communicated to all staff. The family were pleased this had been effective.

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

- People were supported to access health care when required. People consistently told us their care staff

supported them to contact the doctor or other professionals when needed.

- People were involved in making decisions about their health care. One family member told us, "I am involved in discussions with the GP and the dementia nurse."
- The electronic care system used by the provider enabled staff to record any changes in people's needs and report these to senior staff. These changes were acted on ensuring referrals to appropriate professionals for assessment and advice, for example, the district nurse.

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.

- When people did not have capacity to consent to some decisions, mental capacity assessments were completed to ensure decisions were being made in people's best interests.
- Staff encouraged people to make their own decisions where possible. At the time of the inspection no person using the service had any restrictions placed on their liberty.

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 supported by staff who understood and respected their individual needs.
- People told us staff were kind, caring and reliable. People never felt rushed during a care call. One relative told us, "I've had no complaints from [relative]. [Relative] always thanks them [staff] for what they do."
- People were listened to by care staff. One person told us, "They [staff] are always ready to listen." Another person told us, "They [staff] are very, very good. They are very nice and helpful, and we have a chit chat and bit of a laugh."

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

- People were involved in planning their care. One person told us, "The care plan is in place. If any changes need to be made, for example, with my medicines, I (contact the office) and the changes appear in the records."
- The management team knew people's needs and preferences and worked with them to provide care calls at the best times for them wherever possible.
- People made choices about who they preferred to support them. One person told us, "I raised a concern by phone, they are always willing to listen. The situation was dealt with very diplomatically."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted by care staff. One family member told us, "I don't know what I would do without them [care staff]. They are a lifeline."
- Care staff treated people with respect. One person told us, "I am very pleased with them [staff]. My own children wouldn't show the respect that they do. I can't say enough of them – they are ever so kind."
- The provider carried out observations of care staff practice to ensure people received consistently respectful care and support.

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 personalised care plans in place that promoted involvement and independence. One person told us, "The notes taken originally are very good and they [care staff] stick to them. That is very important for me."
- People were involved in reviews of their care. People told us they received regular calls from the office to check on things. One relative had sent an email to the care coordinator in preparation for a planned review.
- People's preferences were taken into account when providing care. One person told us, ""By and large I have had the same team (of carers). Not anyone can just come in because the training (to support me) is complex."

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 identified through assessment. People's care plans included guidance for staff on how to best communicate with them.
- Staff worked with people and their relatives to share information in a way people were familiar and comfortable with. One person told us, "It can be difficult because [Relative] has dementia."
- The provider was able to source information in various formats for people. For example, service information could be made available in an accessible format and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to participate in activities they preferred.
- The provider engaged with local organisations and services to offer a wide selection of opportunities for people to engage with. People were supported to attend a range of events of their choice. For example, coffee mornings, choir club, garden fetes.
- Care staff ensured people's families were involved. One relative told us, "They [staff] take [Relative] out shopping and for outings. The carers are nice friendly and efficient. When [Relative] is out for events they [staff] always send me photos of them enjoying their self. They [staff] keep me informed of events (for example, fetes, parties, book reading) which are taking place which is going over and beyond what they

should be doing."

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure in place to implement in response to complaints. No complaints had been received at the time of inspection.
- People or their relatives told us they knew how to raise any concerns they might have. One family member told us, "If I had any complaints, I would ring the office directly. I have very good relations with them, but I have never had to complain."

End of life care and support

- No one was in receipt of end of life support at the time of the inspection.
- When required, nurse employed by the provider liaised with medical professionals to ensure people received the care that was right for them at this time.
- The provider ensured training and support was available for staff working with people and their families during these times.

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

- People gave consistently positive feedback about the service, the registered manager and all staff. One person told us, "[Staff are] excellent. I have been receiving care for a long time and this is the best."
- Staff felt supported in their work by the management team. One member of care staff told us, "It is a lovely place to work, especially now with the new office staff."
- The registered manager had received some queries about care staff and people being from different backgrounds. This was identified as an opportunity for people to develop understanding and respect for people's differences. Relationships were built through working together and getting to know each other.
- People had provided feedback through their preferred methods, including in person, phone calls and emails. One person told us, "They involve me all the time and keep me informed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider understood their role and responsibilities.
- It was identified during the inspection a recent event had not been notified to CQC. The provider acted immediately in response to this and took action to adapt the procedure and support the registered manager to ensure this happened consistently.
- People knew who the registered manager of the service was and how to contact them. One family member told us, "If I was to have a problem, I would speak to the manager. I've only (raised one concern) and it was dealt with (with understanding) by the manager."
- People and their representatives were kept informed by office and care staff. One family member told us, "Whenever (there has been an incident), I'm always notified."
- People had access to their care records via an application. Not everyone we spoke with understood they could do this. People were aware staff had access to care record via personal devices. One person told us, "They [staff] keep electronic records on their mobiles. They will even take photos of my legs which they attend to and send them to the office. But I don't have access to the records."
- The registered manager was very clear the plan to increase the business was in response to what local people were seeking. There was ongoing recruiting to employ staff who could provide the right care and support to meet people's needs and preferences.

Continuous learning and improving care

- The provider implemented systems to review and drive improvements to care. Actions to improve compliance and quality were identified during audits completed by the provider and completed by the registered manager.
- Staff received feedback and support from senior staff following observations of their practice and competence assessments to develop and maintain high standards of client focused care delivery.

Working in partnership with others

- The registered manager had developed links with other local registered care providers and community groups. They worked together to provide opportunities for people to explore the local amenities and events.
- Good working relationships had been developed with local health care providers to ensure best outcomes for people. For example, the registered manager worked with the GP to establish a regime of medicine administration in line with the person's preferences.