

Midshires Care Limited

Helping Hands Aintree

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 Aintree is a domiciliary care agency providing personal care to 19 people at the time of the inspection. The service provided support to older people, people living with dementia and people with a learning disability.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee 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.

Right Support: People's choice, control and independence were supported through effective care delivery. Specific training was provided to ensure staff had the required skills to support people with a learning disability and autistic 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: Staff were person centred in their approach which promoted people's privacy and dignity.

Right Culture: Leaders created a person-centred culture. Staff in all roles were highly motivated and offered care and support that led to consistently good outcomes for people.

We have made a recommendation about governance. Governance was well-embedded into the running of the service. A range of audits were completed which were generally effective at identifying and driving improvements. However, the current systems did not pick up on a risk relating to a person's nutritional and moving and handling needs. The registered manager took immediate action to update the persons care plans.

Individual risks were thoroughly considered, and risk management plans were in place to guide staff on how to reduce the risk of harm. The registered manager understood the importance of learning from accidents and incidents. Effective safeguarding systems were in place and safeguarding concerns were shared with the local authority when required.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs and keep them safe. Medicines were safely managed. Effective infection prevention and control procedures were in place.

Staff training was developed and delivered around people's individual needs. When required, specialised training was delivered and overseen by a clinical lead. Initial assessments focused on people's personal likes, dislikes and preferences as well as their physical care and support needs. People and relatives felt confident staff would seek healthcare advice if they were concerned.

People were treated with kindness and respect. Staff described how they delivered personal care in a dignified and respectful manner. People and their relatives commented positively about the quality of the care provided. The registered manager encouraged people to take ownership of their care plan and actively supported them to manage their own health and wellbeing goals.

Care plans reflected people's choices, preferences and what was important to them. People's preferred routines were well documented to ensure staff had the detail they needed to care for them in the way they wanted. People's communication needs and any assistance they needed was recorded. There was an appropriate complaints management system in place. People were supported to make decisions about their preferences for end of life care and this was recorded in their care plans.

The service was well led, and the registered manager understood the importance and responsibility of their role. They worked hard to embed a positive culture within the organisation and understood the importance of regularly speaking with people and their relatives and using this feedback to improve the service. The views of people using the service were at the centre of quality monitoring and assurance arrangements.

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 January 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about audits. . Please see the well led section of this report for further details.

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 Aintree

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.

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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2023 and ended on 30 May 2023. We visited the location's office on 24 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority 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 spoke with 3 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, care coordinator, regional manager and care workers. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures 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.

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

- Individual risks were thoroughly considered and risk management plans were in place to guide staff and reduce the risk of harm.
- Staff understood people's risks and described the action they would take when delivering care to keep the person safe. A staff member told us, "Their [people] safety is paramount, if I ever felt someone was unsafe, I would contact the manager straight away."
- The registered manager understood the importance of learning from accidents, incidents and near misses. Accidents were analysed for any trends, and action was taken to reduce further incidents. Risk assessments were generally reviewed post incident to ensure they remained relevant. However, we identified an example when one person's risk assessment had not been reviewed when they had experienced a fall. We fed this back to the registered manager and they took immediate action to address this.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place. Safeguarding concerns were shared with the local authority when required.
- Staff received safeguarding training and were aware of their safeguarding responsibilities.
- Relatives and people told us they felt safe in the care of staff. Comments included, "I have trust in the carers, I feel [person] is safe" and "I'm confident they know what they are doing, I feel safe with them[staff]."

Staffing and recruitment

- Staff were recruited safely and deployed in sufficient numbers to meet people's needs.
- Electronic records showed people were supported by a small and consistent staff team who generally arrived on time and stayed for the full duration of the care call. People and relatives feedback confirmed this.
- An out of hours on call system was in place and effective contingency plans were initiated when staffing emergencies occurred.

Using medicines safely

- Medicines were safely managed.
- Records relating to medicines administration showed that people received their medicines as prescribed.
- Staff had their competency assessed twice a year to ensure they continued to have the skills to administer medicines safely.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place.
- Electronic care tasks were set up to prompt staff to use the required level of PPE during care calls.
- The provider frequently observed staff to ensure good hand hygiene practices and PPE use in line with best practice guidance was followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff training was developed and delivered around people's individual needs. This included specific training for people with a learning disability and people with specific health conditions.
- When required, specialised training was delivered and overseen by a clinical lead and staff competency in these training areas was reassessed annually to ensure staff retained the skills to meet people's needs effectively.
- A proactive support and appraisal system was in place for staff. Staff spoke highly of the support they received. A staff member told us, "I feel very supported, from the very outset they take an interest in you as a person and focussed on my wellbeing." The level of support staff received was also recognised by people using the service. A person told us, "[registered manager] is as much concerned about carers as much as clients, for the girls to come and be happy in their job is down to the fantastic support they receive."

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

- Robust initial assessments were completed when people first started using the service which formed the basis of people's care and support plans.
- Initial assessments focused on people's personal likes, dislikes and preferences as well as their physical care and support needs.
- Care plans contained detailed information around people's eating and drinking needs and their preferences. People and relatives spoke positively about the support provided in this area.

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

- Care plans directed staff to contact professionals such as GP's should they have any concerns about people's health or wellbeing.
- People and relatives felt confident staff would seek healthcare advice if they were concerned. A relative told us, "They [staff] have called the doctors a couple of times when they have been worried and then we have been updated."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The principles of the MCA were followed, and records demonstrated this was put into practice effectively.
- Staff knew the importance of gaining people's consent before delivering care and 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.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in a way which focused on promoting people's dignity and independence.
- Staff described how they delivered personal care in a dignified and respectful manner.
- People told us staff respected them and promoted their independence. Comments included, "They [staff] respect my wishes and know that my independence is important to me" and "I am in full control with my care. They [staff] wouldn't do something when they know I can do it for myself."

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect.
- People and their relatives commented positively about the quality of the care provided. Comments included, "Carers are very kind and caring towards me" and "They [staff] spend time talking to her and have a genuine respect for her, they listen to her and what she has to say."
- We saw examples of staff showing compassion in their roles. For example, staff became aware relatives were unable to visit a person on their birthday which meant they would have spent their birthday alone. Permission was sought from the family to decorate the person's property with banners and buy a cake. This led to a positive outcome for the person as they celebrated with staff and enjoyed their special day.

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

- People and their relatives were involved in the care planning process. Care plans were reviewed regularly to ensure people's views were considered.
- The registered manager encouraged people to take ownership of their care plan and actively supported people to manage their own health and wellbeing goals. The registered manager told us, "The care plan is fluid, and we say to our customers, it's your care plan and your fully involved. The plan can change as and when you need it to."

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

- Care plans reflected people's choices, preferences and what was important to them.
- People's preferred routines were well documented to ensure staff had the detail they needed to care for people in the way they wanted.
- People and relatives were involved in the planning of and decisions over care.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- At the time of the inspection, the service had not received any complaints. The provider ensured regular quality assurance phone calls were completed to identify and address any concerns at an early stage.

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 registered manager understood the importance of making information accessible to people.
- People's communication needs and any assistance they needed was recorded in their care plan. When people were unable to express their needs verbally, plans were in place to guide staff on the physical gestures people used to communicate their needs.

End of life care and support

- People were supported to make decisions about their preferences for end of life care and this was recorded in their care plans.
- At the time of the inspection, the service was not providing any end of life care. However, all staff had received training in this area to ensure they had the necessary skills if people's health needs changed.

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.

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

- Governance was well-embedded into the running of the service. A range of audits were completed which were generally effective at identifying and driving improvements. However, the current systems did not pick up on changes to the risk relating to a person's nutritional and moving and handling needs. We found no evidence the person had been harmed and the registered manager took swift action to immediately update the persons care plans.

We recommend the provider reviews and updates their auditing processes to ensure any changing care needs are identified and reviewed in a timely manner.

- The service was well led, and the registered manager understood the importance and responsibility of their role. They were well supported by the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; ; Working in partnership with others

- The registered manager worked hard to embed a positive culture within the organisation. The culture of the service focused on ensuring people received person-centred care that met their needs and preferences.
- Staff worked well with other professionals to improve outcomes for people.

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

- The views of people using the service were at the centre of quality monitoring and assurance arrangements. The registered manager understood the importance of regularly speaking with people and their relatives and using this feedback to improve the service. A person told us, "They phone me every three months, they ask for a score and it's always 5 out of 5. I can't see any way they can improve."
- The registered manager was open and honest with people when things went wrong and reported events to external authorities where this was necessary.