

Midshires Care Limited

Helping Hands Enfield

Inspection report

M25 Business Centre
121 Brooker Road
Waltham Abbey
EN9 1JH

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31 May 2023

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16 June 2023

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 Enfield is a domiciliary care agency providing personal care to people living in their own homes. These include older people, people living with dementia and people with a physical disability. At the time of our inspection it was providing personal care to 21 people.

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

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

People received safe care from staff who knew them well. There was a safeguarding policy in place and the registered manager and staff knew how to identify and report any concerns.

Staff had been safely recruited and pre-employment checks carried out, and the service had enough staff currently to meet the needs of the people using the service.

Staff had received an induction and training to enable them to meet people's needs. We saw that supervisions, spot checks, competency checks and meetings for staff were carried out and staff told us they felt supported by the registered manager to perform their role. People were supported with their medicines by trained members of staff where required.

The registered manager carried out an assessment of people's needs and how they liked to be cared for. Care plans included guidance for staff on how to meet those needs. People's nutritional needs were met. They were supported to maintain a balanced diet and where required supported to eat and drink.

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.

Staff told us they had access to personal protective equipment (PPE) and there were effective infection control measures in place. People confirmed appropriate PPE was worn by staff when being provided with care and support.

We received positive feedback about the leadership and management of the service. There were systems in place to monitor, maintain and improve the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 25 March 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.

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 Enfield

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

This 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 homes.

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 25 May 2023 and ended on 8 June 2023. We visited the location's office on 31 May 2023.

What we did before the inspection

We reviewed information we had received about 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 members of staff; these included the registered manager, care coordinator and care training practitioner. We spoke with 2 people using the service and 10 family members. We looked at staff records in relation to recruitment, training and supervision and a variety of records relating to the quality assurance and management of the service.

Following the inspection to the domiciliary care office, we continued to seek clarification from the registered manager to validate evidence found. We spoke to a further 4 members of staff by telephone.

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 told us they felt safe. One person told us, "Yes I do feel safe, they [staff] are excellent 101%". A relative told us, "Oh my god yes. The most important thing for us, we looked at a couple of other companies, but Helping Hands were the best." Another said, "Yes, [person] is definitely safe. The ladies are really good."
- The provider had safeguarding policies and procedures in place, and staff had received training on how to protect people from the risk of abuse.
- The registered manager was aware of their responsibilities to report safeguarding concerns to the local authority and CQC.
- Staff we spoke with, knew how to identify different types of abuse, and reported any concerns they had. They knew how to safeguard people from the risk of abuse. One staff member said, "If I had any concerns I would inform the office, if needed I would go above them and contact the local authority. I know if I had concerns, the manager would deal with them."

Assessing risk, safety monitoring and management

- The service's risk assessments and care plans identified and included information about a range of risks to people including falls, moving, and handling, catheter care and medication risks. These included guidance for staff on how to support people safely.
- Staff were able to describe the identified risks to people they supported and how they were able to mitigate the risks. A member of staff told us about people they supported who were at risk of falls. They said, "I make sure they have space, a clear environment and pathway to walk round at home to minimise the risk of them tripping or falling over."

Staffing and recruitment

- Systems and processes were in place to recruit people safely. Appropriate checks were carried out, including references and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helped the provider make safer recruitment decisions.
- Feedback from people and their relatives regarding the timeliness of their care calls was positive.
- Comments included, "They can be a couple of minutes late, it is not a big deal. Sometimes they arrive early", "They have good communication if they are going to be late." And "The majority of the time they are on time, but if they are going to be a little late either the office or the carers will call me."

Using medicines safely

- The provider had a safe medicines management system in place, staff were trained and knew how to

report errors.

- The registered manager carried out audits of people's Medication Administration Records [MAR] and carried out competency checks to ensure medicines were being given safely.

Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves, aprons and masks were provided for them. A member of staff told us, "The office always remind us to collect our PPE, messages go out to staff. We can either go to the office to collect it or they will meet us and deliver it."
- People and relatives, we spoke with had no concerns regarding the use of PPE. Comments included, "They [staff] always wear PPE. When they have it all on [person] calls them nurses". And "We have a camera doorbell and I have seen them [staff] dispose of their PPE in the bin outside."
- The registered manager had relevant policies in place to support effective infection prevention and control and was following current guidance.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor accidents, incidents, and complaints and used this to identify any trends or patterns to enable any lessons learned to be shared with staff.
- Staff knew how to report incidents appropriately, a member of staff told us, "I would call 999/111, record everything in the persons notes, complete a body map if required. I would inform the office, and they would notify the persons next of kin."
- The registered manager evidenced regular communication with their staff team, by carrying out spot checks and holding staff meetings. Staff confirmed they were kept informed about any changes to people's care and support needs.

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 registered manager carried out a comprehensive assessment of people's care and support needs prior to commencing the service. One person told us, "I went through it with them, and I am sure I have signed it." A relative told us, "I was involved in writing the care plan for [person] and it gets reviewed every month."
- People's care and support needs were reviewed regularly to ensure care continued to be delivered as required. This was overseen by the registered manager and the senior team in the form of telephone conversations with people and their relatives and conversations and meetings held with the members of staff.

Staff support: induction, training, skills, and experience

- Staff were provided with a robust induction programme including an all day assessment day, E-learning, face to face training and shadowing existing care staff. One member of staff told us, "Although I had some care experience, my induction process was very thorough. I shadowed another member of staff to get to know the clients and learn how people wanted to be supported and how to use the electronic handset for all my recording."
- We saw staff had completed their Care Certificate where required. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to eat and drink in line with their care plan. We saw people's dietary requirements were being supported in line with their cultural wishes.
- Relatives told us, "The carers will give [person] 2 choices, any more would confuse them. One of [persons] friends bring food they like, and the carers have noted this, so they know what [person] enjoys." And "They make [person] a sandwich and a cup of Horlicks in the evening. [Person] is eating well in fact they have put on weight recently".

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

- The service worked collaboratively with other partner agencies to ensure people received timely care support and treatment when needed. These included GP's, district nurses, occupational therapists, and Age UK dementia services.

- Staff ensured people were supported and had access to health and care professionals when needed. One person told us, "They ask me every day how I am. Once, when I had to have a catheter bag, the carer stayed with me for 2 hours because I was in pain, she had to call the night nurse." Another person said, "I ring to ask for extra help to go to chiroprapist, dentist and hospital appointments."

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 using the service at the time of our inspection had capacity to consent to their care and treatment. However, the provider had clear policies and procedures in place to ensure care was provided in people's best interests when required.
- Staff told us they had received training in MCA and were able to describe what this legislation meant to them in their day to day practices. One staff member told us, "I try to encourage a person to make decisions and choices as much as they are able to. If a person is unable to, then decisions and choices can be made in their best interests."

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

- We received positive comments from people and their relatives who told us staff always treated them well and they felt respected. Comments included, "They do their utmost to respect [persons] privacy and dignity, they make them feel comfortable." "They do respect [persons] privacy, they tell him to let them know if he needs help." And "Yes, 100%, they are very kind to him."
- The registered manager told us, "Our delivery of service is always person centred, meaning that individuals characteristics, wishes and preferences are always expressed and considered in the formulation of customer's support plans. Customers, family, and relatives are involved in the production of the care packages and how support is delivered."
- Staff spoke positively about their roles and the people they care for. One staff member told us, "I would be happy for a family member to be cared for by Helping Hands, I have met lots of nice competent and caring carers."

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

- People told us they knew about their care plans, and they were involved in what care and support was required. Comments included, "I am really happy with [person's] care plan. If anything changes, they are on it, nothing is too much trouble." And "The thing I like is the care plan is not set in stone. Sometimes they [office] will ring and ask if we can have a review and sometimes, we will ring and ask for a review. We also asked if the carers could brush up on their dominoes and it was documented in the care plan because [persons] friend was unable to play."
- Staff told us how they support people to be involved in making decisions about their care. One staff member told us, "I introduce myself, let people know who I am. Everything I do I explain, I speak to people all the time. People listen for reassurance even if they are unable to understand. I put myself in their shoes and ask for their consent with everything I do."

Respecting and promoting people's privacy, dignity and independence

- The registered manager and senior team led by example in how they spoke about people in a caring and respectful way. They had worked together with people and their relatives to ensure good outcomes for people, and this was reflected in the positive feedback we received from the people we spoke to.
- People and relatives comments included, "They are really good at listening; they are not all about 'this is how we do it', they will make suggestions. They treat the person as a person. They are incredibly patient; I have nothing but praise for them", They encourage [person] to brush their own teeth and wash themselves, and they let me know when they do" and "When they are doing dusting and cleaning, they will get [person] to help them with some light dusting. They will also take [person] for a walk around the block."

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 care plans were person centred and reflective of their needs. They considered all aspects of people's care including preferred name, health, medicines, moving and handling, personal care and nutrition and hydration requirements.
- The registered manager and senior team were in regular contact with people and their relatives to ensure information remained accurate, up to date and reflective of the person's needs.
- People and their relatives also had access to the electronic care planning system and were able to view their care plans and daily notes if they so wished.

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 was aware of their responsibilities under the AIS. People's care plans contained information about their ways of communicating and their preferred methods.
- The registered manager told us information could be provided to people in easy read, braille, listening books and large print formats if required.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise any concerns or make a complaint and to whom. One person told us, "I know the manager's number if I needed to contact them, but I have no issues." One relative told us, "The manager reviews [names] care and makes sure all is ok, so we have no complaints."
- The provider had systems in place to record and monitor complaints to ensure action was taken to address people or relative's concerns.

End of life care and support

- The service was not currently supporting anyone at the end of their life. The registered manager told us they would support staff and liaise with the appropriate healthcare professionals should it arise.
- End of life training was provided for staff by the organisations clinical nurse, and the end of life team support with medication to ensure people are kept as pain free and as comfortable as possible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us about their positive experiences of care being delivered to them or their loved one. They told us, "I am very happy", "Absolutely 100% happy. They are like chalk and cheese from the last company we had", "Putting your trust in strangers is tough, but I am very happy with them" and "They always talk to [person] first. [Person] has always been quite a bossy individual so they are definitely led by them. If [person] doesn't want a shower, they respect their wishes."
- The service had a positive and open culture. Staff spoke positively about the support they received from the senior team. Staff told us, "We receive well-being calls, and the management team, work with us even when they are not with you in person. They are professional, always communicating with us and we receive emails to thank us for all our had work."
- The service provided people and relatives the opportunity to give feedback on the service they were receiving. This was in the form of a call monitoring log, telephone calls, annual surveys, and review meetings.

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

- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at harm and understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service.
- Systems were in place to investigate and feedback on incidents, accidents, and complaints.
- The registered manager and staff were clear about their roles. There was a clear management structure in place and staff understood who they needed to report to.

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

- People's care needs, and wishes were respected, their care plans were regularly reviewed and updated, and reviews of their care took place which involved them and their relatives. Relatives told us, "I get phone calls every month" and "I have had a few phone calls and I have asked them to ring [person] and speak to them, [person] told them that they were happy with everything."
- Staff told us they were kept updated of any changes either through meetings held face to face or virtually,

through the electronic care planning app or by email.

- The registered manager told us, "We have a diverse staff team including male and female staff from different age groups and cultural backgrounds which allows us to meet people's needs. The 4 week rota allows the office team to make any last-minute changes where needed and is put together by the care coordinator considering the individual member of staff, their availabilities, family life, health, cultural and/or religious needs as much as possible.

Continuous learning and improving care

- The service had systems in place to drive improvement. These included regular audits of aspects of the service such as care plans, risk assessments, staff training needs, infection control and medicines.
- The registered manager told us, "I have an open door policy and I have a Moments of Kindness award scheme for staff. This is in the form of positive feedback to show recognition and appreciation for all the care they deliver and so they are aware I know who they are."

Working in partnership with others

- The service worked in partnership with many external professionals such as the local authority, occupational therapists, district nurses, speech and language therapists and GP's. This was to ensure people receive the right care, treatment, and support individual to them.