

Midshires Care Limited

Helping Hands Cheadle & Wilmslow

Inspection report

Hexagon House
21-23 Gatley Road
Cheadle
SK8 1NZ

Tel: 01615436987
Website: www.helpinghandshomecare.co.uk

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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 Cheadle & Wilmslow is a domiciliary care agency providing personal care to people in their own homes. The service provides support to people with physical disabilities, older people and those living with dementia. At the time of our inspection there were 35 people using the service.

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 and relatives we spoke with told us that they felt the service provided was of good quality and management and carers were all very caring.

People received their medicines safely. Staff received appropriate training on the safe administration of medicines. People were well protected by effective infection prevention and control measures.

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care. Enhanced bespoke clinical training was available to staff when needed.

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.

The service was responsive and flexible, adapting to people's changing needs. Staff understood people's communication needs, so information was shared in an accessible way. The provider responded openly to complaints, using the information to drive improvement. Staff supported people with end-of-life care, to ensure a dignified death.

There were effective systems in place to monitor the quality of the service provided to people which ensured good governance. Technology was used effectively by the provider to ensure people were informed promptly about potentially missed or late calls.

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 16 April 2021, and this is the first inspection.

Why we inspected

This was a planned inspection.

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 Cheadle & Wilmslow

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 2 inspectors 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 who was also the provider.

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 18 July 2023 and ended on 21 July 2023.

What we did before the inspection

We reviewed the information we had received about the provider since it registered with CQC. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 10 people's family members about their experience of the care provided.

We also spoke with the registered manager and 3 care staff, a further 6 care staff completed a questionnaire we sent them. We looked at the care records for 4 people and various medicines records. We checked that the care they received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within 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.

Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure their needs were safely met.
- People's care files included risk assessments in relation to, for example medicines, self- medicating and moving and handling. Risk assessments provided staff with information on how to support people to safely mobilise with the use of hoisting equipment.
- Risk assessments were in place to ensure any environmental risks had been identified. This ensured staff and people were as safe as possible.

Staffing and recruitment

- There were enough suitably trained staff to provide support to people who use the service.
- The service used an electronic call monitoring system (ECM). The ECM enabled the service to monitor care calls and alerted them if calls were running late. The registered manager told us there were no missed calls and showed us records confirming they regularly audited the ECM.
- People and their relatives were positive about their call times. Comments from people included; "I feel absolutely safe with my carers, they are all very professional and caring towards me. The time of 8am suits me every morning and they arrive on time" and "They [care workers] are all wonderful and they make me feel safe just by the way they treat me, and I have never had a missed call."
- Staff had been recruited safely, in line with best practice guidance. Disclosure and Barring Service (DBS) checks had been carried out on all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes in place to safeguard people from the risk of abuse.
- Safeguarding concerns were recorded, reported and investigated appropriately. Staff were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff. One staff member said, "I would have no hesitation to raise safeguarding concerns to my manager."
- People and relatives told us they felt safe when their care worker visited and delivered personal care. One person said, "I feel safe with my carers and I have no complaints at all."

Using medicines safely

- Medicines were used safely.
- Care files included medicines assessments detailing who was responsible for managing medicines. Where people managed their own medicines; we saw self-medicating risk assessments were in place.

- The provider used an electronic medicine administration recording system (EMAR) for recording medicines administered to people using the service. The registered manager and care coordinators monitored the EMAR daily to make sure people received their medicines on time. We saw that regular audits on medicines records were completed.
- We viewed a number of people's EMAR's and found medicines had been administered as prescribed.
- People received the support they needed to take their medicines by appropriately trained and competent staff.

Preventing and controlling infection

- The provider had infection prevention and control systems in place.
- Staff received training in infection control practices and had access to supplies of personal protective equipment (PPE).
- The provider used spot checks to check staff members' compliance with PPE requirements

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learned when things went wrong.
- Any actions from incidents were used as learning points for the staff team and were added to an action plan for monitoring.

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 of 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

- The provider had training systems in place to make sure staff received essential training in health and safety.
- There was a comprehensive induction programme which all new staff were expected to commence at the start of their employment. Induction training was in line with the care certificate, an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- When required specialised training was delivered and overseen by a clinical nurse. The clinical nurse would also meet with staff and assess their competency in these training areas to ensure staff had the skills to meet people's needs effectively.
- Records showed staff received regular supervision and a yearly appraisal from the registered manager or deputy manager to discuss their performance at work and any issues.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- An assessment of people's needs and choices was completed, and people's desired outcomes were used to develop their care plan.
- People and relatives confirmed they had been involved with their care planning to ensure they received the care they wanted. A relative said, "I was involved in her care plan and that's what they do, what it says in there. We are happy with the way it works."

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 Act 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 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 mental capacity had been considered in line with guidance for relevant decision-making

processes.

- Records showed that staff received training on the MCA. Staff told us they asked for people's consent before providing care and they encouraged people to make their own decisions and choices.

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

- People received the support they needed to maintain a healthy and balanced diet.
- We saw people's nutritional and hydration needs had been assessed and guidance put in place for staff to follow.
- Food and fluid intake was recorded where the service was responsible for providing support. One relative told us, "They [care workers] do meals for [person's name] and will offer a choice of what to have, they always wash hands first."

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

- The service worked well with other health and social care professionals, such as district nurses, GPs, the hospice and occupational therapists. This ensured good outcomes for people.
- The registered manager formed links with other health services in order to give back to the community and enhance people's well-being. Once a week 2 staff members would volunteer at an older people's community mental health hospital with arts and crafts session. The therapy operational lead for this service provided the following feedback, "Having Helping Hands on our ward to support our patients has been great, our patients love attending. The staff are very attentive and inclusive and go the extra mile to assist and support all patients."

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 of 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; equality and diversity;

- People received consistently good quality care and treatment, supporting their wellbeing. Everyone we spoke with during the inspection process gave positive feedback about the service.
- Staff were described as caring, compassionate, and responsive to people's needs. One person told us, "They [care workers] are all caring and they always encourage me to do things for myself." Another person said, "They are very kind to me, and I get on with my carers very well. They are lifesavers to be honest. I enjoy their company." Relatives were equally complimentary in their feedback. One told us, "Yes all [person's name] carers are kind and caring and always treat [person's name] respectfully. They never rush [person's name] at all and just show such respect towards [person's name]."
- All staff had received training in equality and diversity. Staff shared their knowledge of what this meant and how they implemented equality and diversity into the care they provided to people.
- The provider had an effective system to communicate any changes in care plans or risk assessments, this ensured all staff were fully updated around peoples' needs.

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence was respected and promoted.
- People were encouraged to maintain their independence and do as much as they could for themselves where appropriate. One person gave us as an example, "They [care workers] are all caring and they always encourage me to do things for myself. I am actually very self-motivated so they will join me in doing things for myself. I can walk to the toilet myself and they encourage me but will be in the background if I need them for any assistance."
- People told us that they felt their privacy was respected. One person told us, "They [care workers] respect my privacy in the shower and always make sure that I am warm enough when it is chilly."

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

- People were supported to express their views and make decisions about their care.
- Records showed that people's care was reviewed regularly and that people and relatives where appropriate, participated in the process.

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 of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 benefited from the commitment of the provider and staff who proactively facilitated the development and maintaining of valued relationships. For example, the service held regular events at the office to engage people they supported or members from the local community. Events often included afternoon tea with a singalong and significant yearly events such as Easter, Halloween and Christmas.
- The registered manager was able to share some examples where the service supported people to enjoy a variety of activities and experiences which improved their quality of life. The registered manager provided an example where the service was able to build the confidence of 1 person who had previously been reluctant to leave their property, through consistent staff support this person was now accessing the community on a daily basis.
- The provider went out of their way to enable and actively support relationships which were important to people. This included building links with the local community and hold fundraising events where people they supported could attend. This had a positive impact for people's wellbeing and reduced loneliness.

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

- There was a personalised approach to planning people's care.
- Care plans were written in a personalised way and included information about what and who was important to the person.
- Care plans captured information such as people's backgrounds, medical history, dietary requirements, mobility and continence needs. However, we found 2 people's support plans needed to be updated to ensure the section on their long-term health conditions reflected their own individual circumstances rather than recording the definitions of the condition. The registered manager confirmed these care plans had been updated.
- Staff had access to electronic care plans and risk assessments through an app on their mobile phones. They used the app to securely log in to calls. The provider monitored calls and if staff were delayed, they able to respond promptly to alert people who may be impacted. Staff clearly and consistently recorded tasks they had completed at each visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and planned for.
- Care plans contained information about people's communication needs and preferences. Care plans provided guidance on how staff could communicate most effectively with people.
- The registered manager told us they would be able to provide documentation in different formats to support differing communication needs should it be required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People we spoke with knew how to raise concerns and said they would feel confident to do so.
- Monthly trends analysis took place to establish what lessons needed to be learned and if improvements to the service needed to be made.

End of life care and support

- At the time of this inspection there was 1 person who was receiving end of life care.
- The person's care plan covered the type of illness they had and how to appropriately be sensitive if needing to raise this in conversation.
- The person's end of life care preferences were captured within the care plan, this provided staff with a clear direction as to how the person wished to have their 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 of 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

- The service had a registered manager in post. They were experienced and knowledgeable about their role and responsibilities as a registered manager. The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. A relative told us, "Yes I know who the management are, and they are approachable and helpful whenever I ring about anything."
- Staff were also complementary about the support they received. A staff member told us, "The registered manager is very passionate about the work they do. I feel valued and I can always go to [registered manager's name] if I have any problems."
- The provider had a management structure in place that clearly identified what each member of staffs' responsibilities were. This structure ensured consistent and effective oversight of the service provided.
- A scheduled and planned robust range of audits had been developed by the provider. This system had been adopted by the wider franchise due to its thoroughness, detail and evidence-based quality checking.
- Assistive technology around call monitoring was also key in assisting the service to look at any key themes, such as call durations or any issues with timekeeping. We could see this approach was driving improvements at the service.
- Regular unannounced observation checks were carried out on staff. The registered manager said these checks were carried out to observe staff on duty, to check they were meeting people's care and support needs.

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

- The registered manager/provider promoted a positive culture which was person-centred and inclusive.
- Team meetings were held regularly, this showed staff could be open and part of the improvements to the service. In these meetings, the registered manager raised any recent communications around people's needs and any developments in relationship to the running of the service.
- The registered manager/provider had clear values which included a passion for providing a high standard of care to people. These values were embedded into the service provided and staff members we spoke with. Strong links with the community meant people were an active part of their community.
- Staff told us they were happy working at the service and felt valued by the registered manager. One staff member said, "Yes, I feel extremely supported. I had a medical procedure not too long ago and I had frequent welfare checks, from all the office staff and when I returned, they did everything they could to make the transition back as smooth as possible."

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/provider demonstrated an understanding of their responsibilities under duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People's views and that of family members and staff were regularly sought through surveys. The outcome of surveys was analysed locally at branch level, discussed, and used to develop the service and referred to in staff meetings and linked to the monitoring of people's ideas, aspirations, and goals.
- The provider was willing and happy to work in partnership with other agencies. The service was still relatively new to the local area and was still forging links within the local community. They worked alongside a range of health and social care professionals sharing information where required. These relationships were in place to enhance people's care.
- The service had a high score of 9.5 out 10 on [home.care.co.uk](https://www.home.care.co.uk). One the recent positive comment included, "We have recently sought out the services of this provider for our elderly mother and have been very impressed with the standard provided by all persons that we have been in contact with at this office. We would not hesitate to recommend them to anyone who may ask us."