

Midshires Care Limited

# Helping Hands Preston

## Inspection report

Unit 3  
Cotton Mill Road, Bamber Bridge  
Preston  
PR5 6LF

Tel: 01772958878  
Website: [www.helpinghands.co.uk](http://www.helpinghands.co.uk)

Date of inspection visit:  
20 July 2023

Date of publication:  
31 August 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Helping Hands Preston is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 41 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

The registered manager assessed peoples' individual needs prior to them receiving care and support. Individual risk assessments were in place to highlight areas of risk however, we found some gaps in the information to guide staff. We have made a recommendation about the level of detail included in care documentation.

We found some inconsistencies in medicine administration records. We found staff were not always documenting the time medication was given. This information is required for medicines that are to be given before or after food or separate to other medicines. The provider responded immediately during our inspection to address this.

People were given their medicines by staff who were trained to do so. One person told us, "One lady is particularly good and gives me good advice on medicines." People and their relatives told us they felt safe with the care staff. Staff were aware of how to identify and report safeguarding concerns. We were assured by the infection prevention and control procedures in place. We found recruitment was safe and the staff files we viewed contained the relevant information.

People told us the service was well managed. We received consistently positive feedback about the registered manager. There were systems in place to monitor the quality of the care provided. Suggestions around improvement to these systems were discussed with the registered manger during the inspection and these changes were implemented during the inspection.

We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

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

### Rating at last inspection

The last rating for this service was good (published 06 June 2019).

### Why we inspected

We received concerns in relation to the management of medicines and staff training. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Helping Hands Preston on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation about the level of detail included in care documentation.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Helping Hands Preston

## 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 completed 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. A new registered manager had been appointed and was in a handover period to ensure consistency for staff and people who used the service.

#### Notice of inspection

We gave a short period notice of the inspection because we required consent and contact details for the Expert by Experience to gain people's views about the service.

Inspection activity started on 20 July 2023 and ended on 2 August 2023. We visited the location's office on 20 July 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 2 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager and area manager. We reviewed multiple medicine administration records and reviewed 4 people's care records and looked at 2 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People received safe care, however written guidance on how to keep people safe was not always robust, we found examples where information to lessen the risks to people was missing. However, staff we spoke with demonstrated they were aware of the different risks people were vulnerable to and how to support individuals to remain safe. The registered manager had identified that care plans required updating in a recent audit and actions were ongoing to improve the records.

We recommend the provider keeps complete and accurate records which support people to stay safe.

- The registered manager and staff assessed and managed any risks to people's health, safety, and wellbeing. These included assessments of specific risks such as the risk of manual handling and nutritional needs.
- The staff supported people to ensure that the equipment in their own homes was safe and fit for use. They remind them to ensure that equipment was checked and maintained as required.

### Using medicines safely

- Medicines were safely managed, and medicines records were in place. However, we found inconsistencies in the information held for people. We found staff were not always documenting how many of each tablet were given and the times they were given was not always clear. This information is required for medicines that are to be given before or after food or separate to other medicines.

The provider responded immediately during and after the inspection. They confirmed changes had been implemented to ensure medicines administration was managed safely.

- Staff were suitably trained to administer medicines and checks on their practice had been carried out.
- Where people had been prescribed additional medicines on an as required (PRN) basis. PRN protocols were in place, and contained information to guide staff around why people might require additional medicines.

### Systems and processes to safeguard people from the risk of abuse

- Relatives and people told us they felt safe. One person said, "Staff are very willing and very friendly."
- The registered manager had oversight of safeguarding in the service and worked with the local authority safeguarding team when required.
- Staff had completed safeguarding training and understood their responsibilities in this area. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

- There were policies and procedures in place to guide staff.

#### Staffing and recruitment

- There were enough staff to support people. However, people told us staff came at different times, all but one told us that staff stay the allocated times. This information was shared with the registered manager who confirmed that people have been contacted to discuss these concerns since the inspection.
- Recruitment was safe. Recruitment practices were followed including checks with previous employers and the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Staff completed a range of training. We spoke with staff who expressed concerns around the use of online training. This was discussed during the inspection and the registered manager confirmed the issues were being addressed with an ongoing training programme.

#### Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection.
- Staff had access to personal protective equipment, and they had received training in effective infection control practices.

#### Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents, and near misses. The registered manager had oversight of accidents and incidents and monitored the information to help identify themes and trends and prevent a recurrence. Where lessons had been learned these were shared throughout the staff team.

# 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. At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm. 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

- There was a positive culture at the service which focused on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support.
- The leadership was visible and inspired the staff team to provide a quality service. Staff were consistently positive about the new registered manager, comments included, "[Registered manager] is approachable and listens" and, "I have confidence in [registered manager]" and, "I really rate [registered manager]. A lot has changed since they started and it is more structured."

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 understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one-to-one support sessions.

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

- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety, and security. There was a clear vision and plan to deliver high quality care and support at the service.
- Statutory notifications were submitted to CQC in line with regulatory requirements. Statutory notifications are important as they inform us about notifiable events and help us to monitor services we regulate.

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

- Staff and management meetings took place regularly and were open forums for information to be shared. The registered manager told us about steps they had taken to support staff who did not like speaking up in larger groups to allow everyone to engage in the sessions.
- The registered manager had an 'open door' policy, so people and staff could approach them directly to discuss any concerns openly and in confidence. People we spoke with were consistently positive about the registered manager and felt they could approach them with any concerns.
- Equality and diversity training was provided for staff.

Continuous learning and improving care; Working in partnership with others

- Systems were in place which continuously assessed and monitored the quality of the service. Where shortfalls, errors and omissions were found, action plans were devised. Information in action plans needed to be more robust to demonstrate the action which had been taken. The registered manager acted upon this feedback during the inspection.
- Staff meetings and handover meetings were used to ensure continuous learning and improvements took place.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed.