Midshires Care Limited

Helping Hands Barnet & Enfield

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

The inspection took place on 6 and 7 November 2018 and was announced.

This is the first inspection of the service since their registration on 7 November 2017 with the Care Quality Commission.

Helping Hands Barnet and Enfield is a domiciliary care agency and provides personal care to people living in their own houses and flats in the community. It provides a service to older people, younger adults and people with complex needs such as diabetes, dementia and physical disabilities.

Not everyone using Helping Hands Barnet and Enfield receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 21 people receiving personal care at the time of the inspection.

At the time of our inspection, there was a branch manager at the service who had applied to become registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when staff were in their home and when they received care.

The service had safeguarding and whistle-blowing procedures in place. Staff had received safeguarding training and understood their responsibilities to report any concerns and incidents of alleged abuse.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

There was enough staff available to meet people's care and support needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Recruitment practices ensured the right staff were recruited to support people. Staff had the necessary skills, knowledge and experience to support people in their own homes. Staff completed an induction when they started work and they received training relevant to people's needs.

Staff received training in infection control and food hygiene and they were aware of the steps to take to reduce the risk of the spread of infections. Staff carried personal protective equipment like disposable gloves and aprons.

Assessments of people's care and support needs were carried out before they started using the service. These were reviewed on a regular basis to ensure their needs continued to be met by staff.

People's care files included assessments relating to their dietary support needs. Staff supported people to maintain a balanced diet and monitor their nutritional health.

Staff worked in partnership with health care professionals which helped improve the outcomes of people's health and well-being. Staff made referrals to health care professionals when people's care needs changed.

The branch manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that their choices and preferences were fully considered and the care records provided evidence of their involvement.

Staff treated people in a caring, respectful and dignified manner. People communicated their needs effectively and understood information in the current written format provided.

People and their relatives could raise concerns and appropriate actions were taken by the service to resolve their concerns.

Staff had access to out of hours on-call system that ensured management support and advice was always available for staff when they needed it and this allowed people's care to continue at all times.

People, their relatives and staff spoke positively of the leadership and management of the service.

There were quality assurance systems in place to monitor the quality and safety of the service and to drive improvements.

Further information is in the detailed findings below.

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.

People were protected from the risk of harm and abuse. Staff understood their responsibilities and knew how to report an allegation of abuse.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

There were enough staff deployed to meet people's care and support needs. Robust recruitment process were in place to ensure suitable staff were recruited.

Medicines were managed safely and people received their medicines as prescribed.

There were systems in place to record, review and monitor accident and incidents.

Is the service effective?

Good

The service was effective.

The service provided support, supervision, training, learning and development which helped keep staff's skills and knowledge up to date.

People received support with their dietary needs in line with their choice and health requirements.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good

The service was caring.

Staff treated people with respect, compassion and without discrimination.

People and their relatives were involved in the decision making about their care and support.

Staff were positive about their job roles and were motivated to deliver person centred care.

Staff had enough time to support people in a dignified way and to understand people's needs, choices and preferences.

Is the service responsive?

Good

The service was responsive.

Staff supported people to ensure they received responsive care and support in accordance with their needs and preferences.

Assessments were made before people began to use the service and people were involved in the development of their individual support plan, which reflected the support they required.

People were empowered to make choices and encouraged to maintain their independence as much as possible.

Arrangements were in place to deal with people's concerns and complaints.

Is the service well-led?

Good

The service was well-led.

The service was person centred and inclusive.

People were encouraged to provide feedback about their experiences of care and support they received.

The provider used the learning from quality assurance audits as an opportunity to improve and staff incorporated learning into their practice.

The management team led by example. Staff were positive about them and valued the support and guidance they received.

Helping Hands Barnet & Enfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 6 and 7 November 2018 and was announced. We gave the service short notice of our inspection to ensure that people using the service could decide if they wished to receive a telephone call from us and to ensure we had the correct contact details for people and their relatives.

The inspection was carried out by one inspector and one 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.

Inspection site visit activity started on 6 November and ended on 7 November 2018. We visited the office location on 6 November 2018 to see the manager and office staff; and to review care records and policies and procedures. On 7 November 2018 we made telephone calls to people that used the service and their relatives. We also met with people using the service to gain their feedback on the service.

Before the inspection took place, we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the branch manager, area manager, head of homecare, quality partner

and three care staff. We also spoke with 14 people who used the service and three relatives. We looked at a range of documents and written records including four people's care records, three staff recruitment records and information relating to staff training and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I feel absolutely safe with the carers." Another person said, "I feel safe with the carers; they know what they are doing." A relative told us, "I feel my mother is safe with the carers."

People were protected from the risks of avoidable harm. Staff had a good understanding of the different types of abuse, and knew how to report any concerns promptly so they could be investigated. Staff had received training on protecting people from abuse as part of their induction and they also continued to receive refresher training to ensure they were up to date with best practice procedures. This helped them identify the actions they needed to take if they had concerns about people. Staff were familiar with whistleblowing procedures and were confident in its use. The branch manager had a good understanding of safeguarding procedures and knew how to raise concerns when necessary and to submit safeguarding notifications when required.

People had individual risk assessments in place which identified risks in relation to their health and well-being needs. From these assessments, risk management plans were developed and made available to staff to enable them to minimise risks. The branch manager routinely reviewed people's risk assessments to ensure these held up to date information and staff had the most accurate information available. We noted risk assessments detailed the support people needed with managing their personal care needs, eating and drinking and with their mobility. Risk assessments included details on the equipment people needed to complete tasks and clear details were provided in its use. These included any advice from external health professionals, for example, community occupational therapists. Staff told us they followed risk assessments to maintain people's safety when they delivered care. For example, ensuring there are two staff to carry out any specific tasks where this had been identified.

People were supported safely with their medicines. People told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and were safe to do so. Staff had completed medicines training and been assessed as competent to administer medicines. We sampled medicines administration records (MAR) and found these were completed in full with no gaps or inaccuracies. Medicines records were returned to the office and audited every month or sooner to ensure people had received their medicines as prescribed.

Recruitment practices ensured the right staff were recruited to support people to stay safe and that the service only employed staff of suitable character and experience. Recruitment files included an application form with full employment history, references, right to work in the UK documentation and evidence of a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable people.

People and their relatives told us there was always enough staff to meet their needs. One person said, "They always turn up on time and stay the full hour even if there is nothing to do. We have a chat." A relative told us, "Helping hands has been a breath of fresh air. They arrive on time and don't leave before their time is

up." We checked the staff rota, which was completed in advance and shared with people and staff. The rota we saw corresponded with the number of care calls booked and attended by staff. The branch manager told us staffing levels were flexible and arranged according to people's needs and activities. People's preferences for staff were respected wherever possible, for example, if people had a preference of gender to help them with their personal care, the branch manager ensured this was accommodated.

There was a business continuity plan in place which covered sudden unexpected short staffing. This included details of how staff should manage different kinds of foreseeable events. There was an out of hours on call system in place which staff could access for advice or guidance. Staff told us the management team was supportive if they needed to contact them using the out of hour's system.

The provider had a system in place to record accidents and incidents. These records showed that staff took actions to reduce the risk of the accident recurring. Information about accidents and incidents were shared with staff in meetings and supervisions. This enabled them to learn from these and increase awareness amongst staff.

People were protected from the risk of infection. The provider had infection control policy and procedures in place. Staff had received infection control and food hygiene training and were provided with appropriate personal protective equipment (PPE) such as disposable gloves and aprons.

Good

Is the service effective?

Our findings

People told us they received an effective service from the service. People and their relatives spoke positively about the staff who supported them and told us that staff were trained and able to meet their needs. One person said, "The carers are trained enough for my requirements." A relative told us, "I get the impression that the staff are well trained." Another relative said, "We can't get any better carers; they are all fantastic at what they do."

Following successful recruitment, each new staff member completed an induction programme that was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. The induction included both theoretical and practical training in addition to the shadowing of more experienced staff. The induction training programme for new staff included safeguarding, infection prevention and control, moving and handling, equality and diversity and medicines management. The branch manager told us all staff were expected to complete the full induction programme to ensure that all staff understood the organisational values and expectations from the very beginning.

The branch manager carried out checks on how staff were performing through regular supervision and an annual appraisal of staff's work performance. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff confirmed to us that they had opportunities to meet with the manager to discuss their work and performance through supervision meetings. Staff were also observed by senior staff at work and were provided with guidance about their practice if needed. A record of the observation was kept on the staff member's file and staff we spoke with confirmed they had received a spot check.

The branch manager carried out care needs assessments for people referred to the service before the commencement of the service. This was to make sure they were confident the person's care needs could be met and to make sure identified risks within the person's home could be addressed. People's sexuality or lifestyle preferences as well as their rights, consent and capacity were taken into consideration, discussed and recorded where appropriate. The branch manager involved people and their relatives in the assessment process when this was appropriate.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff were required to record the care they had provided to people by recording how they had met people's needs in their care plan records. Staff told us they had all the information they needed within the care plan to support people well. People's nutritional risk and allergy needs were shared with staff if they prepared meals. Where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Where people cooked for themselves they said staff prompted them to make sure that they did eat.

Staff understood how to protect people's health and wellbeing and worked in partnership with other health

and social care professionals. When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The branch manager and staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. Staff received relevant training and when they had identified that people's mental capacity may be limited, staff understood they had a responsibility to request further support for people. People's care records documented whether they had capacity to make specific decisions and contained a written record stating whether people had appointed someone as their Lasting Power of Attorney (LPA). An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. Support plans were signed by each person or appointed person and showed consent to care and treatment had been obtained.

Good

Is the service caring?

Our findings

The service was caring. People told us that they were treated with dignity, respect and that staff were caring. One person told us, "The carers are lovely. I am pleased with them." Another person said, "They are kind and caring, very thoughtful and it's a pleasure to be with them." This was also confirmed by people's relatives. Comments included, "The carers I have met are nice; [family member] is happy with them" and "The carers engage in as much conversation as possible."

Staff had good knowledge and understanding of people care needs and preferences. People received care and support from staff that knew and understood their life history, background, preferences, needs, hopes and goals. People's care records provided staff with information about what was most important for them to be aware about each person. Key information was collated from people upon starting care services, which helped to shape their care plan to ensure staff were following their wishes and preferences. When we visited people in their home, we observed that people enjoyed excellent relationships with the staff that supported them. There were friendly exchanges and discussions about recent events that they had enjoyed.

People received care, as much as possible, from the same staff, which ensured consistency in the support provided. People and their relatives told us they were very happy with all the staff and got on well with them. New staff were introduced to people before they started to work with them. The branch manager knew people who used the service because they also supported people with their care needs when they covered staff sickness and absences. This also gave them the opportunity to observe staff practice and seek feedback from people and relatives.

Staff were positive about their job roles and were motivated and passionate about making a difference to people's lives. One staff told us, "I treat people just like how I would treat my own family." Staff told us they had sufficient time allocated for them to talk and socialise with people. They talked about people in a way which demonstrated they were fully committed to supporting people in any way they could, in order for them to achieve as much independence as possible.

People's privacy and dignity was protected and promoted. We found that people were supported by caring staff who were sensitive in manner and approach to their needs. One person said, "They are respectful when helping me with my personal care." Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains when delivering personal care and knocking on doors before entering. All the people and relatives we spoke with told us they were satisfied with how their privacy and dignity was respected by staff. Staff told us they never spoke about people's health, finances or other confidential affairs in front of other people or anybody who did not need to know. People's records were kept confidential, electronic systems were password protected and were accessed by authorised personnel only.

The branch manager and staff understood the importance of promoting equality and diversity. Through our discussions with people and their relatives, we noted that arrangements had been made to meet people's diverse needs, and from the information contained in their care records we saw people were enabled to

maintain any religious beliefs and personal relationships they had.

People were provided with appropriate information about the service in the form of a 'Service Users Guide'. The branch manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided. This guide ensured people were aware of the standard of care they should expect.

Good

Is the service responsive?

Our findings

People told us the service was personalised and responsive to their needs. One person told us, "The carers know what to do in any given situation." A relative said, "I would recommend this agency; they are one of the best we have used."

People had a care plan following their assessment. Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. This included information about people's history, including their religion, disability, gender, sexuality and ethnicity. Staff supported people to maintain these in line with their needs and choices. The care plan was used to provide staff with information on the person's care needs and the support needed to meet their assessed needs. People were given a copy of their plan of care. Each care plan also included details of the person's likes and interests as well relevant information about their medical history.

Care plans contained sufficient guidance to help staff provide care that was responsive to their needs. For example, where people needed support with eating, drinking, positioning in bed or support while out in their local community this was documented with any identifies risks. When a change in care occurred people's care plan and staff were updated. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Each person's initial assessment identified their communication needs and contained details of how staff should communicate with them and whether people used hearing aids and/or glasses. People were empowered to express their views in a way that suited them. Each person's care was tailored specifically around their individual needs, and each person's communication preferences were respected. The branch manager told us that where people preferred to communicate their needs in pictures or in different formats, these would be made available for them.

Staff were aware that some people may be at risk of social isolation and understood how important connections with the local community were for people using the service. Staff worked with people to support them access the community and to engage positively in community activities which increased their skills, well-being and independence.

The service had a complaints procedure which was made available to people they supported and their relatives. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. One relative told us, "If I had a problem I would contact the manager and sort it out but, there is nothing really to worry about." Complaints records showed that when concerns had been raised these were investigated and responded to in a timely manner and the manager contacted people to resolve their concerns.

Good

Is the service well-led?

Our findings

People received care and support from a service that was well led. People said they felt the service was well run. People and their relatives said they knew the branch manager and that staff were friendly and helpful. People shared their views about the management of the service. Comments included, "Management is very efficient in the office and very adaptable", "The manager is very helpful. I would recommend the agency" and "The manager is good; always listening to any problems."

There was no registered manager at the service at the time of the inspection. The previous registered manager had left the service in August 2018. There was a branch manager in post who had applied to register with the Care Quality Commission. The branch manager was supported in their role by the area manager, head of home care and care co-ordinator. The branch manager demonstrated effective leadership skills and their passion, knowledge and enthusiasm for the service, people and staff was evident when we spoke with them.

The provider had a set of values which was promoted by the management team to all staff. The culture of the service was open and inclusive. Staff we spoke with demonstrated the provider's values to help people regain their confidence and continue to live independently at home or with little support. Staff went through the values during their induction and this was followed up at supervisions and meetings so that they understood them.

The staff we spoke with were clear about their responsibilities and were motivated to provide high quality care and understood what was expected of them. Staff told us they felt valued and were supported in their job roles. Staff also told us they felt listened to and involved in the development of the service. Staff were kept up to date with information or any changes through staff meetings and e-mails or when they came into the office. Staff told us they worked well together and regularly discussed how to improve the service so people continued to receive a good service. They spoke with enthusiasm about the people they supported.

The service had an effective system in place to ensure the quality of service was being monitored. This helped the provider check people were receiving the care and support according to required standards. This included audits of people's care plans, risk assessments, daily notes, staff training and recruitment records, accident's and incidents and complaints. Medicines records were also checked to ensure medicines were managed and administered safely. Any areas for improvement were recorded in an action plan and discussed with staff. Accidents and incidents that involved staff or people who used the service were monitored to ensure trends and triggers were identified.

The service worked in partnership with external organisations to make sure they were following current practice, providing a quality service and that people received safe care and support. These included local authorities, healthcare professionals including GPs, occupational therapists and district nurses. Partnership working between the service and health and social care organisations helped to co-ordinate care and support for people and enabled people to have the care and support they needed.

The manager was aware of what was required to be reported to CQC. We had received notifications when they were required. As this was the service's first inspection there were no requirements for previous ratings to be displayed.