Midshires Care Limited

Helping Hands Chelmsford

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Helping Hands Chelmsford is a domiciliary care agency providing personal care to 32 people at the time of the inspection. At the last inspection, the service covered a large geographical area which has since been reduced with the opening of other branches of the company, providing a smaller staff allocation area to improve 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 told us they felt safe using the service and were confident that if they raised a concern it would be dealt with appropriately by the registered manager.

People appreciated receiving care from regular care staff who usually arrived on time. If they were going to be delayed, people were notified by telephone. This had been a concern at the last inspection but had now been resolved. A new system had been introduced to monitor visit times and was audited by management.

Care plans were person-centred, and people and relatives told us they were involved in their planning of care. People told us they were treated with respect and their dignity promoted. People and relatives described the staff as very good and caring.

Staff recruitment processes were robust. Staff received training and people told us staff were skilled. Senior personnel made spot checks to assess staff competency and to provide additional training if required.

People received their medicines as prescribed and people confirmed that staff used PPE appropriately to reduce the risk of infection. The service worked with health and social care professionals and people told us they were confident that if they required medical assistance staff would refer to the relevant professional.

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 registered manager recognised people using the service may experience loneliness and isolation, and the management team had been working closely with the organisations in the local community to provide people with advice and support.

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

Rating at last inspection: The last rating for this service was requires improvement (published 27 February 2019).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Helping Hands Chelmsford

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 Care Act 2014.

Inspection team
The inspection team consisted of one inspector.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave the service notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Inspection activity started on 30 January 2020 and ended on 12 February 2020. We visited the office location on 4 February 2020.

What we did before inspection
We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, branch manager, care and training practitioner and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate the evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection, this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People and relatives told us that they felt safe using the service and were confident concerns raised to the management team would be dealt with appropriately.
• Staff had received safeguarding training. Staff spoken with were clear on the guidelines and processes to follow if they had any concerns around allegations of abuse.
• Safeguarding policies and procedures were in place, and staff were aware of the company whistle-blowing contact email address as an additional referral method of raising concerns.

Assessing risk, safety monitoring and management
• At the last inspection, risk assessments were noted as providing insufficient guidance for staff. At this inspection, care plans had been reviewed and risk assessments were documented with clear guidance and information for staff to follow.
• Environmental risk assessments had been completed including personal emergency evacuation plans (PEEPs). Where necessary, advice was sought from professional bodies, such as, the occupational therapist team for specialist equipment.
• People's health risk assessments were completed and contained comprehensive advice for staff on how to mitigate risks.
• There was oversight by the management team through spot check visits and reviewing of care plans to provide safety monitoring.

Staffing and recruitment
• At the last inspection, people complained they were not always supported by regular staff and visits were often late with staff not given enough travel time between calls. At this inspection, these complaints had been addressed. People told us that staff usually arrived on time and if they are going to be late, they were notified by telephone. One person said, "They always turn up on time" and another told us, "They always turn up and usually on time."
• The geographical areas had been reviewed since the last inspection, which meant staff covered a smaller area ensuring people saw the same group of care staff. A relative told us, "During the week my [relative name] has the same staff." One person said, "I always have the same staff, I know them all."
• There was a system in place now that required staff to log in and out when undertaking visits. This provided management with an effective way to monitor visit times as well as providing security for lone working.
• Staff confirmed they had enough time with each person to undertake their work effectively and that if they felt more time was needed, they were confident to liaise with the management team.
• Robust staff recruitment processes were followed and necessary checks were carried out to ensure staff

were safe to work with people. Disclosure and Barring Service (DBS) checks were updated periodically to ensure they were current.
• People and relatives said that staff were competent, and they were always introduced to new staff. They confirmed that staff wore photographic identification badge and uniform.

Using medicines safely
• At the last inspection, recommendations were made around the management of medicines. At this inspection, we saw that the medicine administration policy and procedure provided guidance on the safe management of medicines.
• Medicine administration records (MARs) were audited monthly. The MAR charts demonstrated that people received medicines as prescribed.
• Care plans contained information and guidance on the administration of each medicine.
• Staff had completed medicine administration training and received competency observations.
• Prescribed cream applications were clearly written with the addition of a body map chart to identify where on the body creams had been applied.

Preventing and controlling infection
• Staff received training in infection control and were supplied with appropriate personal protective equipment (PPE).
• People and relatives confirmed that staff used PPE when attending to personal care to minimise the risk of cross-infection.

Learning lessons when things go wrong
• Both the branch manager and registered manager were proactive in taking action to improve the service when necessary. Areas of concern raised in the previous report had been addressed. Lessons learned were shared at managers' meetings and staff meetings.
• The provider had other branch services and the managers from local branches met regularly to discuss lessons learned and share good practice ideas.

Good

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.

At the last inspection, this key question was rated as Good. At this inspection this key question has remained the same, 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
• People's physical, mental and social wellbeing were assessed. People told us they were given a choice at the time of care delivery, one person said, "They always ask what I want."
• Care plans detailed the health conditions specific to the individual and the care required, were in depth. Where necessary additional information leaflets were provided about the diagnosis to further enhance the knowledge of staff.
• Care plans were reviewed six-monthly or more often if required. People and relatives confirmed that they were involved with planning their care and support. One relative told us, "I was totally involved in the care plan and so was my [Name]. I am my [Name's] advocate, and the senior staff always come in to talk."
• Monthly books were supplied and kept in the home of each person for staff to write their daily notes.

Staff support: induction, training, skills and experience
• The service had a dedicated staff member who organised and conducted the training. This consisted of face to face training and on-line courses and shadowing experienced staff.
• When staff first joined the service, they completed on-line courses. This was followed by an induction programme where practical teaching was conducted, and workbooks completed. Competency observations were undertaken to ensure staff were appropriately skilled.
• Those new to care completed the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
• The provider had a training recall system in place organised from the head office which notified services when refresher training was required for staff members. All staff had received their refresher training.
• The service employed a registered nurse who advised on clinical practices and provided training for specialised courses such as stoma care.
• Professional development was supported and qualifications and credit framework (QCF) courses were available for staff.
• Staff supervisions and annual appraisals were completed, with the addition of observational competency assessments.

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional needs were assessed and documented in their care plan.
• Where specific advice was required, such as, for percutaneous endoscopic gastrostomy (PEG) feeding, the appropriate specialist health professional was contacted.
• People's food preference was documented in the care plans, including the type of cutlery and crockery

people preferred.
• Specialist diets, cultural preferences and nutritional supplements were clearly documented in the care notes.

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 closely with other health and social care professionals and referrals were made as required, such as GP and community nurses.
• Staff told us they knew what action to take if a person required the assistance from a health professional. One person told us, "I am confident the staff would call for medical help if I needed it, I know they wouldn't leave me." A relative said, "They always call me if there is anything wrong."

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• People had an initial MCA assessment and this was documented in the care plan.
• Care plans identified the named advocate for those who lacked full capacity.
• There was no one in need of court of protection at the time of the inspection.

Good

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.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same, 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
• Care plans identified people's individual needs and provided guidance for staff on how to provide care that was specific to them.
• People were offered a choice of care provision, including where possible their preference of male or female care staff attendance.
• Staff spoke in a compassionate way when referring to people using the service. One staff member told us, "We provide person-centred care. I really enjoy my job, we have enough time to spend with people."
• People and relatives told us staff were kind and caring. One person said, "They try very hard and have supplied staff at short notice. They are well trained and always the same staff." Another said, "Staff are respectful and all very pleasant, the service is lovely."

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives were involved in the decision making when reviewing care plans. One relative told us, "We work well with Helping Hands, the management team [named] come in and I can talk with them. We wouldn't consider going anywhere else, as it works."
• Care plans had a consent page where people signed demonstrating people consented to care and information sharing.
• People told us they were asked about care requirements at the point of care delivery, providing them with choice and flexibility with their care.

Respecting and promoting people's privacy, dignity and independence
• Care plans were person-centred and written in a way that promoted privacy, dignity and independence. One care plan read, "Please ensure I am covered with a towel when attending to my personal care."
• Evidence of personalised care was written in the care notes. Staff documented what the person was able to do at the time of care delivery and the assistance they required.
• People spoke about dignity and one said, "I am always treated with dignity, they are careful about that. I feel they look after me very well. They are all very good."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Care plans were holistic and person-centred. People and relatives told us they were very much involved in the planning and their views respected.
• Communication was noted as a concern at the last inspection, with comments around the service not returning calls. During this inspection we found there had been a marked improvement.
• We discussed communication with the registered manager and branch manager who said they had looked at different ways to improve the communication with people and their relatives. They contacted people or their relatives individually through phone calls and questionnaires are sent out to gain feedback on performance
• People and their relatives told us communication was good. One person said, "We can always speak to the manager on the phone." A relative told us, "Communication with the office is really very good either phone calls or emails. We know the people in the office."

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.
• The provider was meeting AIS and the service had accessibility to a variety of communication aids if required such as information in braille, large print or different languages.
• Care plans identified people's communication needs and the registered manager told us about one person living with dementia who used a small chalk board to aid memory.

Improving care quality in response to complaints or concerns
• The service had a comprehensive complaints policy with clear guidance for management to follow.
• People were given the complaints policy when they joined the service which provided details of how to make a complaint.
• Complaints were directed to the provider at their head office for auditing of all services in the group to observe for any common themes.
• People and relatives told us they were aware of how to make a complaint and were confident it would be dealt with appropriately.

End of life care and support

• At the time of inspection, there was no one receiving end of life care.
• Where appropriate, care plans had information about decisions taken for 'do not attempt cardiopulmonary resuscitation' (DNACPR). This is a way of recording a decision a person or others on their behalf had made, that they would not be resuscitated in the event of a sudden cardiac collapse.

Good

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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
• The registered manager and branch manager had the knowledge and experience to lead the service. They worked well together providing and open and positive culture.
• Staff told us they felt supported by the management team. One staff member told us, "There is always someone to ask. The company is brilliant, they will listen and always help out." Another said, "There is always someone at the end of the phone, always there to support us."
• People and relatives were confident in the service. One relative said, "I popped into the office today. They are always polite. I have a good relationship with them."
• The management team had introduced different seasonal gifts ideas to provide inclusiveness for the people using the service. For example, for the winter month, packets of hot chocolate drink with marshmallows were gift-wrapped and given to people and staff.

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 provider has a number of services in the group and the monitoring of each branch service is conducted from head office. The registered manager understood duty of candour and said they felt supported by the provider.
• The management team visited people in their homes undertaking spot check calls. This gave people an opportunity to talk directly to the management team.
• Management undertook competency observations on care staff. One staff member said, "Managers often come out and supervise through spot checks." Another said, "They do spot checks frequently."
• The area manager consulted with the service management team regularly to oversee practice with the aim to continually improve standards.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Each person in the management team was clear about their role, with shared ideas and ethos around standards of care.
• Staff spoke positively about the service. They were confident in the training they had received, and skills gained to undertake their role. They told us, "It is a very good company, the training is really good, I am learning all the time." Another said, "I love it. I have just finished the care certificate. The trainer was really helpful, the training was very thorough."

• Regular staff meetings were held. Staff told us that they could contribute and felt listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Keeping people, relatives and staff informed of activities at the service was an area the management team had focused upon. Social media was used effectively to inform about topics of the month or to focus on areas of interest.
• Regular bulletins provided information for staff on current practices.
• People and their relatives were asked to provide their opinion on care practices and the service through telephone quality assurance calls and customer survey forms.

Continuous learning and improving care
• The provider promoted shared learning through branch meetings for managers from each service in the local area. This provided an opportunity to meet and share good practice ideas.
• The management team regularly sent out training information to staff informing them of different courses and learning opportunities. Staff told us, "They always keep us informed of training courses" and, "They are very good at providing updates. They are always sending out information about different courses, which I like."

Working in partnership with others
• The registered manager and branch manager recognised that loneliness and isolation were one of the concerns of people living alone. They worked closely with community organisations to signpost people towards, such as Aged Concern luncheon club and Alzheimer's Society through Dementia Friends.
• The service had developed links with the local hospice and care home to provide a network for shared learning.