Midshires Care Limited

Helping Hands Chichester

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Helping Hands is a domiciliary care agency (DCA) providing personal care to people living in their own homes. At the time of this inspection 21 people were supported with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People received safe, personalised and responsive care. However, care records relating to people's health did not always reflect the care being delivered. Improvements were required to ensure the information contained within people's care records was personalised, consistent and accurately reflected people's current care and support needs. Staff were knowledgeable about people's needs and people's safety had not been impacted.

Seven days prior to the inspection, staff had started to communicate information between themselves in real-time through an electronic application on their personal mobile phones. The provider had not ensured this process was secure. The registered manager took immediate action to stop this practice at the time of the inspection.

People said they felt safe and were protected from harm. A person said, "I felt safe with them, they put me at ease because they were very friendly. They did wear badges, so I knew who they were, and they were on time." Staff had a good understanding of what safeguarding meant and the procedures for reporting any issues of harm to people. All the staff we spoke with were confident any concerns they raised would be followed up appropriately by the registered manager.

There were enough staff to care for people safely, with staff and people using the service telling us current staffing arrangements were sufficient. Staff said their rotas were well managed, with sufficient travel time between each care visit. A relative said, "They are very good, they send in people every day and are very helpful and organised." The staff recruitment procedures ensured appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Medicines were managed safely by trained staff. Effective practices were in place to protect people from infection. Staff received supervision and appraisals to support them in their role and identify any learning needs and opportunities for professional development.

Senior staff carried out spot checks to monitor the quality of the service provided and to seek the views of the people who were supported. People had a choice of meals and told us they had plenty to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received appropriate healthcare support as and when needed and staff knew what to do to request assistance. Complaints were investigated and managed appropriately in line with the provider's policy.

The service worked in partnership with other agencies to ensure quality of care across all levels. People, relatives and staff were encouraged to provide feedback about the service. There was a culture of openness and transparency. Staff were positive about the management and leadership of the service.

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

Rating at last inspection
This service was registered with us on 15 January 2019 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 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? 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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Helping Hands Chichester

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
This inspection was carried out by two inspectors.

Service and service type
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
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 14 January 2020 and ended on 16 January 2020. This included phone calls to staff, people and relatives. We visited the office location on 14 January 2020.

What we did before the inspection
We reviewed information we had received about the service since the service registered. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six staff including the area manager, registered manager, care coordinator, care training practitioner and two care workers. We reviewed a range of records. This included four people's care records and medication records. We looked at three 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 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.

This is the first inspection for 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

● Risk assessments relating to people's specific health conditions varied in completeness. Guidance was not always provided to ensure staff knew how to mitigate these risks. People's safety had not been impacted and we have covered the inconsistent documentation of risks to people in the well-led section of this report.

● The staffing team were well established. This meant only staff who were familiar to people were supporting their assessed needs. People and relatives we spoke with said they felt safe and the quality of care delivered was safe. A relative said, "I have no doubt about [persons] safety."

● Risk assessments which were completed included eating and drinking, moving and handling, supporting people's breathing and for supporting personal hygiene. These were based on individual needs and were updated monthly or more often, when needed. Staff said these provided them with enough guidance to support people safely. A relative said, "They are very good, they always contact the warden or me if there are any issues."

● Before a person received a service, an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors or with electrical appliances, and to look at ways to minimise risks.

Systems and processes to safeguard people from the risk of abuse

● People felt safe with the staff who supported them. A relative said, "[Person] feels safe and feels they are always very efficient. I live a long way away and [person] looks and feels well looked after and is treated very well by staff."

● Staff had received training in how to safeguard people. One staff member said, "I would report concerns to the manager, the local authority safeguarding team or the area manager, but I have never had to do so." Staff knew what signs to look for to keep people safe from harm or abuse.

● Up to date procedures were in place for staff to follow. Staff had identification badges to identify themselves, so people could be assured they worked for Helping Hands.

Staffing and recruitment

● People said staff were punctual and always stayed for the allotted time. If staff were delayed, people said they were contacted by telephone for further updates. A relative said, "They appear to have enough staff and they have never failed to turn up."

● The scheduling of calls meant staff had sufficient travelling time and this ensured people received their calls on time. An on-call service was available should people experience any emergencies or staff required support.

● Recruitment procedures were safe. Staff underwent a satisfactory Disclosure and Barring Service (DBS) check before commencing employment. The DBS check helps employers make safer recruitment decisions in preventing unsuitable potential staff from working with people.
● People were introduced to new staff before they started to provide support. The registered manager said they always ensured people using the service met their care staff before they started supporting them. People confirmed new staff were introduced by the care coordinator and/or care training practitioner to support continuity of care. People said this provided them with assurances of who would be working with them.

Using medicines safely
● The service safely supported people with the administration of medicines.
● People said they were happy with the support they received to take their medicines.
● Care plans and risk assessments described the support people required to ensure medicines were administered safely. People who required medicines on an 'as needed' basis had a written plan to ensure staff knew how and when to administer them.
● We reviewed four people's medication administration records which were all completed accurately with no missing signatures. Records showed, and staff confirmed, they received training to administer medicines safely. Observations of staff competence were carried out annually.

Preventing and controlling infection
● People were protected from the prevention and control of infection. Staff were provided with protective clothing such as gloves and aprons and there was information in people's care plans about the prevention of infection.
● Staff were trained in infection control and there was a policy and procedure in place which staff could access. Staff demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before and after supporting people with their personal care. When asked how they minimised the spread of infection one staff member said, "By wearing aprons and gloves. Washing our hands before and after medication, doing personal care and preparing food."

Learning lessons when things go wrong
● Incidents and accidents were reviewed to identify any learning which may prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded. This was to establish patterns and monitor if changes to practice needed to be made.
● Information gathered from incident and accidents fed into broader analysis to support lessons learned. For example, analysis of a concern for a carer's and person's health after they experienced carbon monoxide poisoning had identified a safety issue at another of the provider's branches. The provider identified staff and people could be at risk of not safeguarding themselves or others against this type of poisoning. Following this the registered manager provided staff with the symptoms of this illness. Details were shared with staff on what to do if they suspected carbon monoxide was happening in any person's own home. Safety tips on how to prevent this in people's home were provided as well as instructions and numbers to call if they suspected this in their own homes. Another person had experienced suspected sepsis. An information leaflet was shared with staff and people as a result in how to spot signs of sepsis. Explaining what it was and who to contact if this was suspected. This better equipped people to take action early to prevent serious health implications. This support and guidance also helped to reduce the likelihood of similar incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

●The provider ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place. One relative said, "First visit was at the weekend, [registered manager] came around a week ago, we had a discussion, identified what [persons] needs were and what the company could do. [Person] was involved in that as well. We went away with the knowledge someone was coming around to make sure everything was alright and then again in the morning. [Carer] came in, they had a chat with [person] and got to know her, about her interests. It was reassuring."

● Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence (NICE) guidance, data protection legislation, oral health and standards relating to communication needs.

● The provider ensured people were cared for in line with the Equality Diversity and Human Rights Act (EDHR). People were provided care and support that ensured they were not discriminated against. For example, people with protected characteristics such as a physical disability had plans to ensure they were supported appropriately. This meant equipment to maintain their safety and allow them to receive effective care was in place and used according to meet their needs.

Staff support: induction, training, skills and experience

● People and relatives told us staff had the skills to meet their needs appropriately. One relative said, "[Person] says the older carers are more experienced on the whole and require little guidance; and she just asks the younger carers what she would like, and they have never failed and always use their own initiative when they are concerned."

● Staff were provided with the training they needed to work effectively with people. This included training in safeguarding, moving and handling, equality and diversity and infection control. Training related to people's specific and diverse needs was also provided which included, s catheter care, ear and eye drops, using an inhaler, and using surgical stockings.

● The care training practitioner told us they enjoyed their role as they liked to make a difference. They told us, "We support carers so they are comfortable to go out and give effective care to people. Staff do online training first, then they come in, I ask them to show me what they learnt on the video. We go through it practically. They are all competency assessed in catheter care, using a hoist, communication, and medication."

● One staff member told us that they had identified an additional area of training that could benefit their role and the needs of the people they supported. They told us, "One area was catheter training. I got in touch with the office and they taught me how to do it. I shadowed another carer." Another said, "I have been supported for my training and if there is anything I want to do, I tell them in the office. We had specific

training for dementia care and catheters." Another said, "The trainer is good, she puts you at ease. If you are not feeling confident, they make it quite straight forward for you to follow. Once we have completed the training, if you are still not confident, then they will shadow you until you are confident. While shadowing you they will complete a competency assessment to make sure we understand what we are doing, able and confident."

● New staff completed a comprehensive induction, which included shadowing experienced staff. One staff member commented about their induction, "It was very helpful. I was shadowed. They provided shadowing for as long as I needed. They were very supportive." New staff studied for the Care Certificate covering 15 standards of health and social care topics. These courses are work-based awards that are achieved through assessment and training.

● Staff received regular ongoing support. This included two supervisions per year, quizzes, competency checks, two direct observational checks per year and annual appraisal meetings. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed as well as considering any areas of practice or performance issues. Staff told us they found these meetings useful.

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

● Staff supported some people with food preparation and people said they were happy with the support they received.

● Staff were trained in food safety and were familiar with people's needs and preferences. Staff commented there was a lot of information in the care files and people told them what they wanted, which people confirmed.

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

● People were supported to live healthier lives and were supported to maintain good health. The service worked alongside GPs, district nurses and involved dietitians when required. One relative said, "[Person] takes her medicines herself and there was one instance when the DCA believed [person] may have taken an overdose, so they phoned the doctor and assisted [person] to the hospital. They are very good and very helpful."

● Records confirmed advice obtained from health and social care professionals was transferred into care planning. This enabled all staff to have the most up to date information on how to support a person's needs.

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

● No-one who used the service was subject of an order made by the Court of Protection that resulted in the care being provided restricting their liberty, rights and choices.

● Staff received training and understood the principles of the MCA and how they applied to their day to day

work. One staff member said, "This is to do with customers capacity and decision making. There are principles which protect the person, to ensure we are not making decisions for them. You always assume capacity unless assessed otherwise. We can only make best interest decisions if a customer's capacity is being questioned, and they have been assessed as not having capacity. Best interest decisions need to be made by people involved in that person's life, like their relatives, a GP, maybe an advocate and us."

- People were supported to make their own decisions and choices and staff only provided care with consent where people had capacity.
- The service was quick to respond when people's mental capacity had shown signs of deterioration. They had liaised with families and appropriate referrals had been made to social workers, so meetings could be arranged, to make decisions in their best interests if required.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

● Staff described how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. A relative said, "The staff are very respectful. I am entirely satisfied."

● Staff supported people to maintain their independence. A staff member said, "I listen, ask, and provide options to customers so they have a choice and they can be independent." Another staff member said, "We have a lady who likes to wash her own face and top half, so obviously we encourage this." Care plans included details of the level of support people normally required with personal care tasks. One person said, "I am very independent, and I want to do what I can for myself for as long as I can. They (staff) understand this. Sometimes they will help with preparing my breakfast and lunch, do the dishes but other times I will already have done this by the time they arrive. Or I will tell them not today thank you." Records showed people were encouraged to do as much for themselves as possible.

Ensuring people are well treated and supported; respecting equality and diversity

● People we spoke with said they felt care workers who provided their support were kind, nice and caring. A person said, "The girls I have met are very lovely and caring."

● Staff had received equality and diversity training and the provider had an equality, diversity and human rights policy, which set out how to support people, and staff, from diverse backgrounds. Staff demonstrated a good understanding of this training and were able to give examples of how they ensured people were not discriminated against and were treated equally.

● Care plans included a section on people's cultural, religious and gender preference of carer. Where people preferred to have a certain carer, this had been facilitated. This showed the provider tried to meet people's preferences in a caring and kind manner.

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

● People confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "I am fully involved in how the care is planned. My relative is involved which is what I like and have asked for." People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.

● Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and what they needed help with.

● We saw where a person had the capacity to consent they had usually signed their care plan to show they

had agreed with the planned support.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

● People received personalised care in line with their preferences, interests and needs. The quality of care plans was inconsistent in terms of the quality of information recorded. The majority of care plans we reviewed contained high levels of good, person centred detail, other care plans did not. We have covered this in further depth, in the well-led section of this report.

● People and their relatives said they had not been impacted by this and felt they received a personalised service. A relative said, "They know [person] as much as they can. The carers know [person] and are interested in her family and what [person] wants to do for the day." Another relative said, "They're very easy to work with and very responsive. They will email me if [person] needs shopping and it is the speed at which they deal with things that I feel reassured."

● From our conversations with care staff, it was clear they knew people well. A staff member said, "I treat people the way you would like to be treated yourself by encouraging independence." Another said, "We deliver care and support in a way that is personal to the customer. A person being able to do what they can for themselves, as much as possible. Making sure we are not putting people in boxes, because of their age and ability."

● People's care plans included specific guidance for staff on the tasks to be completed during each visit. Staff were provided with a document, 'all about me' which included people's life histories, routines, interests and hobbies. Additionally, people completed a document titled, 'who and what is important to me', which provided staff with an overall objective for the planned support. This information helped staff provide individualised care and ensured people's priorities were respected.

● For example, one person's 'who and what is important to me', stated, 'Being independent. Being able to complete tasks I am still able to do. I enjoy nature and like to get out.' The documented informed staff the person had 'a lovely big garden [person] likes support to access.' Record of the persons review confirmed staff supported them well in doing this and how it had positively impacted their life. One staff member said, "The customer who I am with today, I have been visiting over a year. She likes to look at magazine and papers, when I am doing her shopping I always pick these up. She likes holiday brochures, I get these for her, she used to travel a lot with her husband, so we talk about that, and look through the places she has been."

● Staff completed hand written daily records at the end of each care visit. These records were informative and included details of the support provided, any changes in people's needs alongside a record of staff arrival and departure times.

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.

● During the initial assessment stage, people were asked if they needed information presented in a particular format. The registered manager said no person to date had needed different formats.

● The registered manager said if people needed information in any other format they would accommodate this. Care plans instructed staff when people wore glasses and advised pf the importance of keeping these clean. This meant people were supported effectively.

Improving care quality in response to complaints or concerns

● Complaints were managed in line with the provider's policy. People and their relatives said they were confident any issues they raised would be listened to and acted upon.

End of life care and support

● The registered manager told us at the time of this inspection, no one was being supported with end of life care and palliative care needs. However, the registered manager said the service had previously provided end of life care to someone prior to our visit. Family members had complimented the service and staff on their kindness and care.

● The service had a policy and procedure for end of life care to support staff in meeting people's needs. Where people already had advanced decisions regarding end of life care and treatment, this was identified in their care plans.

● Some people had Do Not Attempt Resuscitation (DNAR) documents. Where this was the case, their care plans clearly identified where these could be found.

● People were encouraged to adopt the 'message in a bottle' scheme. This was guidance produced from the NHS ambulance service designed to encourage people to keep their personal and medical details on a standard form and in a common location like their fridge. It helps ambulances and paramedics to find crucial information in an emergency. Each person had been supported to do this where assessed.

Requires Improvement

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

● Overall the management team and staff had considered and respected people's right to confidentiality. However, seven days prior to the inspection, the registered manager had agreed for staff to use their personal mobile phones to share information about people's needs through an unprotected mobile application. This method of communicating and sharing information about people was not secure. We identified two occasions where information shared had put two people at risk of being identified.
● The registered manager did not have a system to monitor the use of the mobile application and relied on other senior staff in the monitoring of its use. The registered manager was not aware until we informed them, they had not complied with the providers 'customer confidentiality policy.' Which states: 'Each Customer has an absolute right to confidentiality and privacy regarding the services they are receiving in accordance with General Data Protection Regulation and Human Rights Act 1999 and the agreement with the organisation.'
● The previous registered manager deregistered and left employment in October 2019. The new manager commenced and became registered in December 2019. The registered manager told us, as part of their initial time with Helping Hands, during the care record review process they had identified a number of care records still requiring attention to ensure there were no gaps in guidance for staff around health issues and not all records had been personalised. This supported our findings.
● Some risk assessments did not clearly outline the risks to people and how these risks were being managed by staff supporting them. For example, for one person had a catheter bag, which instructed staff it may need changing. There was a lack of written guidance on the type of catheter bag used, which leg it should be placed against, if any, how often it should be emptied, what an infection may look like and what action to take. Another person had epilepsy, the guidance was generic and not person specific. The guidance lacked what type of seizure the person may experience and how staff should respond. Another person with osteoporosis did not have a risk assessment. People with osteoporosis are more at risk of bone fractures and additional pain/aches. While staff understood people's needs and supported them safely, these were not always clearly recorded.
● Although plans were already in place to address the issues we found, these had not all been actioned. We will not be able to confirm if sufficient action has been taken until we next inspect the home.

● In response to our concerns about how the information could be accessed by others, the registered

manager gave assurances they would stop using the mobile app with immediate effect. The information which could have identified two people was immediately destroyed, this was shown to the inspector at the time of the inspection.
● Following the inspection, the registered manager told us, 'The group is deleted, we are looking into pin protected accounts. This has also been escalated to other managers and teams throughout Helping Hands.' This provided assurances if the providers other locations were using the same mobile application they could review this practice.

● The management team carried out spot check visits to people's homes to observe the care practice delivered by staff. These were carried out to ensure that staff were effective in carrying out their role, this included assessing if staff arrived on time for each visit, followed good infection control procedures, respected people's privacy and dignity and followed the care plan. Records and staff confirmed this. Other audits included infection control, medicine, communication and health and safety.
● Staff knew their roles and responsibilities and were clear about their tasks. This was confirmed by the people we spoke to.
●The provider demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
● The registered manager was aware of and understood their responsibilities in relation to the duty of candour. There was an open, inclusive and transparent culture in place with the registered manager operating an open-door policy where people and staff told us they felt comfortable to raise concerns.
● Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
● Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
● Records showed the registered manager held monthly team meetings for the staff. Meetings were well planned and included a clear agenda which staff had contributed to. We noted discussions were focussed on improving care for people using the service. Each team meeting had been planned with a monthly 'Hot Topic'. For example, medication, team building activities with a take away or bowling, your wellbeing at work, dementia care, skin Integrity, accidents, incident reporting and the duty of candour. The registered manager shared important information at the meetings to ensure staff had enough knowledge.
● Staff told us they were given opportunities to share ideas and make suggestions to improve the service at team meetings, supervisions and as and when they wanted to.
● People's feedback was regularly sought through reviews, 'spot checks', telephone calls and questionnaires.
● The information was used to drive improvements. We reviewed the outcome of recent surveys and saw that people had expressed a high level of satisfaction with all aspects of the service. Feedback from people and relatives included, '[Carer] was very helpful, good information. Friendly but professional.' 'This is a fabulous service and all the carers I met were very professional, helpful and adaptable.' '[Person] felt that that she received excellent service and things were fully explained' and 'It's a good service. Accurate and on time. Good professionalism of staff and treated with dignity.'

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and relatives told us they found all staff to be approachable, from care staff to management. One relative said, "They are well-managed. It means I do less for [person] and I can do other things." The relative

shared how this had benefitted both their loved one and themselves.

● Helping Hands had a clear set of values and a vision staff understood and followed in practice. The provider recognised the importance of valuing staff and investing in their training and daily support. The service's values were explained during induction training and revisited at staff meetings, supervision and general contact with staff. The culture of the service was open, transparent and supportive with an honest and enabling leadership in place.

● Staff told us they worked within a caring and supportive team where they were valued and trusted. A staff member said, "The values of the company are listening and understanding; and focus on the customer. I love the customers and the job." Another staff member said, "I support customers in their own homes. To make sure they can stay in their own homes as long as possible. I feel very happy and the customers are lovely." Another staff member said, "We are caring, building on people's success, shouting about how good a carer is, without the carer we don't have a business. We focus on people and being responsive to their needs. Listening and understanding people's needs."

● The provider recognised staff working in the community could feel isolated at times and the welfare of staff was paramount to the continued delivery of high-quality person-centred care for all the people that used their service. Each weekly memo to staff started with a positive quote. The registered manager said, "We do this, because they (staff) can be so on their own out there, it can boost them a little bit." The leadership team set up wellbeing events for staff which included, team building, working in pairs to build jelly babies and spaghetti houses, having a 'come to work as an Elf day' and providing Christmas pamper sets for each staff member. These events were well attended and from the pictures we saw staff were clearly enjoying themselves.

● Staff had won 'Carer of the Month' awards. Prizes were personal to the individual that won, which relied on the management team getting to know staff's personal interests. For example, the registered manager said, "One carer loves anything sparkle, unicorns and anything gold. So we bought them sparkly pens, note pad in gold and a unicorn pamper set. The carer does a lot of sleep ins for people, so the idea was to give them something they could use to go home and relax. Another carer loved flowers, chocolate and wine so she got that."

● Staff morale and a team spirit throughout the work force was good and staff were committed to their work with their colleagues. One staff member said, "The service went through a bit of a dip with sickness and people leaving but now morale has picked up with the new manager, who gets on with everybody. We had a Christmas meal together which was good." Another staff member said, "The manager is very approachable, and morale is a lot better than what it was. I definitely think this is a good place to work. It is a rewarding job because of the customers. The office staff are very helpful, and [registered manager] has really stepped up as the manager and is doing really well."

● The registered manager had introduced a 'Our Hands Help' at the office. There was a wall with a tree on it, with hands as leaves. In each hand was a person's name and the date they started using Helping Hands. A caption stated: 'Our Hands at Chichester Branch, Help so many lovely people.' The registered manager said this was to celebrate and remember each person who had received a service.

● Helping Hands had received a number of compliments from people and families. Since Helping Hands had registered they had received over 14 compliments. Comments included, 'Thank you for the excellent help I have had from your staff over the past two months. It has contributed a great deal to my progress. Helping Hands is to be congratulated on the impressive standard of carers.' 'Your team are simply wonderful and such lovely people. We can't thank you enough' and 'Just wanted to say how happy we are with the help we are getting from your lovely team.'

● People said they were very pleased with the service. People and relatives said they would recommend the service to others. One person said, "I am very satisfied and would recommend to my friends because I am very satisfied."

Working in partnership with others

● Helping Hands worked in partnership with other organisations to support care provision. For example, the local district nursing teams, GPs, occupational therapists and physiotherapists. This was to meet and review people's needs. For example, for the arrangement of essential equipment being delivered to people's homes to enable them to return safely from hospital.

● Staff recognised the importance of enabling people to maintain their local links and sign posted them to groups and activities that may be of interest to them.