

Midshires Care Limited

Helping Hands Chigwell

Inspection report

68 The Broadway
Debden
Loughton
IG10 3ST

Tel: 02037648731
Website: www.helpinghands.co.uk

Date of inspection visit:
23 April 2021
07 May 2021

Date of publication:
11 June 2021

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 Chigwell is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was providing support to 75 people with 54 people receiving 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

The service had systems in place to keep people safe. People and their relatives told us they felt comfortable and safe with the staff. Staff had received training for adult safeguarding, knew how to raise a concern and were confident it would be dealt with appropriately. The service had not received any complaints within the last year and people told us any concerns raised were dealt with promptly.

Care plans were person-centred and contained clear guidance for staff. People were involved in their care planning. During the COVID-19 pandemic the service continued providing care plan reviews through telephone calls or video communication which people and their relatives appreciated.

Risk assessments were completed, and processes put in place to mitigate risks. 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.

Staff recruitment practices were effective. Staff followed an induction programme, via online and practical training and shadowing experienced staff. The registered nurse oversaw clinical training and the senior team conducted competency observations which ensured staff were confident in practice. Staff received regular supervision to monitor performance and to identify any training needs. Staff meetings were held to share good practice and to discuss current issues.

Staff spoke with compassion when referring to their role and the people they cared for. Staff told us the registered manager and the management team were approachable, supportive and always contactable. Staff told us they felt listened to and valued.

Safe infection prevention and control practices were followed. People told us staff always wore personal protective equipment (PPE). People received care from a regular staff group who never missed a call. People told us staff were kind, treated them with dignity and respect and promoted their independence.

Quality assurance monitoring was conducted through regular audits and staff spot checks. The service had a management structure in place to ensure continued oversight of the service. The registered manager

spoke with enthusiasm about the service and led by example. The registered manager received support from organisation's senior team and management meetings were held with other branch managers to share good practice.

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 4 July 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?

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 Chigwell

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 two inspectors. To support the inspection, one inspector reviewed records and contacted staff who were working for the service, to gain their view. One inspector visited the service location. An Expert by Experience assisted with telephone calls to people and relatives to gain their view of the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 a short notice period of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started 23 April 2021 and ended on 7 May 2021. We visited the office location on 30 April 2021.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service. The provider was not asked to complete a provider information return prior to this inspection as this requirement had been suspended due to the COVID-19 pandemic. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, carer training practitioner, care coordinator and care staff.

We reviewed a range of records. This included four people's care records and multiple 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.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt comfortable and safe with the staff who visited them. One person told us, "I feel safe with the staff, they are really friendly and put me at ease." One relative said, "I have seen the staff with [family member] and they are wonderful with them and you can see that [family member] feels safe."
- The service had systems in place to keep people safe. The service had safeguarding and whistle blowing policies and procedures which contained a dedicated whistle blowing email address and telephone number where staff could raise concerns confidentially.
- Staff had received safeguarding training and were aware of how to raise a concern and were confident it would be dealt with appropriately.

Assessing risk, safety monitoring and management

- Risk assessments for the environment and equipment were carried out by senior personnel. Care plans recorded people's individual emergency evacuation procedures with guidance for staff to affect a safe evacuation in the event of a fire.
- Information about how to use items of equipment was clearly documented, for example we saw one care plan stated the height the profiling bed should be before staff left the person's home. When people received new equipment such as a hoist, staff were provided with training to ensure they were confident and safe to use it. One person told us, "They [staff] have never been unkind or unprofessional, they are trained to use the hoist."
- People's personal care needs were assessed and documented in their care plans. These were clearly written providing guidance for staff on the support the person required to meet their needs.

Staffing and recruitment

- The service had an effective recruitment process in place. Staff recruitment files contained the required checks to ensure recruitment was safe, including identity confirmation, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- Staff told us they had enough time to spend with people during visits and they never felt rushed.
- The service had enough staff to meet the needs of the people they provided care for.
- People appreciated being visited by the same group of staff and told us that staff had never missed a call. One relative told us, "I think my family member feels safe with the staff, they have a good relationship with the core group of staff, and they have never missed a call to go and see them." People told us that if staff were going to be late, they were notified. One relative told us, "There was one instance where the staff member couldn't attend because of an unexpected emergency and [registered manager's name] came around to do the call."

Using medicines safely

- The service had a comprehensive medicine administration policy which provided clear guidance on medicine management.
- Staff received training in medicine administration and observational assessments were carried out to ensure they were competent to administer medicines.
- Medicine administration records (MAR) were regularly audited and demonstrated that medicines were given as prescribed. One relative told us, "[Family member] have their medicine dispensing followed to the letter and is on a separate list in the folder. They [staff] let me know when [family member] is running out of medicines."

Preventing and controlling infection

- Staff had received training in infection prevention and control, including donning and doffing of PPE. Senior staff observed staff with their handwashing procedure and attained their understanding of infection prevention as part of their competency assessment.
- Staff were kept updated in changing guidance in relation to COVID-19. A COVID-19 risk assessment tool was used to reduce the risks for those clinically vulnerable from COVID-19.
- Staff told us they had enough stock of PPE and always wore it. People and their relatives confirmed staff wore PPE. One person said, "I'm quite vulnerable medically but I trust them around me as they wear PPE."

Learning lessons when things go wrong

- The registered manager told us when things went wrong they shared lessons learned with the staff.
- The provider held regular management meetings with the registered managers from local branches and any lessons learned were shared at the meetings.

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 registered manager told us when they visited people for the first time, they spent time getting to know the person, carrying out an initial assessment to ensure the care planning met their needs. The service had an alert system in place which notified them when care plans were due for review.
- Where a person required specific risk assessments for clinical practices such as stoma care, the registered nurse employed by the service reviewed the care plan and ensured staff were trained and competent to carry out the task.
- Policies and protocols provided guidance for staff and referred to legislation and good practice guidelines.

Staff support: induction, training, skills and experience

- Staff completed an induction programme which included the provider's mandatory online training. The service had a training room where practical workshops for topics such as moving and handling were conducted. Training on clinical subjects were overseen by the registered nurse.
- Practical experience was gained through shadowing experienced staff and by following 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.
- Staff confirmed the induction programme and training was good and prepared them for their role. One staff member told us, "We had enough training and you can always go to anyone for help." Another said, "The training made me feel confident and we also learn from each other. I am impressed with every staff member I have worked with. They are all really caring."

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

- Staff were trained to assist people with different nutritional and hydration needs.
- People told us staff assisted them with preparing meals. One person told us, "They [staff] help me get my dinner ready. They always leave the kitchen clean and tidy."
- Staff told us they gave choice at mealtimes. One staff member said, "We always give choice. I had one person who didn't want the heavy meal prepared and I made them a sandwich instead."
- Care plans contained good detail around the nutrition and hydration needs with clear guidance for staff on how people took their meals including portion size and what the person could do for themselves.

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. People told us they received the services of specialist professionals including the district nurse and diabetic nurse. One relative said, "The

staff work well with the district nurse and staff will let us know if there are any concerns."

- The registered manager said if they were concerned about a person's mobility, they would seek advice from the occupational therapist.
- Care plans identified where health and social care professionals were involved in people's care.
- The service worked closely with the community team. We saw from office records there had been a compliment from visiting professionals who spoke of staff being "Compassionate and incredibly helpful. Staff understood what needed to be done in the best interest of the person."
- Staff told us they knew how to refer people to the GP or call emergency services if the person was unwell. People confirmed they believed the staff would call for assistance if required. One relative told us, "Staff found [family member] on the floor when they visited. The staff member was brilliant, they phoned for an ambulance and stayed with [family member] until it arrived. The office phoned me to let me know what happened."

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

- The service was working within the principles of the MCA. Care plans identified that MCA assessments were completed when required and included consent to receiving care. Where relatives were involved in providing information or advocacy, this was documented.
- Staff were aware of the MCA and gave examples of how to approach people with limited mental capacity to ensure people were able to make a choice.

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.

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

- People told us they were treated with kindness and staff were respectful. One relative said, "The staff are good, and they are mostly the same staff which has helped [family member] build up a good relationship. The care and support they have received has enabled them to stay in their own home." Another said, "[Family member] has one main staff member who is like a breath of fresh air, they are confident, chats and is kind and caring."
- Staff spoke with compassion when describing their role and the people they cared for. One staff member said, "I love helping people, everyone is different, I really like it." Another commented, "I enjoy the variety of people who I provide care for. I believe I am making an impact in their life."

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

- People and their relatives were involved in the planning of care needs. Care plans were reviewed regularly.
- Staff offered people choice at each visit and people confirmed this. One person said, "I would highly recommend them mostly because of the empathy and care they take. I don't feel like a number."
- Surveys were conducted by telephone although written surveys were being considered. Surveys provided an opportunity for the service to gain feedback on the care provided and to establish what they have done well and where improvements could be made.
- Staff were aware of people's individual needs. One staff member said, "Every person has a different story, different needs. I like the work."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One relative said, "They [staff] respect [family member] privacy and dignity when carrying out personal care and I have witnessed this when I was visiting." One person told us, "They [staff] are caring and I feel no shyness as the staff treat me with dignity and privacy."
- Staff said they promoted people's independence with one commenting, "It is all about them not about me." Relatives made similar comments regarding independence stating, "The staff encourage my [family member] to do things, it's like they are rehabilitating them. [Family member] is quite independent but has prompts for medicines and getting breakfast" and, "They [staff] help [family member] to get up and encourage them to do things rather than them just doing it all."

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

- Care plans were person-centred and contained details on life history and interests. Care plans identified what was important to the person and what care they wanted and needed.
- Staff told us care plans were detailed and easy to follow. One staff member told us, "The care plans are informative. As a new staff member care plans are clear."

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 registered manager was aware of the Accessible Information Standard. They considered people's communication needs and provided the most appropriate support. For example, where the person's preferred language was used, the service arranged for a staff member who could converse in the same language to provide care. Another example of people who were non-verbal and understood lip reading, staff adapted PPE through using face shields.
- The registered manager told us, should specific aids be required to meet people's needs, they would be provided by the head office.
- People's sensory aid requirements such as glasses and hearing aids were documented in the care plan.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- There had been no complaints in the past year. The registered manager told us that any small concerns were dealt with quickly. One person told us, "I haven't had any complaints but just a couple of niggles. The office was great and dealt with it quickly." One relative said, "I think the service is very well led. I have no complaints but would know how to go about it if we did."
- The service monitored complaints, concerns, accidents and incidents weekly as part of their quality assurance protocols.

End of life care and support

- At the time of inspection, the service was not caring for anyone who was at the end of their life.
- Staff had not received any specific end of life training, and the registered manager told us this was being considered.
- The service had a system in place to review the care plan to incorporate end of life care when required, in

conjunction with advice from the registered nurse.

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 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 promoted a positive culture and led by example. Staff told us the management team were approachable, professional and always contactable.
- People had confidence in the management team. Relatives told us, "The registered manager is great, they came around at short notice to cover a staff member" and, "When the registered manager came out, they explained everything, I trust them."

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

- The registered manager and senior personnel understood duty of candour. Statutory notifications which were required to be sent to Care Quality Commission were forwarded in a timely manner.
- The registered manager understood their role and spoke enthusiastically about how the service was developing. Staff spoke positively about the registered manager and the senior team. One staff member told us, "The management team are really supportive, very professional. The management listen to you and I feel valued."
- The management team undertook spot checks to observe staff competency and to assess if further training was required.
- The service had a quality assurance process in place. Audits on areas of care provision including medicine administration and care plan reviews were undertaken to monitor standards, and to identify where improvements could be made.
- Staff meetings were conducted, and current topics were discussed for continual professional development.

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

- The service worked closely with health and social care professionals and referrals were made when required.
- People were informed by letter about COVID-19 and that staff would be wearing PPE.
- Care plan reviews had continued throughout the pandemic either by telephone or video communication. One relative told us, "I appreciated that they set up a video call between myself, the staff and the office just to see how things were going."
- The service provided communication through a newsletter and staff received a weekly bulletin with current

information about the service.

Continuous learning and improving care

- Staff told us the service promoted career progression and opportunities to undertake the national vocational qualifications (NVQ) in health and social care.
- The registered manager had support from senior management. The service held management meetings for local branch managers to discuss good practice ideas.