

Midshires Care Limited

Helping Hands Colchester

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 (Colchester) is a domiciliary care agency which provides personal care to people in their own home. The service supports some people on a 24-hour basis and others who may require support with personal care needs at specific times during the day and /or night. The service was supporting 43 people with personal care at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care.

People's experience of using this service and what we found

Staff had the right skills and experience to meet people's needs. A comprehensive induction and training programme was completed by all staff. Assessments were carried out to ensure people's needs could be met. Staff understood people's likes, dislikes and preferences and people told us they were offered choices about their care.

People were supported to have their medicines correctly and staff had been trained. Medication audits and spot checks were carried out. Systems and processes were in place to safeguard people from the risk of abuse. Staff knew how to prevent the spread of infection.

Assessments were in place which detailed people's needs and choices. Staff had been trained and were given regular supervision. People were supported to eat and drink in line with their assessed needs. 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.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided. Regular surveys were carried out with a range of people, relatives, staff and professionals. Information was

used to make improvements to 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 is a new service therefore this was the first time this service had been inspected.

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 well-led.

Details are in our well-led findings below.

Good ●

Helping Hands Colchester

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 one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we looked at information we had received about the service. This included any notifications from the provider. Statutory notifications included information about important events which the provider is required to send us by law. 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

inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff the registered manager and one care co-ordinator. We reviewed a range of records. This included eight people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

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



Our findings

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

At this inspection this key question has been rated as 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 safe. One person told us, "I do feel safe with the staff, when we are in the bathroom the staff make sure I walk and do not slip." Another person said, "I have two staff to use the hoist and I feel safe as the staff are trained to do the job. There have been no accidents.
- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.
- We saw examples where concerns had been raised, and investigations took place in line with the provider's safeguarding policy and procedure. The registered manager took appropriate action and investigated the concerns keeping all parties updated.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. Staff told us how they supported people to minimise the risk for example of falls or pressure sores.
- The risks to people and their home environment had been assessed and guidance was available to staff on how to support people safely. Any changes to people's needs were shared with staff and people's care records were updated.
- Risks to people's skin had been identified to minimise the risk of pressure ulcers. Body maps were kept with people's care records which showed staff where creams should be applied to prevent skin breakdown.

Staffing and recruitment

- Most care staff told us they had regular rounds which meant they got to know people well and people benefitted from continuity of care. Travel time was built into the rota, so staff had enough time to spend with people.
- People told us they have never had any missed calls and if their carer was running late the office would always telephone to let them know. One person told us, "I have regular staff on a rota and if I do not get on with a member of the staff they will be changed. I am in my wheelchair 24/7. The staff arrive on time and if they are going to be late they always let me know by phone. The agency can be flexible with time to meet my needs when needed."

- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely

- People received their medicines safely by staff who had been trained and assessed as competent to administer people's medicines
- People had medicine administration records (MAR) which staff signed to show they had given people their medicines. One person told us, "The staff apply my creams but I manage my medication myself."
- MAR sheets were audited monthly by the management team. These had been effective at picking up errors which were then investigated, and appropriate action taken, for example, supervision with staff.

Preventing and controlling infection

- Staff completed training in infection control. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.
- People told us they had no concerns around infection control. One person told us, "The staff are always washing their hands and use gloves and aprons and dispose of them properly."

Learning lessons when things go wrong

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

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 this inspection this key question has been rated as 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

- Assessments were in place, which considered people's physical, mental, and social needs.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people with more complex tasks, such as with specialist equipment there was detailed step by step guidance. Care plans were regularly reviewed and updated to ensure people's changing needs were met.

Staff support: induction, training, skills and experience

- New staff received a comprehensive classroom-based induction based on the care certificate which represents best practice when inducting staff into the care sector. New staff completed shadow shifts where they worked alongside senior staff to learn about the job role.
- The service ensured training was provided to staff which was regularly updated so staff's knowledge remained current. The training was of good quality, some of the training was delivered face to face and provided in-house. The service delivered its own manual handling training. One of the care co-ordinators was a train the trainer. The service had a fully equipped training room upstairs from the office. Staff told us they felt competent in their job role and were always able to ring the office if they experienced any problem. For example, with a person's hoist.
- Staff performance and competence was monitored through observations, spot checks, staff supervisions and annual appraisals. These support mechanisms were used to provide staff with ongoing support and identify any practice issues or learning needs. The service used a computerised system which monitored when staff training or supervisions/spot checks were due.
- Staff told us they had regular supervision meetings with the manager to support their development. Staff told us they felt very well supported by the management team. They told us when they phoned the office for help there was always someone to talk to. An out of hours on call system was in place so staff could ring at any time if they needed additional support or guidance. A staff member told us, "We have supervision. Everyone here is so friendly and supportive and the office staff are always helpful." Another staff member told us, "I will always ring or pop in to see [name of manager] nothing is too much trouble."

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

- People's health conditions were recorded as part of their initial assessment. Care plans included guidance for staff on how to support people to stay healthy.
- Records showed staff were vigilant in picking up on any health concerns and ensuring people received prompt treatment and advice. If staff noticed people becoming unwell this was immediately reported to the office team who made referrals to the relevant health professional.
- The service worked with a range of professionals such as district nurses and occupational therapists to support people to maintain their health and wellbeing.

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

- Where it was part of an assessed need staff supported people with eating and drinking. People's food and drink preferences were recorded and understood by staff. One person said, "The staff support me with some meals, I choose what I want, and they help with my breakfast and leaves me with some food and drink for later."
- Staff were trained in food hygiene and wore appropriate protective clothing to prevent contamination.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of 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.

- The registered manager and staff had a clear understanding of the MCA and put this into practice with the people they supported. They had been trained in the MCA and Deprivation of Liberty Safeguards (DoLS).
- Staff obtained people's consent before providing and support and respected their rights to make their own decisions.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question has been rated as 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

- The service had systems in place to ensure people were treated in a compassionate manner and equality and diversity was respected. People told us staff were kind and caring. One person told us, "If I am feeling down that person will sit and chat with me and not do the housework which is what I need."
- The impression was given by the people interviewed that they were made to feel they mattered to the staff and the staff wanted to support each person to meet their needs and treated them with the upmost respect at all times.
- People told us the staff went the extra mile by bringing them a newspaper or a pint of milk if they asked. The registered manager told us they tried to match people's interests with the carers allocated for them to have something in common. One person said, "The staff are very nice, kind people. They even make me a cup of tea. They will put out or fetch in the washing for me, I feel they go the extra mile to support both of us, and they know us very well. I would give them a score of 20 out of 10."
- Care plans included people's cultural, religious and gender preference of carer. Where people preferred a specific gender, this had been facilitated where possible. This showed staff treated and supported people without discrimination, and in a caring and kind manner. One person told us, "I have a male carer now, they asked me who I would like and have allocated me one I am very pleased."
- Staff spoke fondly of people they supported and knew their needs and preferred routines well. They were aware of how important the 'little' things were to people. For example, what toiletries people preferred and if they wanted support with perfume or after shave applying.
- Staff received equality and diversity training to ensure the needs of people were met. This specific training enabled each member of staff to have a greater understanding of any sensitivity surrounding each person.

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

- People were consulted and involved in their care and support. One person told us, "Someone came from the office and went through everything with the two of us and filled in the care plan in detail. The staff from the office come on a regular basis to make sure we are happy."

- Care plans were used to record people's preferences and how their care and support should be delivered. As people's needs changed, care plans were reviewed and updated. There was excellent communication between all parties. Staff contacted the office when there were any significant changes to a person's care to make sure they were up to date with the latest information. A staff member said, "Communication is really good, we are all kept up to date at all times about each person."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and staff could clearly explain how they supported people in a dignified and respectful way. For example, closing doors, curtains and using towels to cover people during personal care.
- Staff told us they knew the importance of encouraging people to do as much for themselves as possible. One person told us, "The staff are very discreet and tactful they are extremely professional."
- People's records were kept securely, and computers were password protected. Staff knew how to keep people's information confidential.

Our findings

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

At this inspection this key question has been rated as 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 and their relatives were involved with planning, and reviewing their care plan. Care plans were regularly updated to ensure staff had relevant information about people's needs.
- Care plans were person centred, considering people's personal choice and preferences.
- People's needs were constantly reviewed, and support was adapted as required.

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.

- People could have access to information in alternative formats if required. This included easy read versions or large print.

Improving care quality in response to complaints or concerns

- The provider had a system to log, respond, follow up and close complaints.
- Records of complaints were maintained, and these clearly showed actions were taken when a complaint was received.

End of life care and support

- People's care plans included their wishes for the care they would like to receive at the end of their life, and an end of life care plan was developed for people identified as end of life.
- People that were receiving end of life care had involvement from district nurses and the local hospice. Care plans were very detailed and updated daily if needed.

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 this inspection this key question was rated as 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

- People had confidence in the staff and the management team. The atmosphere was open and inclusive. Staff told us, "I feel fully supported by the manager and the office staff they are really approachable nothing is too much trouble." Another staff member said, "I never feel I shouldn't ask something if I don't know, there is always someone to help out. I feel we all work as a team and support each other."

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.

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

- A registered manager was in post and there was a clear structure of staff roles, and accountabilities which enabled the effective running of the service.
- The registered manager was well respected by all the staff team. They were enthusiastic and motivated and wanted the best for the people they supported. They had been in post for just over a year, when the agency was set up and had worked hard to ensure the company's systems and processes were fully imbedded to ensure people received a good quality of care.
- The registered manager was supported by two care co-ordinators and a clinical nurse trainer.
- Regular quality audits were carried out with timescales for any actions highlighted.

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

characteristics

- Staff meetings were held regularly and all aspects of the service were discussed, such as people's care needs and any new recording forms that were in place. For example, the medication recording sheet had changed and this was discussed during the staff meeting. Staff were asked for feedback on the form before it was fully implemented. The registered manager told us how they tried to ensure all staff could attend a meeting, by holding three or four meetings at different times of the day. Minutes were sent out to staff who were not able to attend.
- Regular spot checks were carried out by the management team to ensure staff were providing good quality care.
- Monthly newsletters were sent out advertising events that may interest people. For example, the dementia coffee morning that was taking place at a local care home. The newsletter also had clear details of who to call or email with names and telephone numbers if someone had a problem with the care being provided to them.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives.

Continuous learning and improving care: Working in partnership with others

- The registered manager told us they kept up to date with current legislation by using the internet and attending care conferences and using the local authority.
- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- The registered manager told us how they had invited the local community to use their training room free of charge, as their office was in the town centre they were aware how much it would cost local groups to hire a room. Yoga groups and a line dancing group as well as dementia friendly group meetings took place there on a regular basis.
- The office had a hygiene bank collection point which was where people could donate hygiene products to be distributed to disadvantaged people.