

Midshires Care Limited

Helping Hands Coventry

Inspection report

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Coventry
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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 Coventry is a domiciliary care agency providing personal care. Staff were providing personal care to 30 people. This included both older people (aged over 65) and younger adults, some of which, were living with dementia or physical disabilities, at the time of the inspection. 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 felt safe with the care staff who supported them, and risks associated with their care had been assessed and managed to keep people safe. Staff understood safeguarding procedures should they be concerned a person may not be safe.

People's needs were assessed before they started to receive care visits to make sure their needs could be met. Care plans confirmed how people should receive support and people's experience of their care visits were regularly reviewed to ensure these were completed in accordance with what had been agreed.

People were treated with dignity, respect and kindness. Staff knew people well and provided personalised care. 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's preferences for care were recorded in their care plans to ensure they received care and support in accordance with their wishes.

People received their medicines when needed them. Some improvements to medicine records were identified to make sure it was consistently clear how medicines had been managed.

Staff understood their responsibilities to maintain good infection control practices to prevent the spread of infection and people confirmed staff followed good practice when supporting them.

There were enough suitably trained staff available to meet people's needs, and enough time allocated to care visits to provide the support people required. People confirmed they received the support as agreed and spoke positively of the caring approach of staff. The provider carried out competency checks of staff regularly to make sure they continued to support people safely and appropriately.

Staff worked with other professionals to ensure people received support when needed. Staff supported people to make contact with health care professionals if required.

People knew how to raise any concerns with the agency if needed and confirmed these were responded to and actions taken to resolve them.

There was a quality monitoring system to enable the registered manager and provider to have oversight of the service, and make sure any improvements needed, were identified and acted upon.

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

Rating at the last inspection

This service was registered with us on 9 July 2018 and this was the first inspection to this service.

Why we inspected

This was a planned inspection following registration of the service.

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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well led.

Good ●

Helping Hands Coventry

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 an 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

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including care staff, the registered manager, area manager and quality manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This was the first inspection for this newly registered service. 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 with the staff that supported them. One person told us, "I would say I feel safe with them all."
- Staff completed safeguarding training so that they understood how to recognise signs of abuse and their responsibility to report any concerns to the registered manager for investigation. Staff said they had confidence the registered manager would deal with any concerns effectively.
- The registered manager understood how to report safeguarding concerns to the Local Authority.
- People had a 24 hour emergency telephone number to access staff in the case of any emergencies linked to their safety related to their support.

Assessing risk, safety monitoring and management

- People's needs were assessed when they started to use the service so that any risks associated with their care were identified with actions for staff to follow to minimise them. For example, one person told us, "I use a walking frame and the staff keep an eye on me to make sure I am steady."
- People's care plans identified risks such as risks of falls, skin damage and risks associated with health conditions that could prevent people from completing daily living tasks themselves.
- Staff used information in people's care plans to help them manage risks. One staff member told us, "I read the support plan first because the agency does a risk assessment and that will guide me on what to do."
- Staff checked for environmental risks such as trip hazards that could impact on people's safety when they visited people. One staff member told us, "When I walk into a property I check where the client is, where they walk around, look for environmental risks."
- Relatives confirmed staff supported their family member's safely because they understood risks associated with their care. One told us, "I do feel [Name] is safe with the staff, they should walk with an aide but can be stubborn at times and the staff have managed to get through to them." Another said, "I am happy (Name) is safe. The staff understand their condition, they wouldn't be here if I wasn't happy."
- Staff supported people to make contact with relevant professionals or agencies to reduce risks to people's health or safety where this was appropriate.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff told us they had enough time to provide the care and support people needed without feeling rushed.
- People told us staff completed all tasks asked of them in the allocated time.
- People said staff usually arrived on time to support them and notified them if they were going to be late. One person told us, "Sometimes they can be held up in traffic and can be 10 or 15 minutes late. If it longer than that they will usually ring to let me know. There was one occasion when they didn't turn up, but they

phoned to let me know as soon as they could."

- Staff were recruited safely. All relevant recruitment checks were completed to ensure staff were safe to work with people. These included references, proof of identity and Disclosure and Barring Service (DBS) checks (to check any criminal convictions or cautions). These checks help providers make safe recruitment decisions.
- The provider had an electronic system to monitor if staff were late to care calls or did not spend the amount of time they should on calls to ensure any risks this presented could be identified and managed.

Using medicines safely

- People were supported with their medicines as agreed. A relative told us, "They give her one tablet first thing in the morning and one with breakfast. They sign to say it is all done," this demonstrated good practice.
- Medicine records were not always clearly completed to show how medicines were managed. For example, sometimes there were gaps instead of signatures or codes to explain why a medicine had not been administered by a staff member. The registered manager told us this was because the medicine would have been given by a family member, but they would take action to make this clearer now.
- Medicine records relating to how a pain relief patch was managed were not clear to show this was alternated to different areas of the body and the removal of the old patch as directed. This was discussed with the registered manager to ensure records were clear.

Preventing and controlling infection

- All staff had completed infection control training to ensure they supported people safely to minimise the risk of the spread of infection.
- Staff had access to personal protective equipment including gloves and aprons and told us these were kept in the office when they needed to replenish them.
- People and relatives confirmed staff used gloves and aprons when delivering personal care.

Learning lessons when things go wrong

- Lessons were learnt when things had gone wrong. The registered manager told us how they were in the process of implementing new recording systems for medicines as it had been identified records were not always clear.

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 was the first inspection to this newly registered service. 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

- People's needs were assessed before they started to use the service, a copy of this assessment was left with people at the time of the assessment, so they knew what they had agreed.
- Assessments took into consideration people's physical, mental and social needs to help ensure these were considered and met.
- People signed their care records to show they agreed to them. Care plans were kept within their home and provided guidance for staff about what care and support they needed assistance with.
- People told us they had been involved in making choices about their care. One person told us, "I have a care plan which the staff write in every time. I think the plan covers all my needs. Sometimes the staff will pick it up and read it before they start the call but not always, it depends when they last came."

Staff support: induction, training, skills and experience

- Staff were supported with regular training and supervision. Staff received a comprehensive induction where they worked through a range of online training linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Staff had access to training linked to people's needs such as dementia, to help them provide more effective care to people.
- People and relatives felt staff were sufficiently trained and had the necessary skills to support people safely. One relative told us, "The staff understand [Name] needs and deal really well with any situations that arise. They certainly look after them well and having them [X] times a day really seems to have helped their overall wellbeing as their condition seems to have improved. So yes, I would say they are quite well trained." A person said, "They seem to go on a lot of training programmes and certainly know how to look after me."
- Staff training was monitored by the use of a computerised system which meant any training due was easily identified and staff were reminded to complete this within the required timescales.
- Staff said training they received was effective and supported them to complete their role effectively. Staff were also observed to make sure they had learnt from their training. One staff member told us, "I had someone come and observe me during the calls twice and one meeting face to face to see how it was going. Everything was okay."

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

- Staff worked effectively with other professionals to ensure people's needs were met. For example, staff had supported a person to make contact with a district nurse when it was identified they had a skin problem.

- People's health conditions were recorded and contained information about health care professionals involved in their care. A fact sheet on the health conditions provided staff with information to help support their understanding of these.
- Staff told us they knew people well and quickly picked up signs if people were unwell. They acted upon them by "informing the office" so contact could be made with family or health professionals as required.

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, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, 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.

- The service complied with the principles of the MCA.
- People's capacity to consent was considered and assessed when necessary and reflected in care plans.
- Staff received training in the MCA and understood about making sure people were asked for their consent before providing care. They knew the importance of supporting people with decisions when needed. One staff member told us, "If somebody can no longer make decisions for themselves, I would speak to the family or doctor and let my line manager know. I would never make them do something they would not want to do, I have always treated people like I would my mum and dad."
- Staff told us if people refused support they would encourage them to accept it and explain the potential consequences of refusing. One staff member told us, "I try and see if they understand the risk and consequences of their decisions."

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 was the first inspection to this newly registered service. We rated this key question 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

- People and relatives told us staff were caring in their approach and treated them well. Comments included, "The staff appear very caring and I don't think there have been any problems with anything otherwise (relative's name) would tell me," and "They are all very pleasant and come in and will chat. They are all really nice and polite and friendly. There has not been anyone who has not been helpful, respectful or polite."
- Staff completed training in equality and diversity and understood the importance of ensuring people were treated as individuals so that their needs were met effectively.
- One person who had lost their ability to visit their animals kept outside had told a staff member how they missed seeing them. The staff member told us how they videoed the animals, so they could show the person. Records indicated how happy this had made the person feel demonstrating their caring approach.
- Staff in the office were heard to be caring and supportive in their approach when answering calls to people and relatives.

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

- Staff were allocated to support specific people and told us how they always ensured people were involved in decisions about their daily care and support.
- Staff explained how people made daily living choices such as what they ate and drank and what they wore. One staff member told us, "I try to let them do as much as they can, always ask them what they want for lunch if I am making the lunch. Asking their opinion, giving them a choice so they can make decisions."
- One relative told us, "They will do lunch which is a great help for us and [Name] will tell them what they fancy." Another relative felt sometimes too many food choices were given. They said, "They are very good at giving them choices and I know that is exactly how it should be, but sometimes, I do think we are throwing things away, food in particular, because too many choices are given."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and maintained their privacy and dignity. One person told us, "They let me do as much as I can for myself, they understand it is important to me. They treat me with respect and will use a towel in the bathroom to look after my modesty so to speak, I never feel embarrassed or anything. They are patient and know what I like and don't like."
- People's care plans clearly showed procedures staff should follow to protect people's privacy, dignity, and independence.
- Staff completed training, so they knew how to maintain people's privacy and dignity. One staff member told us, "I make sure the blinds are closed while washing them putting towels on areas (of the body) done or not done yet. Ask them if there is anything else they want me to do for them before personal care, in terms

of dignity. A client for example, likes to close all blinds in the house as well as the door."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This was the first inspection to this newly registered service. We rated the key question 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 had contributed to information in care plans which was detailed and personalised to ensure their needs were met in accordance with their choices and preferences.
- People and relatives felt staff were responsive to people's needs. One person told us, "I more or less wrote my own care plan. I gave them a list of guidelines and tasks I need them to do every day and that suits my needs. They are working to that so far, and I am very happy."
- Overall people felt staff used the care plans to inform them of how to support people in accordance with their wishes. One relative felt this was not always consistent and told us, "I am not sure each carer knows and has read and digested the care plan fully. They do really need to have the plan on hand to know likes and dislikes as it does make life for them and me easier."
- Staff were kept updated when people's support needs changed through contact with office staff and reading daily records kept at people's homes.

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's communication needs were considered and recorded when they started to use the service.
- Consideration had been given to the AIS standards. The registered manager told us how they were in the process of updating care plans using more picture type formats, in particular, for those people living with learning disabilities or dementia. This was to help them access their records more easily taking into consideration their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew about people's interests through discussions they held with people during calls and from information held on care plans.
- Staff supported people to pursue their interests, where this was part of the care the person wanted. For example, they supported one person to access a day centre to help reduce the risk of them becoming socially isolated and to maintain their wellbeing.
- People shared information about family and friends who were important to them when their needs were assessed prior to using the service so they could be supported where appropriate to maintain contact with them.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and felt comfortable to approach staff in the office, or the registered manager, if needed. One person told us, "I don't have regular contact with the company, but it is there if needed. I tend to email [registered manager] or go into the branch and she will listen to problems and sort them out. We have had a couple of problems and she has dealt with them straight away."
- People were provided with a complaint's procedure detailing how to raise concerns about the agency. However, this did not contain clear details of people who could be contacted with names and contact numbers should people wish to escalate their concerns outside of the agency. The registered manager said this would be reviewed.
- Staff knew to contact staff in the office if people made a complaint and this was not something they could easily resolve themselves.

End of life care and support

- People had communicated their wishes for their family to be involved in their end of life care.
- Some people had documents on their care files showing their wishes regarding care interventions for when they were approached the end of their life.

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 was the first inspection to this newly registered service. We rated this key question 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 spoke positively about the service and felt it was well managed. One person told us, "The office staff are very polite and efficient; they listen to what you want and sort things out." Another told us, "So far, they have actioned anything that has been necessary. I tend to contact them via email as I have found they are not always good at answering the phone and I then have a record particularly if I have cancelled a visit."

- People knew who the registered manager was and how to contact them if needed.

One person told us, "I met the manager [registered manager] when I first started using the service, she seemed very nice and approachable."

- Staff spoke positively of the management of the service, one staff member told us, "[Registered Manager] is lovely, she is very approachable if you need anything, I get on quite well with her." Another staff member told us, "They have been a really good company, I cannot complain."

- People felt well supported by the agency and overall could not think of anything the agency could do better. The one exception to this was one person stating communication could be improved when there were delays in care calls.

- The provider published a newsletter regularly which was shared with staff. This included information such as reminders to staff, announcements of new staff, and details of the 'carer of the month'. Carer of the month, was a reward scheme the provider had implemented which recognised the positive practice and feedback relating to a staff member.

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

- There was a clear management structure which provided clear lines of responsibility to ensure the service ran effectively. This included, for example, a registered manager, area manager and quality manager.

- The registered provider carried out a range of audits, which looked at key areas of the service to ensure the quality of the service people received was in accordance with their expectations. Areas of improvement we had identified, such as medicine records, had been identified as one area needing improvement.

- People and relatives told us they would recommend the service to others. One relative told us, "I would recommend them, the staff understand their responsibilities, and to be honest, [Name] is doing is alright and being well looked after."

- Staff received regular support and told us they could obtain help and advice when needed from their managers. They were clear about their roles and responsibilities and received regular training to continually help improve their care delivery.

- Staff told us they felt listened to and were kept up to date with any information needed to support people safely.

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

- People were periodically contacted by telephone to check they were happy with their care and support. One person told us, "I don't think there is anything else they could do any better. I am quite satisfied."
- The provider asked people and staff their opinions about the service through satisfaction surveys and responses were reviewed to check any areas of improvement needed. Responses received overall were positive. Areas identified for improvement had been acted upon.
- It was not evident from our discussions how the service might identify those people needing support with their sexuality. For example, a person who may be lesbian, gay, bi-sexual or transgender, so any specific support needs they had, could be considered and met effectively by staff. The registered manager told us they would address this with the provider.

Continuous learning and improving care

- The provider had a quality assurance system called "Rant and Rave" to monitor how people felt about the service at regular intervals. This included checking people's views through the initial contact, assessment visit and when changes to their contract were made. The computerised system was used to record and monitor feedback so any areas needing improvement were identified, acted upon, and monitored to improve people's experiences.
- Spot checks of care staff practice ensured they carried out their duties as expected by the provider and were competent in their roles.

Working in partnership with others

- The registered manager was aware of reportable events, such as serious accidents and incidents, they needed to notify us of and had informed us of a significant event that had occurred as required.
- The service worked in partnership with other organisations and health professionals to support the needs of people and keep up to date with current best practice.