

Midshires Care Limited

# Helping Hands Dartford

## Inspection report

7 Copperfields  
Dartford  
DA1 2DE

Tel: 01322921343  
Website: [www.helpinghands.co.uk](http://www.helpinghands.co.uk)

Date of inspection visit:  
09 August 2019  
15 August 2019

Date of publication:  
10 September 2019

## 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: This service provides personal care, predominantly to older people living in their own homes. There were 25 people using the service during our 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:

We received positive feedback about Helping Hands Dartford. Comments from people and their relatives included, "Staff are good at keeping in contact if they are stuck in traffic." "We have a great relationship with my carers." "The manager matched really good carers to my relative's needs." "The best care staff I have ever had."

People had an initial assessment before they received a service and the assessment was used to produce a care plan personalised to them. Documentation in the care plans was fully completed. A person-centred approach had been taken in the care planning process to promote the importance of staff accessing individual information about people, which was documented.

An assessment of risks took place for each person and risk control measures were put into place to help keep people safe and prevent harm. Environmental risks inside and outside people's homes were documented to minimise the risk from potential hazards.

Risk management systems included minimising the risks of infection. Staff received training about infection control and were provided with the personal protective equipment they needed for their roles. For example, disposable gloves.

Accidents and incidents were logged on a computerised monitoring system. A lessons learnt approach was taken following up on incidents to identify themes and prevent future occurrences.

Medicines administration was monitored and overseen by the registered manager. Staff received training and followed an up to date policy so that people received their medicines in a safe way.

A safeguarding policy with the information staff would need to follow if they had concerns about people was available. People told us they felt safe and knew who they would talk to if they did not.

People did not require the assistance of staff to manage their health care needs as they took care of this themselves with support from the NHS GP's and community nursing teams. However, staff received awareness training about the conditions people lived with so that staff understood how the conditions could affect people.

People were supported with their nutrition and hydration needs where necessary. People's relatives took responsibility for this for most people.

The provider and registered manager followed safe recruitment practices to recruit suitable staff. Enough staff were available to be able to run an effective service and be responsive to people's needs. Staff had a suitable induction period when they were new, where they were introduced to people before they started to support them.

Staff were informed about current practice through staff meetings and by being updated with organisational information and new health and social care guidance.

End of life care was not being provided at the time of the inspection.

The registered provider had a set of values the staff understood and included protecting people's human rights.

The provider had an up to date complaints procedure and people and their relatives told us they would know how to make a complaint if they needed to.

Quality auditing processes included asking people who used the service for their views. The registered manager and provider effectively used their quality audit system to plan improvement to the service. The management benefited from learning and meeting with other managers within the organisation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 30 August 2018 and this was the first inspection.

Why we inspected

We inspect all newly registered services within 12 months of their registration date. This was a comprehensive inspection.

Follow up

We will continue to monitor the service.

## 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 Dartford

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the manager would be in the office to support the inspection. Inspection activity started at the registered provider's office on 09 August 2019 and ended on 16 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. 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 three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the area, registered manager, and three care staff.

We reviewed a range of records. This included seven people's care records and medication records. We

looked at three staff recruitment files, and staff training and supervision files. 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 of this service. At this inspection this key question has been rated as Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were no safeguarding concerns about this service. Staff knew how to recognise abuse and protect people from the risk of abuse. Everybody we spoke with said they felt safe with the staff providing care for them.
- There was a safeguarding and whistleblowing policy in place, which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed they were aware of the safeguarding and whistleblowing policy. Staff received appropriate safeguarding training. The staff we spoke with felt the training was sufficient for them to identify the risk of abuse and safeguard people.
- Staff and management we spoke with had a good understanding of their responsibilities and how to safeguard people. One member of staff said, "I understand how to report safeguarding, our manager always deals with things if I call for advice."

Assessing risk, safety monitoring and management

- Risks to individual people were assessed, recorded and minimised. Risk assessments informed staff what the risks were and what actions to take to minimise them. The risk assessments were person centred and covered areas such as, nutrition and hydration, medication management, moving and handling, skin care, health and home environments.
- People's health care needs were met by the community/district nursing teams. However, the registered provider employed a clinical nursing team that provided awareness training for staff if people had a specific health condition. For example, if people were living with diabetes. This training gave staff an awareness of the risks from the condition and any signs of illness and symptoms staff should report if concerned. Staff were signed off as competent before they provided care for people with health conditions.
- General risks were assessed and potential hazards in people's homes were assessed. Risk assessments were linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. This information was regularly reviewed to ensure it was up to date.

Staffing and recruitment

- Staff were provided to people based on their needs on an individual basis. Staff files evidenced robust recruitment procedures. All potential staff were required to complete an application form, and attend an interview so that their knowledge, skills and values could be assessed.
- The registered manager undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers

and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

- Through our discussions with the registered manager, staff, people and relatives, we found there were enough staff to meet the needs of people who used the service. There were systems in place to minimise the risks of missed calls. This used GPS tracking and alerted the office staff if a staff had not arrived at a call at the allotted time. This was followed up by office staff to stop people missing their care calls. There were no records of missed calls at this service.

#### Using medicines safely

- Not all people required staff to administer medicines. Where it was stated in a care plan that staff were involved in the administration of medicines, this was fully risk assessed. Staff told us in detail how they supported the safe administration of medicines.
- The service had a medicines policy in place which covered the recording and administration of medicines. It stated staff had to undertake training before they could administer medicines.
- Records showed staff were up to date with medicines training. Staff received regular competency checks to ensure they administered medicines safely.
- There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines.

#### Preventing and controlling infection

- Records confirmed staff completed training in infection prevention and control. Staff had training about the infection risks and the good practice management of catheters.
- Staff had access to personal protective equipment such as gloves, aprons and alcohol-based hand rub for disinfecting their hands. Staff confirmed to us that they wear the protective equipment provided.

#### Learning lessons when things go wrong

- The service had an accidents and incidents policy. This had not been required for use since the service had registered.
- There were appropriate processes in place for recording and investigating accidents and incidents.
- Staff were aware to call the office to report any issues if there was an accident or incident.



# 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 of this service. At this inspection this key question has been rated as Good.

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

- A process was in place to assess people's needs with them and their relatives and carers before they began to receive a service. People confirmed their care needs were assessed. People were invited to meet and spend time with other people using this service. This information was used to make sure staff had the skills to meet people's needs.
- Further assessments of people's needs and abilities were completed regularly to ensure staff had up to date information about people's preferences, needs and aspirations.

Staff support: induction, training, skills and experience

- Staff had the skills they required to meet people's needs and were supported by training and mentoring. One person said, "The staff are trained to meet my needs." Staff consistently told us that the training was very good, one member of staff said, "The training here is the best training I have had from a care company."
- New staff had completed an induction which included shadowing experienced staff and completing the providers basic training programme. All new staff completed the Care Certificate, which are a set of standards that define the knowledge, skills and behaviours expected of care staff in their role.
- Staff were supported to reflect on their practice and set goals for their future career development at regular supervision meetings and staff meetings. Staff told us they felt supported to develop in their role and there were opportunities to be promoted.

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

- An assessment of people's nutrition and hydration needs was carried out. This took into account medical history, mobility and care worker observations that they reported. The registered manager told us where necessary, that food and fluid charts were used on each visit and that staff liaise with dieticians as necessary for support.
- Not everyone required support with preparing foods and drinks. People either had the skills to do this independently or they were supported with this by their relatives.
- Where people asked staff to support with their food preparation, this was supported by staff. Staff had been trained in nutrition and hydration so that they had the skills to advise, guide and support individuals with their eating and drinking care needs.

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 access health care professionals when necessary.

- We could see from the records that health care professionals such as specialist doctors, district nurses and the GP had been involved in people's care.
- Staff recognised the importance of working with people to maintain their health. Where appropriate consent was in place staff shared information with relatives so that the family could involve health services or staff assisted people to contact their GP or community nursing team.

#### 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 management team and staff had completed training around MCA. Guidance was available to staff about any support people needed to make decisions. Staff told us how they had been supporting people to make decisions, including what they did and where they went. Staff respected choices people made.
- Staff carried information about the MCA with them so that they could refer to this at anytime. People's capacity to make decisions had been assessed and people had given their consent to staff supporting them with areas of their care. The management team knew when decisions needed to be made in people's best interests.

# 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 of this service. At this inspection this key question has been rated as Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff told us that they have time to build relationships and get to know people. People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs. One person said, "Carers are always lovely."
- People were treated with kindness and compassion in their day-to-day care. Staff told us they knew people well because rotas allowed them to support people consistently.
- People were asked about how they wanted to be supported to meet their equality and diversity needs such as support relating to their religion or sexuality. Staff promoted their openness to equality by displaying the rainbow flag on their name badges. Policies set out the staffs' approach to dignity, equality, diversity and human rights. No one at the service wanted any support with these at this inspection.

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

- People had full control over how they wanted to be supported. People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- Staff invited people and their relatives to the person's initial assessment and subsequent reviews of their care. People had care plans which described their individual communication needs and preferences. Guidance was given for staff on how people's communication needs should be supported and promoted.
- People were involved in the review of their care plans and risk assessments and able to voice their opinion if things were not working for them. People told us about their review meetings and said they felt able to speak up. They had signed their assessments and care plans to say they agreed with the content.
- The registered manager consulted and communicated with people as fully as possible about their service. This was done through newsletters, telephone calls and periodic face to face visits to people.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and maintained their dignity.
- People were supported by staff to be as independent as possible. Care plans considered people's strengths and abilities, such as how they take part in making decisions about their care, or what aspects of the care they can complete themselves.
- People had their dignity and privacy respected. Staff said this might include shutting doors when providing intimate support and covering the person with a towel during personal care.
- Records no longer needed in people's homes were returned to the office and stored securely. The manager followed the General Data Protection Regulations 2018. This is a new law on data protection and

privacy for all individuals. The registered manager told us that they informed people of their data protection compliance through a service user guide, at people's initial assessment and through our policies and procedures.

# 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 of this service. At this inspection this key question has been rated as Good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. People told us that the care staff met their care needs.

- People's care plans were accurate and contained guidance to staff about the support people needed. Staff knew people well and supported them in the way they preferred.

- The care plans were being regularly reviewed by care staff so they accurately reflected people's changing needs and wishes. A relative said, "We have been impressed that information about my relatives' ailments and dementia are in the care plan. These give information to care staff to help them better understand the symptoms and is really good." And, "The care staff have a very good understanding of my relative's dementia."

- Care staff had received training and guidance in respecting the choices people made about their lifestyles. Equality and diversity was promoted through the registered providers culture and policies and procedures.

Improving care quality in response to complaints or concerns

- One person said, "It's easy to contact the manager if I wanted to complain, but never had a problem." How to make a complaint was shared with people and their relatives.

- The complaints policy informed people about external organisations such as the local government ombudsman if they were not satisfied with how their complaint was handled.

There had been no complaints about the care provided by this service.

End of life care and support

- The registered manager understood their responsibility to ask people about their end of life preferences.

- No end of life care was being delivered at the time of this inspection. Care plan sections about death and end of life planning were discussed with people at assessments and care plan reviews.

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 staff identified people's information and communication needs by assessing and documenting them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw

evidence that the identified information and communication needs were met for individuals. For example, one person used a light writer and staff use this to communicate. This translated their voice into words.

# 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 of this service. At this inspection this key question has been rated as Good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff. Staff we spoke with had a good understanding of the values that were expected of them and agreed that a good quality service was what they all strived for. A relative said, "The manager has been supportive, they always try and arrange extra hours at short notice if we ask."
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. A member of staff said, "The registered manager is always there for me if I need them."
- The management team checked if staff followed the values held by the provider by discussing them during recruitment, in supervisions and checking at spot checks on staff in people's homes. One member of staff said, "We have booklets about the organisation we want to reflect the caring culture of the company." The registered manager understood the importance of the duty of candour.

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

- There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.
- The staff told us the registered manager was very clear with them about their roles, responsibilities and the standards and expectations required of them. We found staff held the same vision and values for the service as the registered manager.

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

- People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect.

- Staff said that they attended regular staff meetings which they found helpful. We saw from the records that these focussed on communicating the needs of individual service users as well as discussing concerns and issues relating to improving the service. Staff meeting records also evidenced that staff meetings were used to refresh on training and information of importance such as safeguarding children and adults from abuse.
- People and their relatives' views had been sought through regular contact, surveys and quality monitoring and newsletters. Staff told us they regularly talked with people they supported to check if anything could be improved and then responded to this. People's comments in the feedback about the service included; 'Staff have been extremely helpful and have fitted in like a family member.' 'The manager is always at the end of the phone for help and advice.' 'The staff are friendly and helpful.' 'The care and kindness of staff has been wonderful.'

#### Continuous learning and improving care

- The registered manager learnt from and shared their experiences with other registered managers in the Midshires Care Limited group of services and they received one to one support from the organisations area manager.
- The registered manager had oversight of the service. They completed regular checks on the quality of the service. Actions were planned and taken to address any shortfalls found. For example, from the last audit some staffs' training care certificates were missing from the staff files. This had quickly been corrected by the registered manager. Audits showed that issues did not continue from month to month.
- The registered provider kept the registered manager informed of new guidance and best practice. Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. For example, the management had worked to make sure that they implemented the new General Data Protection Regulation that came into force in May 2018.

#### Working in partnership with others

- The registered manager and staff helped people to be part of their community, using local resources and keeping close contact with health and social care professionals to make sure people had access to joined up care when necessary.
- The registered manager worked with a Quality Assurance Business Partner who conducted internal audit inspections to ensure that good practice was being followed.