

Midshires Care Limited

# Helping Hands Christchurch

## 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 Christchurch is a domiciliary care agency. It provides personal care to people living in their own homes. 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. The service was supporting 37 people in Dorset and Hampshire.

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

People, their relatives and staff told us they felt the care and support provided by Helping Hands Christchurch was safe. There were enough staff to provide the care and people were kept informed of last-minute changes or problems by the management team. People told us the staff attended to all their needs and were not rushed.

Safety was important to the service and people had individual risk assessments in place for all their care and support needs. Environmental risk assessments were completed to ensure safety for people and staff. Staff received training in safeguarding and knew how to raise concerns. Medicines were managed safely.

The service and staff ensured people were protected from the risks of avoidable infections by making sure they supplied and wore Personal Protective Equipment (PPE). People were supported by staff who were well trained and regular checks ensured compliance with policies and procedures. People were supported in a variety of ways which enabled them to live safely in their own home. When needed, access to health care services were supported.

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. The registered manager was confident with all aspects of the Mental Capacity Act 2005 (MCA).

People had personalised care plans which were reflective of their needs. Plans were continually reviewed, and the electronic care planning systems meant changes were immediate. This meant staff were always working with the most up to date information. People and their relatives told us staff were kind and caring. Staff understood the importance of treating people with dignity and respect. Independence was always encouraged; this was confirmed by people who told us staff were keen to keep them as well as they could at home.

People knew how to make a complaint or raise a concern and were confident it would be addressed promptly by the management of the service.

Robust systems to assess the quality of the service meant it was continually learning and developing. Events within the service and the organisation were used to make improvements. There were checks at the provider level with a focus on compliance to ensure the service operated safely. People, their relatives and staff were

complimentary about the management of the service. Staff felt empowered and proud to work for Helping Hands Christchurch.

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 6 August 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Helping Hands Christchurch

## **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 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority service improvement and safeguarding team. 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 10 people who used the service and their relatives about their experience of the care

provided. We spoke with and received feedback from 15 members of staff including the registered manager, care coordinators and care workers.

We reviewed a range of records. This included five people's care records and six 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 were safe in the care and support of Helping Hands Christchurch. Comments we received were: "I can tell you my loved one [name] feels safe just by the way they express themselves", "Yes, I feel very safe and comfortable with them", "Yes, they always ensure I am safe, that's just the way they are."
- Staff had received training in safeguarding adults when they started at the service and formal training was updated annually. The registered manager and staff told us safeguarding was always discussed. Staff knew how to recognise signs and symptoms of abuse and harm; they were confident that if they reported concerns, they would be dealt with but also knew who to report to outside of the service.
- The service had a safeguarding policy and procedure in place and records showed this had been followed and the necessary referrals made .

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all their care and support needs. Before the service commenced providing support to people, environmental risk assessments were completed, these covered areas such as; surroundings, entry to the house, fire, electrical and gas safety. These assessments were completed to ensure safety for both the person and staff who visited them.
- Risk assessments were reviewed regularly or more often if things changed. The assessments stored on an electronic system gave staff instructions on how to work in a safe way to either reduce or eliminate the risks.
- Risk assessments linked to the care plans to ensure care was delivered in line with the risk assessment.
- Accidents and incidents were recorded and analysed to identify patterns and trends. This process had the oversight of the provider as an additional safeguard to ensure all steps were safely followed.
- Staff at the service usually worked alone and this was assessed within the environmental risk assessments. For added safety the staff had to log in to the visit on their phone and out again once it was finished. The system alerted to the service office or on call if this did not happen. People told us they were informed if staff were running late due to traffic or another reason.
- Lessons were learnt, shared and discussed both at the service within staff meetings, weekly updates and within the organisation.

Staffing and recruitment

- There were enough staff to meet people's needs. Recruitment was ongoing within the service.
- The service had a robust recruitment procedure in place and checks the service made demonstrated that staff had the necessary skills and knowledge to carry out their role.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with

people in a care setting.

- People and their relatives told us staff came at a time that was convenient to them. A person told us, "The time they come suits me and they always stay the full time."

#### Using medicines safely

- The service managed people's medicines safely. There were arrangements for the ordering, storage and disposal of medicines within the service policy. Staff responsible for the administration of medicines had their competency assessed regularly.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often. Electronic MAR meant that the service could monitor medicines in real time and make changes as necessary.
- Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

#### Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures had been enhanced following the start of the COVID-19 pandemic.
- Staff had enough supplies of PPE and every person and relative we spoke with confirmed staff always wore their PPE. A person told us, "They [staff] always wear the correct PPE."
- Staff had received training in infection prevention and control. The service had included all government and public health guidance on COVID-19 into their own policies and procedures.
- The service was participating in the COVID-19 staff testing and vaccination programmes.

# 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

- People had assessments completed before the service started supporting them. Pre assessments formed the basis of the care plans. Needs were identified and agreed including the time of visits and duration.
- People's outcomes were identified; detailed records gave staff instructions on how care needed to be delivered. Staff knowledge of people's needs, and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines and nutritional needs.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role. Staff had regular formal supervisions and checks which were two-way conversations and opportunities to learn, develop and ask questions.
- The service held a classroom assessment day prior to formal recruitment procedures which gave staff an opportunity to learn about the service's values and expectations before they applied. Recruited staff received an induction which was a combination of practical shadow shifts, training and knowledge checks.
- There was a programme of training with annual refreshers, subjects included; safeguarding adults, dignity and respect, infection control and moving and handling. Some staff were required to undertake the Care Certificate and were enrolled at the start of employment. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- People and their relatives unanimously told us that staff were well trained. A person said, "They are all well trained and know what they are doing, this gives us confidence." A relative told us, "They all seem well trained and know what they are doing, and they do it very well."

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

- People's needs in relation to eating and drinking had been assessed. The information available to staff included people's likes and dislikes. Where people were supported with meals, they felt staff did it well.
- Where people were at risk of a deterioration in health due to poor intake of food and drink, there were recording charts in place to ensure staff could monitor this. For example, where a person was at risk of infections and needed to keep their fluid intake up.
- People's care plans reflected their needs and staff reported any concerns about this. Records showed input from relevant professionals such as speech and language therapists who had advised and prepared specialist plans, for example, where a person had difficulty swallowing.

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

- People had access to healthcare support and services as needed. This had been affected by the pandemic

and staff had made calls to relevant health and social care professionals to get advice over the phone. The service had supported with seeking medical advice.

- The electronic care planning system had the person's vital details listed such as allergies and medical conditions. This information was available to staff if they needed to contact the GP or the emergency services during their visit.
- Records showed input by a variety of health and social care professionals such as, district nurses and doctors.
- People were supported by medical input in a timely manner. Staff told us they had the back-up of the service office to ensure people got the support they needed. Staff would make calls but often it was the service who sought medical assistance for people.

#### 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

- Helping Hands Christchurch was providing care and support to some people who were living with dementia, this sometimes affected their ability to make certain decisions about their care.
- The registered manager told us confidently about the key aspects of the MCA and understood the process to follow when capacity to make certain decisions had to be established.
- Where it was necessary people had MCA assessments, these always involved the person and were sometimes supported by a family member. Where it was identified that the person did not have the capacity to make a certain decision a best interests meeting was held. The meeting had involved the person, people important to them, staff and where relevant the persons GP.

# 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 and their relatives told us staff were kind and caring. Some of the comments we received were: "They are all very caring and really good to my loved one [name]", "They are all very nice", "Yes, they are all very caring towards my relative [name]", "They are just so helpful to us", "They are all very nice and kind to me", "They come in and chat and are very sociable towards me. They do all that is needed."
- People's cultural and spiritual needs were respected. People were asked about their specific beliefs and practices during their assessment. These were recorded in their care plans where people wished to discuss them.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People and their relatives told us they were supported by regular staff and that they understood their needs.
- People and their relatives had been involved in creating their care plans. Records showed involvement and through regular reviews, changes to plans had happened when requested.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A person told us, "They all treat me with respect and are nice to me all of the time." Staff told us they felt it was important to treat people with respect. A staff member said, "I treat them as I want to be treated."
- The registered manager told us that they encouraged staff to treat people like they would their own relative or loved one.
- People were encouraged to keep independent. This helped them to be able to stay in their own home and surroundings for as long as possible. Records showed staff instructions to ensure they supported the person to do things for themselves. A person told us, "They encourage me to do little things for myself such as encouraging me to brush my teeth." Another person told us, "I almost feel that I am at a point where I could manage without them now, but I just don't want to."

# 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; End of life care and support

- Care plans were personalised; they were clear and gave the staff the necessary information to be able to support the person.
- Plans were reviewed as needed, involving everyone important to the person. The registered manager told us care plans were updated as people's needs changed Making changes was easy to the service as they had an electronic care planning system. This meant staff always had the most up to date information about people.
- People and their relatives told us they were involved in the care planning process. A relative said, "I was involved at the start with the care plan, the assessment of need." Another told us, "Yes, I was involved in the care plan."
- Each person had a life history which helped staff when getting to know them. Staff told us they knew what was important to people they supported. Feedback confirmed this. One relative said, "The care plan is followed, they know what they like to do and try and help them as much as possible, so they are happy."
- People were given an opportunity to discuss their end of life wishes and preferences during the care planning process. Some people declined to do this whilst others had specific requests. The registered manager understood the importance of gaining this information and they had supported some people to fulfil their last wishes, such as supporting them to visit a special place.
- The service was not providing end of life care at the time of inspection but when they did it included working with palliative care teams and district nurses. The service had received a compliment about the care and support it gave during a person's last days, we read; "Through it all, you did a fantastic job and moved heaven and earth to give us the best care you could."

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 identified, recorded and highlighted in care plans. These reflected people's needs and were shared appropriately with others.
- Records showed that people were supported to use their communication aids such as hearing aids and glasses.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. Records showed it had been followed and

outcomes were to the satisfaction of the complainant.

- People and their relatives felt comfortable to speak to staff or the registered manager about any concerns and felt confident it would be taken seriously and addressed. A person told us, "If I did have anything to complain about, I would feel happy to do so and would call the number they have given us."

# 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.

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

- Quality assurance systems were in place to monitor the standard of care at Helping Hands Christchurch. A range of audits and checks ensured that management oversight was robust. Audits considered all aspects of the service and actions were carried out and used to drive improvements.
- Audits and incidents had additional oversight by the provider and where trends and patterns were identified these would be sent to the service in a weekly report by the area compliance manager. This meant there was an additional level of scrutiny to support their effectiveness.
- The service had a clearly defined management structure; job descriptions and expectations were in place and staff told us the lines of communication were clear.
- Staff meetings were held regularly to share learning and staff told us communication with the service was good. This included weekly and monthly newsletters and updates both from the service and the organisation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they were proud to work for Helping Hands Christchurch. They felt supported by the management team and the provider. They were complimentary about their colleagues and felt they were part of a team. Some comments we received included: "It's clear everyone working at the different levels have the customers best interests at heart", "I am so happy to be part of a such a lovely team and company", "They are an amazing company to work for. Feedback is always given, queries sorted out, the company is professional and well run", "I absolutely love my job and can't imagine doing anything else", "To be able to wake up in the morning and look forward to going to work is such an empowering feeling. Knowing that I can go to work and help my customers live their best life to the fullest fills me with pride."
- We received positive feedback about the management of the service. It was appreciated by both people and staff that all senior staff provided some direct care within their role. Some of the comments were: "Management communicate very well with us", "The management is brilliant, friendly, approachable and happy to answer any questions", "I really enjoy working with the registered manager [name] I have the utmost respect for them", "My care co-ordinator [name] supports me a lot", "The registered manager [name] is very knowledgeable and I feel I can call on them for guidance with any matter."

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

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and records showed they had done this.

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

- Helping Hands Christchurch sought feedback from the people who use their service regularly. Their thoughts and comments were used to make improvements where needed. Feedback received was positive. A person told us, "The management are really good at keeping in touch with me to see how things are going."
- Staff felt involved in the service and felt appreciated. There were various staff benefits and perks as well as an employee assistance programme which offered staff confidential practical support. A member of staff told us, "I have received a postcard through the post in the past showing appreciation in addition to birthday greetings and moments of kindness awards."
- The registered manager told us the organisation and the service were working with various charities to fund raise in the local area, this was planned as restrictions ease due to the COVID-19 pandemic.
- The service worked well with external professionals such as GP surgeries, district nurses and social workers. A range of professionals supported people to live well in their own homes. The registered manager and care co-ordinators spoke with various professionals daily for the good of the people they support.