Midshires Care Limited

# Helping Hands Eastbourne

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 Eastbourne is a domiciliary care agency providing personal care. Staff were providing personal care to 19 older people, some of whom were living with dementia, 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 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 and reflected this practice.

People felt safe with the support provided. Risks to people were assessed and managed. Staff understood safeguarding and how to report any concerns about people's safety.

People were treated with respect and kindness. Staff knew people well and provided personalised care. People's dignity and independence were protected and promoted. People were involved in making decisions about their care and support.

There were enough staff available to meet people's needs, and enough time allocated to care visits to provide the support required.

Medicines were managed safely, and staff had training and competency checks. The prevention and control of infection was well managed.

People's needs were assessed before they started to receive care visits. Care plans and people's experience of their care visits were regularly reviewed.

Staff worked with other professionals to ensure people received the right support. When people required health care, staff liaised with health care professionals to ensure they got the right support.

A quality assurance framework assisted the registered manager to have oversight of the service, and make improvements where needed.

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

Rating at last inspection
This service was registered with us on 18 June 2018 and this is their first inspection.

Why we inspected
This was a planned inspection following the 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?

Good

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

# Helping Hands Eastbourne

**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 completed 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 four days' 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, and that people using the service would be available for us to speak to.

Inspection activity started and ended on 3 June 2019. We visited the office location on 3 June 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and a health and social care professional who worked with the service. 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 seven people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager, the area manager and four staff.

We reviewed a range of records. This included four peoples' care records, four staff recruitment files, records of accidents, incidents and complaints and other records relating to the running of the service.

Good

# Is the service safe?

## Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● People told us they felt safe with the support provided. One person said, "I feel safe, they make sure I take my medication and then they help me to wash and dress and things like that." Another person told us, "I am safe, yes, because they know what they are doing."
● Staff understood how to raise concerns about a person, including about safeguarding. One member of staff told us, "If I found an unexplained bruise on a person, I would document it, take a picture and phone [registered manager] and tell her what has happened." Staff understood about different types of abuse.
● Staff understood what to do if a person fell, how to keep them safe and warm, check how they were and contact the emergency services for assistance if needed.
● The registered manager understood how to report any safeguarding concerns to the local authority.
● Staff understood whistleblowing procedures. One member of staff said, "If I saw something happen and didn't think it was right, I would tell the office. If it wasn't dealt with correctly or resolved I would go higher."
● Lessons were learnt when things went wrong. Whilst the service had a small number of accidents recorded, which had only involved staff, they had sought to learn lessons about things that went wrong at other services. The registered manager had information available about publicised cases regarding various things such as falls from hoists, scams and choking.

Assessing risk, safety monitoring and management

● Risks to people were considered and assessed. For example, when people needed support to move using equipment, this was assessed. One person used a hoist and support from staff to move. Staff were trained in how to use this and their care plan reminded staff how to do this safely.
● Risks about people's skin integrity, and risk of developing pressures areas were considered. Staff had training on pressure areas and understood how to identify and report any concerns.
●When people were at risk of self-neglect staff worked with relevant professionals to monitor, and seek to reduce, the risks to the person.
● There was a contingency plan in place. This considered and planned how to provide care visits in the event of bad weather or pandemic illness. Each person was assessed for priority of care visit, in the case of adverse weather.

Staffing and recruitment

● There were sufficient staff available to meet people's needs. Staff told us they had enough time to provide care to people. One member of staff said, "If we think the time isn't enough we let [registered manager] or

[care co-ordinator] know. They would speak to the family and say we need more time." Another told us, "I don't feel rushed at all."

● People were kept informed if staff were late. One person told us, "If someone else has a problem, or extra needs before my visit then the office ring me to let me know my carer is going to be late."

● People who wished to, received a weekly rota detailing the time of their care visits and which staff would be supporting them. One person told us, "I have two main carers, I've got to know them now, they know what they are doing."

● Care was planned using an electronic system, which helped office staff to see which staff people had received care from before. The care coordinator showed us that most care visits were at consistent times, with staff people were expecting. Travel time was accounted for.

● Some people required two staff to attend their care visits. Staff told us they had the contact number for the other person attending the care visit and would wait outside the property to go in together.

● Safe recruitment checks were completed before people started work at the service. These included references, proof of identity and Disclosure and Barring Service (DBS) checks. These checks help providers make safer recruitment decisions.

● Staff were required to drive so they could reach the care visits. The provider had confirmed they held the relevant licences and insurances.

Using medicines safely

● Not all people receiving support from the service had support with their medicines. When they did, medicines were managed safely. Care plans included information about the medicines people were prescribed and the support people need to take their medicines.

● Staff had training in medicines and their competency to support people with their medicines was assessed. One member of staff told us, "If anything has changed we get another course."

● Some people were prescribed topical creams. The medicine records include a body map to show staff where to apply these.

● Some people were prescribed medicines 'as required' (PRN), such as pain relief. Staff told us that people would tell them when they want to take these medicines.

● There were monthly checks on the medicine administration records (MAR) completed by staff.

Preventing and controlling infection

● People were protected through the prevention and control of infection. Staff had training in infection control and food hygiene. Staff were given personal protective equipment such a gloves and aprons to help them prevent the spread of infection. One member of staff said, "You need to wash your hands, only use your gloves once and wear an apron."

Good

# 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 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 and planned for. Assessments included varied aspects of people's lives and care, such as their mobility needs, preferred outcomes and religious beliefs. One person said, "They were very good, they came here and had a long meeting and told me that they can change things as and when my needs change."

Staff support: induction, training, skills and experience

● People and their relatives told us staff were well trained. One person said, "They know what they are doing with everything and are willing to help with anything." A relative said, "Carers are well trained yes, Mum can be challenging and impatient, but they handle her really well." Another person's relative told us, "I'd describe them as self-assured carers who are well trained."
● Staff new to the service were supported with an induction. This included training and shadowing established staff. Some staff had been supported to complete the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One member of staff told us about their induction. They said, "It was enough to get me confident." Another told us, "I feel like the training gave me more confidence when going out."
● Staff were supported with regular training and supervision. Staff had practical manual handling training. The office was equipped with a hoist, stand turner and specialist bed to be used as part of this training.
●Staff had training in supporting people living with dementia. One member of staff told us, "It's given me an understanding of how to approach people with dementia. I learnt to make things clear when offering choices. It helped me understand why they do what they do, and how to approach them."
● Staff were supported through regular team meetings. These were used to discuss matters affecting the service such as audits, confidentiality, medicine and new people receiving care. One member of staff said, "Every month we have a meeting. If anybody has issues they can discuss them or see [registered manager] privately."

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

● People nutritional needs were considered and planned for. When the timing of a person's meal was important, for example for a person with diabetes, this was reflected in the care plan. Staff understood the importance of this timing.
● Staff understood the support people needed to eat and drink. One member of staff told us about a person living with dementia. They said, "I ask her what she'd like and when I give her a sandwich I have to remind

her that it's there and encourage her to eat."
● One person needed staff to monitor whether they were eating and drinking. Records reflected what staff had prepared for them, and what they had eaten.

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

● Staff worked well with other professionals to meet people's health care needs. One person's relative told us about an occasion when staff had noticed some concerns about the person's skin. The next day they remained concerned, so contacted the GP for support. They said, "This is the support Mum needs, and reassuring for me to ensure they are keeping an eye."
● People's health diagnoses were recorded. When people had long term health conditions, such as diabetes, care plans reflected how these were managed and any relevant health care professionals involved. A fact sheet on the condition was also included, to give staff more information about the condition.
● Staff liaised with health care professionals when needed. For example, one person was behaving differently so care staff had reported this to the office staff. The office staff contacted the person's GP to discuss.
● One health and social care professional told us, "When any incident has occurred I have been made aware straight away with resolutions being swift."

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.
● People's capacity to consent was considered and assessed when necessary. Assessments did not always reflect the involvement and views of the person, or other relevant people. However, staff told us how they involved people, and other relevant people such as relatives, in making decisions about their care. Due to the involvement of people in their care and assessments of their capacity, we considered this to be of low impact to people. We have reported on the lack of accurate recording in the Well-Led section of this report.
● When people had the capacity to make decisions, but not the physical ability to sign to indicate their consent, their view was recorded by staff.
● When other people held legal authority to make decisions on a person's behalf, such as through Lasting Power of Attorney, staff understood this, and a copy of the relevant paperwork was held in the person's care plan.

Good

# 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 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 were treated with kindness and compassion. One person told us, "They have all been very kind to me, they make me feel much more cheerful and brighter even if my health is not good." Another person told us about the staff member who regularly visited them. They said, "She is so thoughtful, she is one step ahead of me, she washes up and takes rubbish to the bins, so I do not have to negotiate the outdoor steps. She is unbelievable really." Another person's relative said, "They are good people, they are kind and do a good job."
● A member of staff said, "It's nice if you go in when they are down, depressed or sad. I go in and smile and can get them in a happy, good mood. If I can make them laugh and be jolly, I leave happy."
● People told us staff knew about them and their support needs. Staff had training in equality and diversity. One person told us, "She makes me comfortable, she knows how to help me in the bath and massages my feet for me too. She knows where everything is, it's like having a friend pop round."

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

● People were able to direct their care. One person told us, "They are highly efficient in the time they have here. They allow plenty of time to do my bandages and if they have time at the end they always offer to do more, they'll do anything I ask, put the bins out and do a bit of washing up if I need".
● People were encouraged to be involved in their care and make choices. One member of staff told us about how they would involve people and encourage them to make choices about their meals. They said, "I ask them what they feel like having that day. I give them choice, offer what is in the fridge. I suggest and always give them an option."

Respecting and promoting people's privacy, dignity and independence

● People's independence was promoted. One person said, "I've always been so independent, so it came as an awful blow to need help, however she's encouraging and always encourages me to do things for myself, even if it takes longer." Another person's relative described the member of staff who usually sees their relative. They said, "She is caring, sensible and very good at understanding her needs. She has a way of way of helping her discreetly making her feel independent."
● The registered manager told us about one person who had required two people to support them initially. Gradually staff worked with the person to identify areas of independence, such as preparing food and

accessing the toilet. This support helped reduce the care the person needed.

● People's privacy and dignity was respected. One person told us, "They always knock before entering and never just walk in." One member of staff told us, "I treat people how I'd like to be treated." Another said, "I always say what I am doing so that they can know what is happening and what is coming up next."

● People and their relatives told us that their homes and belongings were respected by staff. One person's relative said, "Mum is very protective of her own space and belongings, the carers respect that and leave her home as tidy as they find it."

●People's information stored at the office was kept securely, with care plans in people's homes located where they wished.

Good

# Is the service responsive?

## Our findings

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

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

● Staff knew people and their needs well. People told us that felt staff had taken time to get to know their needs. One person's relative said, "It's just the way they approach things, they come in and are in charge, they are confident carers. When they are here it gives me time to go out, and I never worry."
● Care plans included detail on how the person preferred their care visit, and order of their support. For example, whether people preferred to have breakfast before they were supported with personal care.
● Staff were kept updated when people's support needs changed. One member of staff told us, "Usually with any changes, we get notified by email. They normally say what has changed and that the care plan will be updated. When I get back from holiday I get an update on what has changed."
● Care plans included people's life histories, interests and preferences. For example, one person's interests included travel, music, dancing and current affairs. A member of staff told us, "She likes to talk about politics, sometimes she will have the television on and we talk about that."
● People told us they were regularly contacted to check that they were happy with their care visits, and to ensure staff were meeting their needs.

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 service was not providing care to anyone who needed information in a different way at the time of the inspection. However, they had information available in different languages and in Braille in case it was needed.
●People's communication needs were considered and recorded when they started to use the service.

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 supported people to pursue their interests, where this was part of the care the person wanted. For example, staff supported one person to walk into the town from their home. The person had lost confidence following a fall, and the registered manager told us this support was increasing their confidence.

Improving care quality in response to complaints or concerns

● People and their relatives told us they knew how to raise concerns and would be confident to do so. One person's relative told us, "We have had no reason to moan." Another person's relative said, "If I raise niggles immediately, they're dealt with."
● One member of staff told us how they would manage a complaint. They said, "I'd see if there is anything I can do there and then or pass on to [registered manager] to fill out a complaint form."
● There had been one concern recorded since the service was registered. The registered manager did not have access to this record during the inspection. Following the inspection, the area manager sent us details about this and the previous area manager had responded to the person raising the concern in a timely way.

End of life care and support

● Staff told us about people they had supported at the end of their lives. They told us about working with hospice nurses to ensure people received the support they needed at this time.
● The service was not supporting anyone at the end of their lives at the time of the inspection.

Good

# 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 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; 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; Continuous learning and improving care

● Staff told us they were well supported by the management team. One member of staff said, "If I'm worried about anything, I can always contact the office. For any concerns of any sort. There is on-call support too." Another member of staff told us, "[Registered manager] and [care co-ordinator] are fantastic at communicating. If I have a problem I can just call up and it is never too much trouble."
● The registered manager understood their duty of candour. There had not been any incidents to demonstrate duty of candour since the registration of the service.
● Staff were regularly observed during care visits by a member of the management team to ensure the quality of care. This included supported tailored to people, moving and handling of people, management of medicines and other aspects of care.
● There were monthly checks of the records about people's care visits. These checks included checking the times staff had been at the visit, the detail of the visit and that when necessary, any concerns had been appropriately reported.
● Quality assurance checks were used to improve the service. One audit had been completed by the area manager since the service was registered look at people and staff experience, care plans and staff documentation and support. This had assisted the registered manager in identifying areas for improvement.
● Records did not always reflect practice accurately. For example, when people's capacity to make decisions had been assessed, assessments did not include the views and responses of people and others, relevant to the decision. The registered manager agreed to address this straight away.

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

● People and staff felt well supported by the service. One member of staff told us, "I think they are really good at caring for their clients. I feel personally they are amazing at supporting their staff. It feels nice, they really do care about their customers and their staff." Another member of staff said, "They are professional, they make sure care plans are ready for new clients and everything is just well set out for all of us."

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

● People and staff were engaged and involved in the service. Surveys had been sent to gather their views of the service and the responses were positive. People were also regularly contacted for quality assurance, to check they were happy with their care and support.
● The provider published a newsletter regularly and the registered manager sent out a monthly branch newsletter to staff. Topics included dates for team meetings, a policy of the month, new staff and carer of the month. Carer of the month is a reward scheme, awarded for positive practice or compliments from people receiving support. Staff awarded this were given chocolates and flowers.

Working in partnership with others

● Staff worked in partnership with other agencies such as social workers and other health and social care professionals. A health and social care professional told us about how the staff had supported a person with behaviour that could challenge. They said, "The homecare support has settled with a consistency of experienced carers who are assertive in dealing with [person] when [they] become challenging, this has been achieved with open honest communication with Helping Hands in finding the most suitable carers and discussing the best ways in dealing with certain situation." They added, "They are easy to work with, open to any ideas and honest if certain tasks are not achievable, they are realistic in their approach to difficult situations and in this case worked well with me in trying to keep my gent at home."