

Midshires Care Limited

Helping Hands Ferndown

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 Ferndown is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to older people. At the time of inspection, the service was providing personal care to 28 people.

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

Improvements had been made in all the key questions we ask. There were enough staff to meet people's needs. Risks were assessed, and measures put in place to mitigate them to keep people safe. Staff were recruited safely. People felt safe and satisfied with their care. Staff training together with policies and procedures ensured people were safe. Staff knew how to recognise signs of abuse and who to report concerns to; they felt confident their concerns would be heard.

Medicines were managed safely, and lessons were learnt when things went wrong. Staff were supported, their practice checked to ensure they worked in a safe way. The service provided a comprehensive training programme and staff felt they had the necessary training to do their job. People were protected from avoidable infection as staff knowledge and practices promoted good infection control.

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. Staff understood how to treat people with dignity and respect and people's experience of their care confirmed this.

People received access to healthcare professionals when needed. The service raised concerns when required. People told us staff were kind, compassionate and caring. They had good relationships and staff encouraged people to be independent. People and their relatives were involved in their care.

Care plans were personalised and met people's needs in a variety of ways, both practically and emotionally. The service used an electronic logging system which meant that they could respond if staff were held up or going to be late. People knew how to make a complaint and the service's policy supported that. Concerns had been dealt with through the process and to people's satisfaction.

Improvements to the governance of the service were robust. There was increased provider oversight and support. People thought the service was well led and staff told us morale had increased as there was a real 'team' approach. We received compliments about the support and leadership of the service. People and staff told us the registered manager had a positive effect on the service since their appointment. The service

worked well with other agencies and professionals.

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

Rating at last inspection

The last rating for this service was requires improvement (published 15 July 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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 Ferndown

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.

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

We gave the service 48 hours' notice of the inspection. This was because it is a care at home service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 February 2020 and ended on 13 February 2020. We visited the office location on 12 February 2020.

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 professionals who worked 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative on the telephone about their experience of the care provided. We spoke with six members of staff including the registered manager, care co-ordinators,

quality compliance partner and care workers. We received feedback from seven care workers by email.

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to internally and externally.
- People and their relatives told us they felt safe with the service. Comments we received included; "My loved one [name] feels safe with their carers". "I do feel very safe with the carers". "I feel safe with them, they give me confidence".
- Records showed referrals to safeguarding had been made where appropriate. The registered manager had a good understanding of keeping people safe.

Assessing risk, safety monitoring and management

- People had risk assessments for all aspects of their care and support. This included risk assessments for each person's home and external environmental risks. Risk assessments were reviewed regularly or in response to people's changing needs by the care co-ordinator or registered manager.
- People told us staff had a good knowledge of the risks to their safety. Staff were trained to meet each person's needs and to understand the risks involved. The service worked to provide continuity of staff which meant they could monitor for changes in condition and escalate concerns as needed. A person told us, "I have regular carers".
- Assessments included clear instructions for staff on how to minimise risks to people. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work and reduce or eliminate risks.

Staffing and recruitment

- The service had enough staff to support people. Staff told us they did not feel rushed and had enough time to see people and support them. The care co-ordinators arranged all care visits and travelling time and communicated this with the staff. People were informed if there were changes to their visits or if staff were going to be late. The registered manager told us they were continuing with their recruitment campaign and thinking of ways to attract good staff.
- The service had a logging in system for staff which helped to keep people safe. The care co-ordinators monitored people's visits in real time and an alert was made if a visit was late. Staff would then receive a call to get an update on their progress.
- The service had a recruitment process and checks were in place. These demonstrated that staff had the required skills, knowledge and character needed to care for people.
- 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.

Using medicines safely

At our last comprehensive inspection, we recommended the provider consider current guidance on administering medicines and act to update their practices. The provider had made improvements.

- The service managed people's medicines safely. Staff responsible for the administration of medicines had their competency assessed. The provider told us they were introducing a new medication process which included new charts, an improved process and staff were booked to receive training.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- MAR were completed correctly, were legible and audited regularly.
- Where people were prescribed medicines 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 were clear on their responsibilities with regards infection prevention and control and this contributed to keeping people safe.
- Staff had access to supplies of personal protective equipment. People told us staff always wore gloves when supporting them.
- Staff had received training in the control and prevention of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the registered manager and by the provider's quality team. This meant that they could identify trends, make changes where necessary and there was provider oversight.
- Learning was shared through staff meetings and staff briefing messages. Staff told us they were kept up to date with changes and communicated well together.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 their needs assessed before they started with the service. The assessment formed the basis of the care plan. The care co-ordinators or registered manager went to see each person before the service was agreed.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, individual conditions and nutritional needs.

Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Many staff held a national diploma in health and social care and this was encouraged by the service.
- Staff received the training and support needed to carry out their role effectively and with confidence. A staff member told us, "The induction was a week, very intensive which certainly equipped me very well". Another staff member said, "There is in house training as well as online and meetings are sometimes used to refresh training".
- Staff received training on subjects such as moving and handling, medicines, medical emergencies and basic life support.
- Staff told us they had regular contact with the care co-ordinators and registered manager. Staff competency was checked through regular spot checks, a member of staff told us, "I have had spot checks by management which is always appreciated as being a carer can be at times very challenging and isolating at the same time. Supervisions were regular, and staff told us they felt supported. The service provided support for the service out of hours and people and staff confirmed this.

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

- Each person had their eating and drinking preferences assessed. The plan detailed which level of support they required. Where people required support with food and drink their likes and dislikes were recorded. There were detailed plans in place where people had intolerances to certain foods. This included instructions for staff to check labels.
- Staff told us that they would raise their concerns about a person who was not eating and drinking well and request medical advice.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others. The service worked on providing continuity of staff to people, so they could recognise changes.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Records showed referrals made from the service to a variety of professionals, such as doctors, nurses and occupational therapists.
- The service worked well with all professionals and were comfortable seeking their input when needed.
- Instructions from medical professionals were recorded in people's care plans and they were communicated to staff through the care records.

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 service did not provide care or support to any person who lacked capacity to make individual decisions about their life. However, the service had clear procedures in place to assess capacity and to ensure people rights were protected.
- Consent to care was sought for different aspects of people's care, such as to receive support with their care. People's records showed that each aspect of their care had been discussed with them prior to them giving their consent. Staff told us they always ask before they do anything for a person and people confirmed this.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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. Comments included: "The carers are a nice bunch", "Really kind", and, "Very happy with the carers they are lovely".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- People had expressing sexuality care plans which gave people an opportunity to discuss how their sexuality affected their preferences in relation to their care.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.
- Helping Hands Ferndown had received compliments about the service it provides. We read: "Thank you all for so much kindness looking after our loved one [name]. It's so frustrating being so far away but having you guys there made all the difference to our loved one's [name] care and loneliness."

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

- People and their relatives told us they felt included in how their care and support was planned and delivered and had opportunities to put their views to the service.
- People contributed to their care plan and reviews. A person had revised their own care plan and submitted this to the service. The person confirmed that it was important for them to do that and the registered manager told us they encouraged this.
- Staff told us it was important for them to support people with choices. Records showed they supported people with choices for different aspects of their care.
- Records contained the details of others who supported people.

Respecting and promoting people's privacy, dignity and independence

- People's personal details and information was protected as confidentiality was observed at the service.
- Staff treated people with dignity and respect. Staff received training in dignity.
- People told us that staff were on time and stayed for the full visit time.
- People were supported to be as independent as they could be. They told us staff encouraged them to do things for themselves and did not take over.
- Staff members told us they felt it was important to protect people's dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People received personalised care that was responsive to their needs. Care plans were detailed and involved the person. A member of staff told us, "I know their backgrounds, their families, their likes and dislikes."
- People and their relatives were involved in their care. Reviews were held regularly or as things changed. Record showed they were continual changes made.
- People were receiving the care that was important to them and met their individual needs. Plans had clear guidance for staff to be able to meet those outcomes.
- Care plans and information was available to staff. This included an "All about me" section which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people. A staff member told us, "The care co-ordinator [name] has been very valuable, with availability, and an instant plan of action when I need advice."
- At the time of inspection, the service was not providing end of life care to anyone.
- People were asked about their end of life care wishes and preferences. The service worked with palliative care teams as required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication care plan which detailed how they wished or needed to communicate. An example was where a people required support with their spectacles.
- Records showed people's communication needs had been assessed, were known to staff and where necessary were passed on to relevant professionals.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to the care co-ordinators or registered manager about any concerns. Some comments were; "I would go to the care co-ordinator [name] if I had a problem", "I would speak to the registered manager [name] they are good", and, "I know how to make a complaint".
- The service had a complaints process which was reviewed by the registered manager. The service had

resolved issues to people's satisfaction.

- People and their relatives were confident their concerns would be dealt with and taken seriously.
- The provider operated a 'Rant and Rave' feedback process. Feedback from people was collected, analysed and actions taken. Reports were shared with the registered manager; they told us this was helpful.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Staff felt proud to work for Helping Hands Ferndown. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "I believe we deliver a quality service that is person centred and the whole team genuinely care about our client's wellbeing", "I feel part of a team", "I feel we provide a good service to keep people in their own homes and assist them to have an independent life as much as they can do", "It's a pleasure to come to work", "Morale is wonderful", "I work alongside a great team of carers".
- Staff, relatives and people's feedback on the management at the service was positive. Staff felt supported. The comments included: "Our new registered manager [name] is great, always smiling, ready to help with anything. They have had a positive effect on staff morale and has made definite improvements within the branch", "The registered manager [name] is lovely. One of the best, you feel you can go and talk to them", "They have compassion and are very nice", "The registered manager [name] is fair, has their eye on everything and welcomes criticism", "I think [name] is a great manager, I cannot fault them", "The registered manager [name] is very supportive and approachable".

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, open and apologise 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 showed us records where they had done this. A member of staff told us, "It's an open and honest team".

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

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team and the provider.
- Quality assurance systems were in place. The provider requested a weekly update from the registered manager. This report included; accidents, incidents, complaints, training, care plan reviews and safeguarding concerns. This meant there was provider oversight of the service.
- Systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.

- The service had a process in place to support learning and reflection. The registered manager and care coordinators sent messages and updates to staff.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

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

- The service sent out quality surveys to people twice a year. The results of the last survey in September 2019 were positive and 100% of people said staff were polite and professional.
- The service had regular staff meetings. The service held meetings on different days and times to ensure all staff had the opportunity to attend. Topics for discussion had included: people updates, staff availability, communication, praise and thank you and a presentation to support training.
- The service had a 'Carer of the month' recognition scheme in place. The registered manager told us this was decided on feedback from people, staff and managers. Staff told us they appreciated this. One staff member said, "It's nice to be acknowledged." The registered manager sent post cards to welcome new staff and various thank you cards to staff who went the extra mile.
- Learning and development was important to the registered manager. They attended regular meetings with other registered managers, update training and had used online guidance and publications.
- The service was involved with local charities and supported them with fund raising and coffee mornings and collections. The registered manager told us they want to build on these community projects.
- The registered manager told us the service had good working partnerships with health and social care professionals.