

Midshires Care Limited

Helping Hands Folkestone

Inspection report

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29 September 2021

30 September 2021

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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 Folkestone is a Domiciliary Care Agency providing personal care to older people and people living with dementia 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 providing personal care for 10 people at the time of inspection.

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

People told us they felt safe and staff knew how to protect people from abuse and avoidable harm. Risks to people were managed to support people's health, safety and wellbeing.

People received their care visits as planned from consistent and safely recruited staff. Where required people were supported to take their medicines safely as prescribed.

The service had managed well during covid-19 and effective prevention and control of infection systems were in place. Lessons were learnt from accidents and incidents to prevent them happening again.

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

People received effective needs assessments and had clear care plans in place to enable staff to meet their needs. Staff worked with other health care professionals to ensure people's health care needs were met. This included people's needs in relation to equality and diversity such as their religion and culture.

Staff were competent and skilled and received all the training and support they needed to fulfil their role. Where required people were supported to ensure their dietary needs were met.

Staff were kind and caring with people and respected their rights to privacy and dignity. All feedback we received from people and their loved ones was positive. People were supported to maintain their independence where possible. People were involved in their care and were enabled to express their views.

People received person centred care which met their changing needs from staff who knew them well. There had not been any complaints in the service, but people knew how to complain and who to if they needed to. Where people consented, their wishes for their end of life were known and recorded.

The registered manager had developed a positive, person centred culture in the service which motivated staff to provide quality care for people. Staff felt supported by and respected the registered manager.

There were effective quality assurance systems in place to ensure risk, quality and safe care. There were good communications with the staff team and partnership working with other agencies to ensure people's needs were met.

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 17/07/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time since the service registered with us.

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 Folkestone

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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.

Inspection activity started on 27 September 2021 and ended on 30 September 2021. We visited the office location on 28 September 2021.

What we did before the inspection

We reviewed information we had received about 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 two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, area manager, care and training practitioner, and three care workers.

We reviewed a range of records. This included four 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. We looked at training data and staff survey results

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

- Systems and policies were in place to protect people from the risk of abuse and avoidable harm. The registered manager was aware of local safeguarding policies and procedures and had notified the Care Quality Commission (CQC) of any safeguarding concerns. The registered manager had responded to any concerns raised by investigating any incidents and taking the appropriate actions.
- People and their loved ones we spoke with told us they felt safe with the carers who visited them.
- Staff received training on safeguarding people and could tell us the types of abuse and how they would report abuse. Staff knew the procedures for whistle blowing. Staff said they would report any concerns to the registered manager or if required externally to the safeguarding team or CQC.

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

- Risks to people's health, safety and well-being were well managed. People had comprehensive risk assessments completed for all their needs which identified measures to reduce the risk. For example, where they were at risk of falling and for any health conditions they had.
- Environmental risk assessments were completed for all people's homes and the office to ensure people's and staff's safety. These included for example, home security and how to evacuate in the event of a fire. Risk assessments and guidance for staff was available for all equipment used such as hoists and shower chairs.
- The provider had a system in place to log, action, review and analyse any incident, accident or concern. Staff had been coached on what they needed to report. Lessons learnt were shared with staff at team meetings. This ensured incidents were understood and prevented from reoccurring.

Staffing and recruitment

- All people and their loved ones we spoke with told us they were happy with their carers being on time, staying for the duration of their planned visit and letting them know which carer would be visiting. One person told us they didn't feel rushed at all, that they could ask for help with extra things such as how to use technology and their visits were relaxed.
- The provider had effective and robust systems in place to ensure people always received their scheduled visits on time. An electronic system would flag up to the office staff immediately if a carer had not logged into their call. When carers were running late due to unforeseen circumstances people were informed.
- Rotas showed enough staff were deployed to meet people's needs. The service did not use any agency staff and had recently recruited carers to enable them to provide care to more people. The provider had managed during any periods of short staffing such as sickness or annual leave cover. Office staff such as team leaders and the registered manager would cover a visit when required.
- Safe recruitment systems were in place and all the required pre-employment checks were completed by

the provider to protect people from the recruitment of unsuitable staff. These included previous employer references, full employment history and Disclosure and Barring (DBS) background checks for all staff. DBS checks help employers to make safer recruitment decisions.

Using medicines safely

- People were supported, where required, to take their medicines safely as prescribed. An electronic system was used so staff could confirm they had administered people's medicines in real time. This was monitored by office staff and therefore reduced the risk of medicines being missed.
- Medicines audits were completed by office staff and had not identified any concerns.
- People's medicine records included all the guidance staff required to ensure medicines were administered safely. For example, details of any allergies they might have, and details of when to give 'as required' medicines such as paracetamol and topical creams.
- Staff received training and regular competency checks, for example on the administration of people's medicines. This ensured that staff had the necessary skills to safely administer people's medicines.

Preventing and controlling infection

- The registered manager had managed well during Covid-19 and there had not been any cases of people they cared for contracting the virus in the community. Staff had followed best practice and government guidance to prevent and control the infection of Covid-19. People or their loved ones told us that staff consistently wore personal protective equipment (PPE) when visiting their home and providing care. The office was well stocked with PPE and made readily available for staff.
- Staff completed regular COVID-19 testing and risk assessments and contingency plans were in place with regards to COVID-19. All staff had received training. There was good communication between the provider and staff to regularly update, inform and remind staff about best practice and PPE processes.

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's needs were fully assessed and looked at their planned care and desired outcomes so staff could support them effectively. For example, how to support people to maintain their independence to enable them to remain living in their own home.
- Care plans offered clear guidance for staff how to support people in line with their needs. For instance, personal hygiene care plans included guidance around what people can do themselves and what they need support with. For example, one person needed support to wash themselves but could take care of their own oral hygiene.
- People's protected characteristics under the Equality Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, religion and sexuality. Staff completed training in equality and diversity and the registered manager was committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. There was a thorough recruitment and selection process to ensure staff had the right values and skills for a caring role. All staff had received a full induction to the service which included training in all areas, such as medicines, safeguarding, moving and handling and first aid. New staff shadowed experienced staff before providing care and staff competency was regularly assessed.
- All staff were required to complete the Care Certificate. This is a nationally recognised training program to ensure that new care staff know how to care for people in the right way. All staff working with people were up to date with their training. Staff were encouraged to access additional training to continually develop their knowledge and skills once they had completed their care certificate. All staff we spoke with were confident in their role and felt they had all the training they needed.
- All staff received a rolling programme of supervisions and direct observations and this was monitored by the registered manager. Staff told us they felt well supported by the registered manager and other office staff and received regular supervision and competency checks. One staff said, "(Name of registered manager) is incredible, one of the best managers I have had, you can talk to them about anything, they encourage me."

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

- Where required staff would prepare meals for people. Staff ensured people's dietary needs and preferences were met and they were given choice. People we spoke with confirmed this.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed

guidance for these. For example, one person needed their food cut into small pieces and to be supported to take their time and remain upright whilst eating to avoid the risk of choking.

- People's care plans highlighted when they needed encouragement to drink enough, for example to prevent urine infections.

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

- Care plans provided clear guidance for staff for all people's healthcare needs. Where people had a specific health condition for example, dementia, there was additional information provided for staff to ensure they met their needs. For example, recognising the risk of the person being confused and allowing the person time to process what is being asked of them.

- People were supported to maintain their health and were referred to health professionals as required. For example, GPs, and district nurses.

- People's health and wellbeing was monitored to promote early prevention and positive outcomes. For example, where people were at risk of developing pressure sores, their skin condition was consistently monitored.

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.

- People were asked to consent to their care and care plans had been signed. No-one was being deprived of their liberty. For example, when bed rails were in place these were only used whilst moving people to ensure their safety. It was known by staff this would have been depriving people of their liberty otherwise.

- Staff were aware of the principles of the MCA and clear guidance was provided to staff within people's care records. People had mental capacity assessments completed when required which followed the principles of the MCA, for example they involved those important to them and decisions were made in people's best interest.

- Where people had a Lasting Power of Attorney (LPA) in place this was recorded in people's care records. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. The registered manager had obtained copies of these documents and checked with the office of the public guardian where they had been told an LPA was held.

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

- Staff were kind and caring with people and all people and their loved ones we spoke with were happy with the care they received. One person told us, "They are really excellent, so friendly and willing to do everything. I'm very fortunate to have them." Another person told us, "They are very nice people and I am absolutely satisfied with everything."
- One relative told us, "We get on well with the carers, it's like a friend coming into help." Staff told us they were given enough time with people and never felt rushed.
- Staff respected people's rights to equality and diversity, for example people's religious beliefs and practices.

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

- People were involved in the care they received on a day to day basis by the carers supporting them. For example, what they wanted to eat and if they wanted cream to be applied. People and others important to them were involved in regular review of their care plans.
- Staff showed a good understanding of people's needs and preferences and people's care plans included details which helped new staff learn about how people expressed their needs.
- The registered manager and office staff regularly and consistently sought people's views on the quality of the care they received through telephone calls, visits and completing surveys. These were all positive.
- No-one was using advocacy services at the time of our inspection. However, the registered manager informed us they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was supported and information about people was held securely.
- Staff respected people's privacy and told us how they upheld their dignity when providing personal care. One person described how they were put at ease when receiving personal care.
- People were encouraged to maintain their independence where possible. For example, one person told us their new wheelchair prevented them from being able to access their kitchen sink. Therefore, staff encouraged them to use their other wheelchair for this task to enable them to keep their independence.

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

- People received person centred care which met their needs. Needs assessments were completed in detail with people, involved their families and were used to inform care plans. People's care plans were reviewed when people's needs changed. For example, one relative told us how their loved one's visits had been increased as their mobility had reduced.
- People's care plans were clear about what they could do for themselves to promote their independence. People's likes and dislikes were well recorded, and care plans included prompts for staff to ensure people's choices were respected and staff knew exactly how people liked their care to be provided.
- People were given consistent care with regular carers visiting them. Staff knew people well, were knowledgeable about their needs and preferences and had learned about their lives.

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 known. One person had no verbal communication, their care plans included how they communicated to get their needs known through noises and detailed for staff to check the person had understood them using certain gestures.
- The registered manager told us they checked at assessment and care reviews if people need information in other formats such as large print, Braille or another language. They were then assisted by the providers support office to provide these as required.

Improving care quality in response to complaints or concerns

- There had not been any complaints or concerns about the care provided. People and their loved ones we spoke with confirmed this.
- People and their relatives told us they knew how to complain and who to if required. All people and their loved ones we spoke with told us they had not needed to raise a complaint but would feel comfortable in doing so. One person said, "I would ring the office if I had any problem, they regularly ring and ask me how I am. They would sort things out quickly."

End of life care and support

- The service was not providing care to anyone at the end of their life. People's wishes for their end of life care were discussed with them during the assessment process when they consented to this. Where people

had expressed their wishes these details were recorded in their care plans. For example, one person had shared what music they wanted to be played at their funeral.

- Staff knew when people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place. These had been checked and a copy kept on file.

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.

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

- The registered manager had created a positive, person centred culture in the service. This had resulted in a motivated staff team and quality care for people with positive outcomes. For example, one person who had needed full support with hoisting to move four times a day within weeks was supported to become more independent, regain their mobility and only needed support once a day.
- Staff described the providers vision as, 'person centred care, not rushing people, giving choices, promoting their dignity and showing respect, involving people as much as possible and helping people to stay in their homes as long as possible.' Staff we spoke with were all engaged with the providers vision and did all they could to give people the best possible care and quality of life.
- All staff, people and relatives were positive about the registered manager and the support they received from all the office staff. Staff told us they would be happy for their loved ones to have support from Helping Hands Folkestone. One carer said, "Absolutely, every carer I have worked with comes across with a brilliant attitude, they are kind and caring and make conversation, taking an interest in the person. I love working with these girls and would 100% trust the management."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were robust and effective governance systems in place to ensure high quality and safe care. Care records were comprehensive, accurate and up to date. Risk management systems were robust.
- The registered manager had access to various networks and information from other agencies to keep up to date with the latest information and ensure the service was up to date. Any changes to policies and procedures were communicated to the staff via email, meetings, supervisions, induction training and training updates.
- The registered manager clearly understood their role and responsibilities and had met their regulatory requirements. Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths which they had done.
- The registered manager understood their responsibilities in respect of the duty of candour. They had informed people, their families and where appropriate external agencies of any incidents or accidents.

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

- People and their loved ones were engaged with their care and the service. Information was shared with people to signpost them to community services which may interest them, for example mental health support groups.
- Staff were engaged with the provider and clearly enjoyed working for them. The registered manager had ensured staff felt valued and well supported. They achieved this through regular communication and support and recognising good practice. For example, they ran a 'Moments of kindness' scheme where staff were able to nominate their peers for recognition and reward when they had 'gone above and beyond' to support people or staff.
- The registered manager promoted peoples' and staff equality and diversity. Equality and diversity considerations were included in people's initial care needs assessment. New staff completed an equal opportunity form during their induction and the registered manager employed a diverse workforce.

Continuous learning and improving care; Working in partnership with others

- The registered manager proactively sought to identify and promote improvements in the service for people and staff. Quality assurance systems such as audits and surveys were consistently completed. Audits were used alongside other feedback and events such as annual care reviews and incidents to ensure continuous improvement. These identified minor actions needed and evidenced they were completed. For example, one person had said they didn't always know which carer was visiting so their rota was sent to them.
- The staff team had positive working relationships and worked in partnership with other health and social care professionals to ensure people's needs were met. This included for example, the local safeguarding team, GPs and district nurse.