

Midshires Care Limited

Helping Hands Gloucester

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

This was Helping Hands (Gloucester) first inspection since reregistration in April 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency (DCA) and we needed to be sure that someone would be in.

Helping Hands DCA provides a personal care service to people living in their own home. On the day of the inspection 80 people were supported by the agency many with their personal care needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said; "Yes I feel safe with them. They always chat to me and tell me what they are doing" and "They are very caring." Another person said; "I couldn't have anyone nicer." Staff said; "We are well trained which helps keep people safe and well cared for" and "My only regret, I didn't start working for them years ago. They are brilliant!" A compliment received at the service by someone who received care recorded; "I would like to say thank you to you all for helping me out in this difficult time and Helping Hands is an "A+" in my book."

People's care records were managed electronically and a copy printed off to send to people. They contained information that described what staff needed to do to provide individual care and support. Staff responded promptly to people's change in needs. When required, relatives and health and social care professionals were involved in identifying people's needs. People's preferences, life histories, disabilities and abilities were taken into account, communicated and well documented.

People's risks were monitored and managed well. The agency had policies and procedures in place which were understood by staff to help protect people and keep them safe.

People were kept safe and protected from discrimination. All staff had completed safeguarding from abuse training. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

People who required assistance were supported and encouraged to maintain a varied, healthy and balanced diet.

People's medicines were managed safely and people told us they were given the prompts required to help ensure they received their medicines as prescribed. One person said; "They always make sure I've taken my tablets. It's lovely."

People, relatives, staff and professionals were all encouraged to be involved and help drive continuous improvements in the way the service was provided. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The service sought feedback from people and encouraged people to share their concerns and complaints. The registered manager confirmed they investigated any complaints or concerns thoroughly and used the outcome as an opportunity for learning to take place.

All staff had completed training in the Mental Capacity Act. They understood the requirements of the act, and knew how to put this into practice should the need arise.

There were sufficient staff employed to meet people's needs. Staff were trained and had the correct skills to carry out their roles effectively. The service followed safe recruitment practices to help ensure staff were suitable to work with vulnerable adults. Staff described the management as approachable, very supportive and brilliant. Staff talked positively about their jobs and felt motivated to provide quality care.

There were effective quality assurance systems in place to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Good 

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences.

The registered manager had good knowledge of the Mental Capacity Act and how this applied to the people the service supported.

People were supported to access healthcare services to maintain their health and wellbeing.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good 

The service was caring.

People were supported by staff who respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and

compassion.

Positive caring relationships had been formed between people and staff.

People had their end of life care wishes documented.

Is the service responsive?

The service was responsive.

People received personalised care, treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and changes in need were identified promptly and changed accordingly.

There was a complaints procedure available for anybody to access.

Good ●

Is the service well-led?

The service was well-led.

There was an open culture. The registered manager was approachable and kept up to date with best practice.

Staff were supported by the registered manager. The registered manager and staff shared the same vision and values which were embedded in practice.

Staff understood their role and were motivated and inspired to develop and provide quality care.

Good ●

Helping Hands Gloucester

Detailed findings

Background to this inspection

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

The inspection was undertaken by one adult social care inspector. The inspection took place on 7 August 2017 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. We followed up the inspection with phone calls to people who received a service, relatives, staff and a healthcare professional.

We reviewed information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager. We contacted and spoke with eight people and two relatives via telephone about the care they received and one health and social care professional. We spoke with nine staff members about the service.

Helping Hands (Gloucester) DCA supports people in their own home. We looked at four records related to people's individual care needs. These records included support plans, risk assessments and daily monitoring records. We also looked at four staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. People said; "I feel very safe and well cared for" and "I feel safe because the staff are always kind, polite and respectful." Another said; "Yes very safe and well looked after." A relative said; "Yes definitely safe. I feel reassured they are here when I'm not." One staff member said; "I think we make sure people are safe and well looked after." A survey returned to the provider said; "I am quite convinced Mum is thriving due to the wonderful care she receives at home from [...] (named staff member) and her carers. It means such a lot to me because I am an ocean away."

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what to do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed staff had received safeguarding adults training and updates. Staff knew how to recognise signs of potential abuse and said they would have no hesitation in discussing safeguarding issues and reporting them. Staff confirmed they were aware of the whistle blowing policy and also the lone working policy.

People were supported by sufficient numbers of staff to keep them safe. Staff confirmed there were sufficient staff employed with the right skills, knowledge and experience to meet people's needs. People had visiting times at set times across the week. The registered manager informed us staffing levels were dependent upon people's assessed needs. People all agreed that they had always been able to rely on the agency to turn up. One person said; "They have never ever missed an appointment."

People said staff mainly arrived on time and if the staff were running late the agency kept them informed. An on call service was available to support any staffing difficulties in the event of sickness or unplanned absence. The on call service had the essential information they needed to ensure replacement staff had the necessary skills to meet people's care safely. Staff said the on call system worked and there was always someone available to contact when needed.

People were protected by safe recruitment practices. Required checks had been completed. For example, personnel files held a history of previous employment details. Disclosure and barring service checks had been sought. Staff confirmed these checks had been applied for and obtained prior to them commencing their employment with the service.

Before the agency provided support to people, an initial care plan and risk assessments was undertaken. This helped to ensure the agency would be able to safely meet the needs of the person concerned and took account of risks associated with lone working and environmental risk. This also ensured staff would be protected. Assessments included checking the equipment in people's homes had been serviced and was in good working order and the correct equipment was in place for people, for example hoists. Risk assessments included detail around whether people required two staff to safely move them. Information about how to access people's home was known and stored safely.

People told us staff knew the risks associated with their health needs and looked out for possible signs they

were not well.

People's medicines were well managed by staff. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. The staff confirmed, if they were delayed, they had systems in place to ensure people received their medicines on time. One person said; "They always ask me if I have taken my tablets."

People's personal risks associated with their care were known and recorded, for example those at risk of skin damage. People confirmed staff gave safe care and took account of these risks ensuring skin creams were applied when needed.

Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices. Staff confirmed they had received training and wore protective clothing as they carried out personal care. People said their staff always arrived with gloves and aprons when required.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. One person said; "I'm extremely happy with the service I receive." Another said; "They all seem to be well trained and know what they are doing" and "New staff always shadows experienced staff first. They then know what I need which is great."

People told us the staff always involved them in their care and asked for their consent before providing support. Records showed consent had been obtained and people had signed to confirm this before care was provided. One person said "They always ask me if I'm happy and ok with what they do. I always am, I couldn't ask for better!" Another said; "They are always there to help and support me. I never get people I don't know."

Staff received an induction when they first started working at the agency and the registered manager confirmed staff completed the Care Certificate (A nationally recognised set of skills training). Staff had a six month probation period and their progress was monitored throughout that time. The registered manager and the field care supervisor carried out "spot checks" on staff to ensure they were competent and up to date with their training and competencies.

Staff received regular supervisions and appraisals. Team meetings were held to provide the staff the opportunity to discuss areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues about how best to meet people's needs during their one to one supervision, appraisals and at team meetings.

People were supported by staff that had received training. Ongoing training was planned to support staffs' continued learning and was updated when required. Training was also arranged to meet the individual, specific needs of people the service agreed to support, for example, moving and handling training. Staff confirmed they had received training in using equipment, for example hoists. When asked if they received training to meet people's needs, choices and preferences, comments included; "We do quite a lot of training- it's always updated." Staff felt this enabled them to consistently provide effective support. The registered manager monitored the training skills required to meet each person's package of care and ensured staff competency was regularly checked.

The registered manager understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. No one currently using the service had any restrictions or lacked capacity to make decisions.

People who required support with food and drink were supported and encouraged to maintain a healthy balanced diet. Staff provided some people with meals and snacks during their visit. Some people said they did their own shopping while another said staff would buy them some bits if they ran out. Other people just

needed their food to be heated. Staff knew which food people could have, which was in line with guidance from professionals, and which foods to avoid and could pose a risk. One person said; "They always make me a cup of tea and have a chat before they leave."

People, who were able to make their own healthcare appointments, managed this by themselves or with assistance from their relatives. The registered manager confirmed referrals to relevant healthcare services were made as required when changes to health or wellbeing had been identified. A health and social care professional confirmed the agency contacted them if there were any changes in people's health care needs. Staff knew people well and monitored people's health on a daily basis. If staff noted a change they would discuss this with the individual and, with consent, seek appropriate professional advice and support. One person told us that as the staff had worked with them for a long time and knew them very well, they would recognise if they needed more support. People's records gave specific guidance on their health needs and how staff should respond in an emergency. Essential contact numbers specific to people's care were recorded. Staff said they would follow emergency procedures, call the paramedics if needed, and ensure essential information went with the person to hospital.

Is the service caring?

Our findings

People were well cared for and treated with kindness, compassion and with respect. One person said; "They take customer care to their hearts and make everything right for you." Another said; "Couldn't have anybody nicer" and "Best company I ever had." People's needs regardless of their disabilities were met by staff in a caring and compassionate way. People told us they felt as though they mattered. Staff told us, "If I'm caught in traffic I call the office and they always let people know." Another said; "Some people I have been visiting a long time so we always have a nice chat." Staff had genuine concern for people's wellbeing.

People received care, as much as possible, from the same staff member or group of staff members. People said they only had a small team of staff caring for them and one said; "I always have the same people. That really suits me." This ensured continuity of care.

People confirmed their privacy and dignity were respected. People told us the staff respected them and made sure they were comfortable and had everything they needed before they left. A health care professional said the staff treated people with dignity and respect.

People confirmed they were supported to stay as independent as possible, for example, staff would encourage them to wash areas of their body independently, but assist them with the areas they could not reach. Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible. One person said; "They never rush me."

People told us how the service had helped to improve their lives by promoting their independence and well-being. One person said; "I'm able to stay in my own home because they come." They went onto say; "I would recommend them."

Staff commented they felt passionate about the support they gave and explained the importance of adopting a caring approach and making people feel they mattered. Staff were clearly committed to making a difference to people's lives.

People's health needs, communication skills, abilities and preferences were known. Care plans held detailed information on what support was required and what people could do for themselves to help maintain their independence. The registered manager confirmed that people and, if appropriate, their family were regularly consulted to help ensure care records reflected a person's current needs. People and a relative confirmed they had been involved in their care plans.

A professional commented how well the agency had supported people with their care needs. They went onto say how the service helped to support people to remain in their own homes for as long as possible.

Is the service responsive?

Our findings

People's views and wishes were taken into account when planning care. Thorough assessments of people's needs took place prior to people being supported by the agency. The registered manager or field care supervisor visited people at home or hospital to gain an understanding of their needs, expectations and wishes. People confirmed the agency had visited them before they started receiving their support and the agency had come recommended. Everyone spoken with said how very pleased they were with the agency, including the response from the office staff and staff visiting them. A relative said; "They are always accommodating even if we need to change things."

Support plans had been written from the person's perspective and included information about how the person needed or wanted to be supported. For example, care records held detailed information that if people's health deteriorated at any time a named person would be contacted to update them. Staff confirmed they would report any changes in people's needs to the agency's office, they would then contact the next of kin if required. This showed us the service responded to people's needs.

One said; "The service is excellent." Another recorded; "Couldn't have anyone nicer" and "They are always polite, care and respectful."

A healthcare professional stated they felt the agency would be very responsive to any short notice request for assistance for people. They spoke highly of the way the agency responded to people's needs. They went on to say how the agency took appropriate steps to raise concerns with any other professional agencies involved with people.

People's health needs, communication skills, abilities and preferences were known. Care plans held detailed information on what support was required and what people could do for themselves to help maintain their independence. The registered manager confirmed that people and, if appropriate, their family were regularly consulted to help ensure care records reflected a person's current needs. A relative and people confirmed they had been involved in their care plans.

People had their individual needs regularly assessed and updated to help ensure personalised care was provided. One person said how the agency regularly contacts them to see if they are ok and update their care records. Arrangements were in place to help ensure care records were reviewed and documented when people's changes in needs had been identified. Staff members ensured they communicated important messages about each person with other staff mainly via the agencies office staff to ensure important information was passed on.

People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. No one we spoke with had any complaints about the service. People felt confident they could call the office if they had any issues. People and family felt confident and comfortable sharing their views and experiences of the care they received. One person said; "I raised a

concern some time ago and it was responded to and dealt with straight away." Another said; "They visit me every two months to see if anything has changed and then update my care plan. Very good communication." The registered manager confirmed any concerns or complaints received would be recorded and analysed to look for themes. Reflection and learning would then take place to reduce the likelihood of a similar complaint occurring.

Is the service well-led?

Our findings

Helping Hands (Gloucester) was found to be well led and managed effectively. The company's values recorded on their website stated; "To provide quality support and care to enable people to remain in their own homes and pursue their chosen lifestyle, regardless of age, disability and geographical area. Our company values exist to ensure we deliver a consistent and excellent service to every customer and employee." Staff we spoke with understood these values.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by a team of senior staff and office staff. People told us they knew who to speak to in the office and had confidence in the registered manager and any of the office staff. One person said; "The registered manager and all the office staff are very, very good."

A compliment sent to the office stated; "I just wanted to let you know how impressed I was with the registered manager who came to visit us to discuss hourly care for my father. She is an asset to your company and I would like to say she was most personable and really engaged with my dad, even bringing out in him a spark that we had not seen for a while! She explained everything clearly and included him in all the conversations rather than talking about him in a third person scenario.

We did meet with other companies, but the registered manager instilled our faith in Helping Hands so we have arranged for care to commence next week."

A healthcare professional said the registered manager was approachable and would return calls to discuss any issues promptly. They went on to say they had complete confidence in the whole service, the registered manager and office staff about the service provided. Staff all agreed it was a good company to work for and some had worked for the company for a long time.

The provider had policies in place that showed regard to the duty of candour process. This demonstrated they supported a culture of openness and transparency. The manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager was involved in all aspects of the day to day running of the service. There was an open culture, people felt included and strong links had formed between people, their families and health and social care professionals. One person said; "They contact me to make sure I'm happy. This is great."

The registered manager sought feedback from relatives, friends and health and social care professionals to enhance the service. The results of a recent questionnaire sent to people evidenced people were very satisfied with all aspects of the care and support they received. Compliments sent to the service included: "Brilliant", "Friendly" and "Helpful." The registered manager sent people the results from survey completed.

The registered manager understood they needed to notify the CQC of all significant events which occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. They said they felt protected and confirmed the agency had a lone working policy. Staff said they would not hesitate to raise concerns with the provider and were confident they would act on them appropriately.

The registered manager inspired staff to provide a quality service and to be actively involved in developing the service. Staff understood what was expected of them and shared the provider's and registered manager's vision and values. Staff supervision and appraisals evidenced there were processes in place for staff to discuss and enhance their practice. Staff said supervision was beneficial. Staff received regular support and advice from the registered manager and office staff via phone calls, emails and face to face meetings. Staff told us the management were very supportive and readily available if they had any concerns.

Staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them. Comments included; "They couldn't have been nicer or happier or more helpful when I visit the office." Another said; "They do a good assessment when visiting people. This helps me with my job."

There was an effective quality assurance system in place to drive continuous improvement of the service. The registered manager carried out regular audits which assessed the quality of the care provided to people. The registered manager and field care supervisor undertook spot checks covering punctuality, care, the person's home environment and ensuring dignity and respect were provided by staff.