

Midshires Care Limited

Helping Hands Halifax and Huddersfield

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 Halifax and Huddersfield is a domiciliary care service that was providing personal care to 20 people living in their own homes, at the time of the inspection. The service primarily supported adults aged over 65 but can also support adults aged under 65.

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:

Before a person started using the service, their needs were comprehensively assessed, including information about people's personal preferences.

Staff working in the service were confident with difference. Equality and diversity training had been provided. Staff talked with us about how they would always seek to get to know a person when they first started using the service including relationships that were important. This helped to shape how care and support would be provided in a way that was personalised to the individual.

Staff received effective induction, training and supervision to ensure they were skilled and competent to carry out their roles. Staff told us that they felt supported.

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

People who used the service had been fully involved in developing their own care plan and were involved in agreeing any changes with staff. Staff were knowledgeable about people's needs.

There were sufficient numbers of staff to meet people's needs. People told us they received care and support when they needed it and staff were punctual and did not rush.

The provider had well established systems and processes which sought to protect people from the risk of abuse. Staff received safeguarding training and knew how to recognise and respond to signs of abuse. People who used the service told us they felt safe.

Where support with medicines was part of an assessed care need, these were managed safely. This included systems for ordering, storage, administration and disposal.

Systems for audit, quality assurance, and questioning of practice were operated effectively.

Helping Hands was a values-based organisation which created a culture that was open, honest, inclusive and transparent. People who used the service were consistent in describing the local branch in these terms.

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 06/03/2019 and this is the first inspection.

Why we inspected:

This was a routine planned inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 Halifax and Huddersfield

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 service was inspected by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own home.

At the time of this inspection the service did not have a manager registered with the Care Quality Commission. However, the provider was actively recruiting for a new registered manager. Like the provider, a registered manager is 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 would be in the office to support the inspection.

What we did before the inspection:

We sought feedback from partner agencies including the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised about this 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.

During the inspection:

We spoke with four people who used the service to understand their experience of the care provided. We also spoke with the regional manager, quality assurance manager, a care coordinator and one care worker.

We reviewed a range of records. This included care plans and records related to the quality, safety and management of the service.

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:

- The provider had well established systems and processes which sought to protect people from the risk of abuse. These were operated safely and effectively within the local branch.
- Staff received safeguarding training and knew how to recognise and respond to signs of abuse. In the event of a safeguarding concern being raised, records demonstrated staff had followed correct procedures.
- People who used the service told us they felt safe. Comments included, "The staff call every day to provide me with help and support. This helps me feel very safe and secure."

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

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. For example, assessments were completed for environmental risks, falls risks and risks associated with medicines.
- Care records contained guidance for staff about how to support people in the safest possible way.
- Accidents, incidents and untoward events were reported and recorded appropriately and in a timely way. Effective systems were in place to review incidents for wider learning, and to reduce the likelihood of such events occurring again in future.
- An Electronic Call Monitoring system was in place. This was managed effectively by office-based staff and allowed for real time monitoring of care calls and for regular performance reports to be run.

Staffing and recruitment:

- There were sufficient numbers of staff to meet people's needs. People told us they received care and support when they needed it and staff were punctual and did not rush.
- Pre-employment checks had been carried out to ensure the suitability of prospective new employees.

Using medicines safely:

- Where support with medicines was part of an assessed care need, these were managed safely. This included systems for ordering, storage, administration and disposal. Where appropriate, people were encouraged to administer their own medicines in order to remain as independent as possible.
- Staff were trained in medicines management and competency assessments were completed before staff provided support to people with their medicines.
- Staff kept accurate records of the medicines they administered. Regular checks were completed by managers to ensure staff were following correct procedures.

Preventing and controlling infection:

- Staff had completed infection control training and understood their collective and individual responsibilities. This was supported by appropriate policies and procedures.
- Personal protective equipment such as disposable gloves and aprons were readily available at the point of care.

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.

Staff support: induction, training, skills and experience:

- Staff received effective induction, training and supervision to ensure they were skilled and competent to carry out their roles.
- The training and development needs of staff were assessed on an individual basis, according to their previous experience and appropriate training records were maintained.
- Staff told us that they felt supported in their roles. One member of staff told us, "The training is a really good blend of classroom learning and learning out in the field under supervision."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Before a person started using the service, their needs were comprehensively assessed, including information about people's personal preferences.
- The provider regularly cascaded information and updates to the service to ensure care and support was provided in line with best practice standards and national guidance.

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

- Support was provided to people around eating and drinking where this was part of an assessed care need.
- Information about people's nutritional needs and preferences was recorded in their care plan.

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

- Where appropriate, people were supported to access a range of health and social care services such as GP, district nurse, physiotherapist, or social services.
- Care plans were regularly reviewed with people to ensure all needs were identified and met.
- Instructions and recommendations from professionals were recorded in people's care plans, along with updates to the relevant sections of the care plan.

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, 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.

- At the time of this inspection, no one who used the service was subject of an order made by the Court of Protection that resulted in the care being provided restricting their liberty, rights and choices.
- Staff received training and understood the principles of the MCA and how they applied this to their day to day work.
- People were supported to make their own decisions and choices and staff only provided care with consent where people had capacity.

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; respecting and promoting people's privacy, dignity and independence:

- Staff working in the service were confident with difference. Equality and diversity training had been provided.
- Staff talked with us about how they would always seek to get to know a person when they first started using the service including relationships that were important to them and personal preferences. This helped to shape how care and support would be provided in a way that was personalised to the individual.
- Staff understood how to support and promote people's independence and how to respect their privacy. This was confirmed by the people we spoke with. Comments included, "I feel the carers are almost part of our extended family. I trust them and they are very caring."

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

- Staff understood the importance of involving people in decisions about their care and people told us they were involved in discussions and plans about their ongoing care and support needs.

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:

- Care plans were comprehensive and well written. Information was recorded about people's likes, dislikes, personal preferences and people who were important to them.
- People who used the service had been fully involved in developing their own care plan and were involved in agreeing any changes with staff. Staff were knowledgeable about people's needs.
- Staff completed a record of the care they provided at each visit. This enabled the service to check the care provided and monitor any issues.

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 follow interests or to access the community where this was part of their individual support package.
- Some people in receipt of personal care, also received social support and companionship as part of their overall package of care.

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.

- Information obtained by the service during the pre-assessment of need, captured people's communication needs. This meant the service could tailor information in a way that was accessible for each person. For example, care plans and correspondence provided in an alternative format.

Improving care quality in response to complaints or concerns:

- The service had a detailed policy and procedure which told people how they could complain and what to expect in response to a complaint, including timescales. It also gave people details of managers and other organisations they could contact if they were not happy with how their complaint had been dealt with.
- Managers within the organisation operated an 'open-door' policy. Everyone we spoke with confirmed they felt comfortable and at ease in raising any concerns.

End of life care and support:

- No one was in receipt of end of life care at the time of the inspection.
- Care plans included a section for people to indicate their advanced wishes in relation to end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the time of this inspection the service did not have a registered manager, however, the provider was actively seeking to recruit a new registered manager. Whilst this process was on-going, there had been no negative impact on service delivery and quality standards had been maintained.
- Systems and processes for audit, quality assurance and questioning of practice were operated effectively.
- A framework was in place for continuous learning across the organisation and at local branch level. For example, regular bulletins and information sheets were produced by the provider which highlighted issues or concerns from a variety of sources that were relevant to the care sector and the delivery of safe care. We saw how these were discussed during team meetings and through in-house learning sessions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Helping Hands was a values-based organisation which created a culture that was open, honest, inclusive and transparent. People who used the service were consistent in describing the local branch in these terms. Comments included, "I genuinely do feel all of the staff I've had contact with have been very values driven."
- Staff were considered equal partners in decisions around how the business was managed. We saw documentation related to 'you asked we answered' which detailed practical suggestions that had been made by staff and acted upon by the management team. Comments from staff included, "I've worked in care for a long time now and I can honestly say as an employer, they have been really supportive which makes me feel confident and secure as an employee."
- Through our discussions with the branch management team and staff, we were confident the service was delivered in a way that promoted and celebrated people's differences. This was supported by policies and procedures around equality and diversity, and training provided to staff.

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 provider fully understood their responsibilities around duty of candour. This was underpinned by the open and honest culture described above, and by appropriate policies and procedures.

Working in partnership with others:

- Staff recognised the importance of working in partnership with others. We saw examples of how staff had been proactive in making timely referrals to external agencies and helped to implement plans that ensured people could remain living in their own home for as long as possible.