

Midshires Care Limited

# Helping Hands Ipswich

## 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 Ipswich is a Domiciliary Care Agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults.

At the time of our comprehensive inspection on 26 September and 2 October 2019, there were 32 people in receipt of the regulated activity of personal care.

### People's experience of using this service:

Effective systems were in place to ensure people's safety. Risks were assessed and monitored, there were sufficient staff to support people and safe recruitment procedures were followed.

Staffing levels enabled people to maintain choice and involvement in their care and daily routine.

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 were treated with respect and their privacy and dignity was protected. People were supported and encouraged to remain independent.

The provider had effective quality assurance systems in place to monitor the quality and safety of the care provided. People were asked for their views and their suggestions were used to improve the service and make any necessary changes.

For more details, please see this full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: This service was registered with us on 20 August 2018 and this is its first inspection.

Why we inspected: This was their first planned comprehensive inspection following their registration in August 2018.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Helping Hands Ipswich

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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 small domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, and younger disabled adults. At the time of our inspection, there were four people using the service.

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. However, we were told that the registered manager had given notice to leave the service shortly after our inspection. We were assured that arrangements had been put in place to cover the post until a newly appointed manager took up their post in November.

#### Notice of inspection:

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection site visit activity started on 26 September 2019 and ended on 2 October 2019. We visited the office location to see the registered manager and to review care records and policies and procedures.

#### What we did:

Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We reviewed the Provider Information Return we had asked the service to complete. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed any information about the service that we had received from members of the public and external agencies.

During the inspection we looked at records relating to four people's care, four staff recruitment records, training records and complaints. We also looked at what audits and systems they had in place to check on the quality of service provided. We spoke with the registered manager and three staff members. We also met with four people while they were attending a coffee morning at the agency's office.

After the inspection we received further feedback from two people who use the service and two staff members by email.

# 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

- Staff understood about the types and signs of abuse and could explain the action they would take if they suspected or witnessed abuse.
- Records showed appropriate action was taken in response to safeguarding concerns and the registered manager had made appropriate referrals to the local authority safeguarding team.
- People told us they felt safe with the support that they received. One person told us that staff were, "My guardian angels."
- Staff had received training on how to recognise abuse and what to do in the event of a concern being raised.

Assessing risk, safety monitoring and management

- Potential risks to people's health, safety and wellbeing was assessed and reviewed, and staff took steps to reduce the likelihood of harm occurring.
- Risk assessments were in place in areas such as staff supporting people with moving and handling and environmental considerations such as slips, trips and falls within people's own environments.
- Risk assessments included any action staff needed to take and provided detailed information on how to support people safely.
- Consideration had also been given to staff safety as they carried out their duties, regarding their safety while working during the dark evenings or in bad weather for example.
- There was a business continuity plan in place, to ensure a planned approach to an emergency. Such as the loss or damage of premises, the loss of key employees or the loss of IT data.

Staffing and recruitment

- People told us there were enough staff available to support them and meet their care needs. People we spoke with told us staff came at the arranged time and stayed for the agreed length of time. One person commented, "I have never been let down, [the staff] have always been there for me." Another person said, "They go above and beyond, this one (pointing to their carer) has given me extra time and gives me information to make things easier for me."
- Safe and effective recruitment practices were followed to make sure that all staff were of good character.

Using medicines safely

- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- People who were supported with their medicines were well supported by trained staff.

- Before being able to administer medicines staff undertook training and had their competency assessed.
- Staff completed medicine administration records (MARs) to record when people's medication had been administered. The MARs were audited monthly and mistakes and errors were investigated, and extra training given if required.

#### Preventing and controlling infection

- Staff had access to protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support to people.
- Care plans prompted staff to remember to change gloves between different tasks, between giving personal care and preparing food for example.

#### Learning lessons when things go wrong

- The staff and provider responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. For example, when a staff member did not give someone the equipment they needed to keep them safe resulting in a fall. The manager treated the incident as a complaint, investigated, apologised to the person involved and sent a memo to all staff to remind them to make sure people had all they needed before leaving.

# 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

- Prior to people being supported by the service a full care needs assessment was carried out. This included gathering important information about the person's health, physical, mobility and social needs. This information was used to create a care plan in order that the person's identified needs could be met.

Staff support: induction, training, skills and experience

- People were supported by skilled, experienced staff. One person commented, "I have never been so well looked after before I started using this agency."
- The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively. This included training in people's specific needs, such as dementia, protecting people's dignity and showing respect. Staff were supported to undertake qualifications relevant to their role.
- Staff were provided with one to one supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Staff told us that they felt supported and had received the training they needed to meet people's needs effectively. One staff member commented, "The training and induction was brilliant, I can't fault them on that." Another staff member told us, "This is my first job as a carer. I have been trained professionally by the service and gained my confidence to work as a carer. I love how much support and help I can get from my fellow colleagues if I ever get stuck in any situation."

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

- Where people required support with their dietary needs, this was provided effectively.
- People's care records included the support people required and contained guidance on how that should be done. This included encouraging people to drink to reduce the risks of dehydration.
- The service collected information about how to access specialist ready meals providers or meals on wheels so they have information to pass onto people who need support with obtaining these meals.

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

- People told us that if they needed help to get to an appointment, such as hospital appointments, staff would go with them and supported them to arrange health care appointments.
- A staff member told us how they supported one person with their appointments. The person they supported said, "She is my memory, she stores all my appointments in her head and makes sure I'm ready in time and don't miss anything."

- Records demonstrated that if staff had concerns about people's wellbeing, they had acted quickly. This included calling health professionals or advising people's relatives they needed to see a doctor.
- The registered manager told us how they had worked with other professionals, such as occupational therapists to support people to obtain the equipment they needed.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives.
  - Staff asked and explained to people before giving care and support records demonstrated people had consented to their support plan and were involved in discussion about their care.
  - Information in care plans, demonstrated staff's working knowledge of the MCA and how they put it into practice. Staff received training in the MCA.
  - People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care. The registered manager understood their responsibilities to apply for an Order from the Court of Protection as needed.

## 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

- People told us they were supported by kind and caring staff.
- We saw care staff who had supported people to attend the Macmillan coffee morning arranged at the office, there was much hilarity and banter, one person told us that staff, "One person told us, "[My staff member] is a very caring, conscientious and kind-hearted girl who always goes out of her way to make sure that I am comfortable and settled." Another said, "I literally wouldn't be here if not for her (pointing to the staff member) As soon as she came in she knew something was wrong and got help for me and then stayed to look after me until help came." A third person told us, "Helping Hands has provided me with a reliable service by its staff who are obviously dedicated to their work and their clients."
- Care staff visited people in hospital and would spend time with people who did not have family and friends available to sit with them.
- Staff received training in dignity and respect. While we spoke with staff it was evident that they understood why it was important to treat people with respect and to meet their diverse needs.
- One staff member told us about one person who was their last call of an evening and said they would sometimes 'clock off' and stay for a chat, "I find the people I work with so interesting, I love chatting to them."

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

- People were supported to express their views and be actively involved in making decisions about their care and support.
- People told us that they had plenty of opportunities to speak to staff and express their views and opinions.

Respecting and promoting people's privacy, dignity and independence

- People told us that the service supported them to maintain their independence along with providing support to ensure they remained safe. One person commented, "I know I can talk about anything with my girl, and it will go no further." Another said, "It could be embarrassing being helped to have a bath, but they are sensitive and don't embarrass me."
- Staff were aware of maintaining people's dignity and explained to us how they ensured that this was respected during personal care by ensuring that people were covered up as much as possible.
- There was storage in the service's office to keep confidential records safe and secure.

# 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

- Detailed care plans were in place to show the support people needed and these were reviewed regularly.
- Care plans were personalised and included information such as the person's history, skills and interests to aid staff in building a professional relationship and rapport with the person.
- Staff were familiar with people's needs and their preferences and what was important to them. This enabled them to deliver people's care in a person-centred way.
- One person said, "I have never been so well looked after before I started using this agency, they arrive on time, they know me inside out and know my sense of humour." They pointed to a staff member across the room and, in a firm voice, said, "As for that one. .... she's amazing, she keeps me going."

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 was provided in alternative formats such as pictorial format and large print to ensure that this was available to people in a way they could understand and access.
- The registered manager showed us an example of how the service's statement of purpose would be printed in a person's preferred language if it was needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. One person said, "[The staff] notice if I'm off form, ask me what's wrong and make changes in helping me."
- Records showed that any complaints that were received were dealt with in line with the services' complaints policy. Those we saw showed that the person had received an apology and had been asked what their expected outcome was so the service could ensure it was dealt with to their satisfaction.

End of life care and support

- There was no one receiving end of life care when we visited the service, however people's preferences for their advanced care wishes had been considered. Whilst some people had opted to share their wishes and expectations for their end of life care, others had declined to have these discussions with staff and this had been respected.
- The registered manager told us, "It's always a difficult question, but we always ask it. What do you want

from us when the time comes?"

# 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

- The registered manager had a good overview of the service being offered and demonstrated an in-depth knowledge about offering quality care to people who used the service. They had recently completed training specific to their role.
- The service had an effective system to monitor the safety and quality of the service. The organisation had a quality assurance officer whose role included having an oversight of all the audits, completed and submitted by the registered manager, and reviewed any trends and identified improvements and learning needed.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.
- For example, an audit of the rotas was carried out and changes were made to the areas individual staff worked to avoid them traveling unnecessarily long distances. The registered manager sent a letter to people who would be affected, warning that there was going to be a change in their regular staff and the reason why.

Planning and promoting person-centred, high-quality care and support; How the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager shared their experiences with us and voiced their plans and ideas to improve the service offered to people.
- The organisation had signed up to a new system, meaning that care plans and records would be electronic, including MAR charts. Each staff member will have a handset and would not be able to sign out without having done expected tasks.
- People and staff were actively engaged in developing the service; through surveys and ongoing communication to check they were happy with the service they received.
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.
- The registered manager involved staff in decisions about the service. They did this through meetings and ongoing discussions, including weekly branch team meetings, the office team met weekly
- Staff were clear about the ethos of the service and the aims they were working towards. They were also positive about the registered manager's attitude and the support they gave them. One staff member commented, "The manager is good at her job, I have never been as well supported as she supports me."
- The registered manager had sent staff an email thanking them for extra effort and for support given to

each other.

- A mentoring system was in place, there were five carer mentors, for new staff to shadow
- The manager and providers understood the requirement of the duty of candour and were open and honest about the care and support people received.
- The registered manager was passionate about the care people received and promoted open communication.

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

- People's feedback was obtained, and their views listened to by the registered manager.
- Systems were in place to involve people, relatives and staff in the running of the service; Over national carers week the registered manager phoned people who used the service to see how they were doing, one person commented, "I literally couldn't ask for better people, when I'm in crisis you always try and fit in the visits for me, we are very lucky." Another person said, "I keep asking [my carer] to marry me but she says no every time! Her company really means so much to me and I'm very grateful."
- The registered manager's line manager commented that the registered manager engaged the local community and that the service was, "... a buzzing 'hub' for the community of carers, customers and local residents. Coffee mornings, pop ins, parties and all are welcomed, nothing is too much trouble."
- Annual surveys were carried out. Feedback from these surveys and meetings was analysed and action taken if any issues were identified.
- Regular staff meetings were held so the provider could effectively communicate any changes within the organisation, training updates and information about changes in people's care.
- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people.

Working in partnership with others

- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people.
- Staff reported that working relationships were good with other partners such as the local GP and pharmacy.