

Midshires Care Limited

# Helping Hands Leeds

## Inspection report

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29 January 2019

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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 Leeds is registered as a domiciliary care agency providing the regulated activity 'personal care' to the people who live in their own homes. The service was providing personal care to 49 people aged 65 and over at the time of the inspection.

People's experience of using the service: People were observed to have good relationships with staff. We visited people in their own homes and they told us staff understood their needs and provided them with care and support.

People told us they felt well cared for by staff who treated them with respect and dignity. People told us they were listened to and were involved in their care, and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

Not all staff were trained to support people at the end of their life. Action was taken during the inspection to ensure all staff were booked on training.

The management of medicines was safe. The manager took immediate action where signatures had been missed on people's records.

There were enough skilled and experienced staff to meet the needs of people who used the service. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service. A comprehensive induction and training programme was completed by all staff.

Risks to people were assessed and records contained clear guidance for staff to follow. Staff knew how to respond to possible harm and how to reduce risks to people.

People were safe and protected from avoidable harm as staff knew how to recognise and respond to concerns of ill-treatment and abuse. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practice or the environment, to reduce the risk of further occurrences.

The provider followed effective infection prevention and control guidance when supporting people in their own homes. The equipment that people used was maintained and kept in safe working order. The provider completed safety checks with people at their home addresses.

A detailed assessment was carried out to assess people's needs and preferences prior to them receiving a service. People's personal and health care needs were met and detailed care records guided staff in how to do this. Where staff noted a concern they quickly involved healthcare professionals.

Where required, people were supported to have sufficient food to eat and drink and their health needs were

regularly monitored. Staff followed the advice health care professionals gave them.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People told us they were involved in making every day decisions and choices about how they wanted to live their lives.

A complaints system was in place and there was information so people knew who to speak with if they had concerns.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. People and relatives were asked for their views and their suggestions were used to improve the service.

More information is in the full report below.

Rating at last inspection: Requires Improvement (published 9 January 2018).

Why we inspected: This was a planned inspection based on the previous rating of requires improvement. The overall rating has improved to good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good. If any concerning information is received 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 Leeds

## **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:** Helping Hands Leeds is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of the inspection, the manager of the service had applied to be registered with the Care Quality Commission.

**Notice of inspection:** We gave the service 24 hours' notice of the inspection visit. We needed to be sure the service would be available to facilitate this inspection.

Inspection site visit activity started on 8 January 2019 and ended on 29 January 2019. We visited the office location on 8 and 17 January 2019. We visited people in their homes on 17 January 2019. On 29 January 2019, we spoke with people's relatives and staff by telephone.

**What we did:** The provider had completed a Provider Information Return (PIR) in December 2018. 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 looked at information we held about the service including notifications they had made to us about important events.

We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with five people during our visit and two relatives, this included visiting people in their homes. We also spoke with four staff, the manager, the area manager and the head of home care during our visit. We

received feedback from one health and social care professional.

We reviewed five people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of care workers.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

- Staff completed training and had their competency checked to ensure they were competent to support people with their medicines. We saw that where signatures had been missed on people's records, staff had not always reported this to the office for investigation. We spoke with the manager about this and they told us they would address this with staff immediately.
- People told us they were happy with the support they received to take their medicines.
- Where people were prescribed medicines on an 'as required' basis there was sufficient information for staff about the circumstances in which these medicines were to be used.

Systems and processes to safeguard people from the risk of abuse.

- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- People told us they felt safe. Comments included, "Oh yes, I feel very safe. The staff lock up when they leave and make sure I am safe" and "I have never worried about being safe; I know the staff take good care of me."

Assessing risk, safety monitoring and management.

- Risk management plans were individualised and contained clear guidance for staff to follow. For example, how to use equipment associated with people's mobility needs.
- Risk assessments were reviewed regularly and when people's needs changed.

Staffing and recruitment.

- There were sufficient numbers of staff to meet the needs of people using the service.
- Most people and their relatives told us they received care from the same team of staff. A relative said they did not always receive a rota to tell them which staff would be attending their family member's call. A new electronic monitoring system was being introduced at the service which the area manager told us would hopefully alleviate any issues with rotas.
- The provider had robust recruitment procedures which ensured suitable people were employed.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- Staff were aware of the reporting procedures for accidents and incidents.
- Accident and incident analysis was carried out regularly by the management team to identify any causes or

contributory factors and corrective actions took place.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff told us and records confirmed they completed an induction before they started working with people. A full package of training was completed by staff during their induction and then refreshed annually.
- Staff supervision and appraisals were completed in line with the provider's policy. Staff told us they were able to use supervision as an opportunity to raise any concerns or discuss training and development needs they had.

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

- People's needs were assessed prior to their service starting to ensure their specific needs could be met. For example, assessments of people's preferred methods of communication were completed and provided staff with guidance on how to effectively communicate with people.
- People were involved in making every day decisions and choices about how they wanted to live their lives. One person told us, "I have a time that staff are given for my call. In that time, they are very good and will do anything extra I need them to do for me. I feel that I have some choice in what they do for me that way and they don't mind at all."

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 with appropriate legal authority.

- The manager told us they had not needed to make any applications to the Court of Protection to deprive people of their liberty lawfully.
- Care records showed that people had consented to their care and our discussions with the manager and staff showed they understood the requirements of the MCA.

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

- Staff assisted people to eat and drink whenever this was required.
- Guidance from health care professionals was used to develop care plans for people. People's care plans also contained details of any particular likes or dislikes and preferences. Staff told us they were aware of the need to offer people choices in what they ate and drank.

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

- Staff told us they often liaised with health and social care professionals such as district nurses and social workers. They gave examples of how this had led to people being assessed for equipment they might need, extra call times or health checks relating to skin problems.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People and their relatives gave positive feedback about staff's approach. Comments included, "The staff are lovely, very caring and respectful. I couldn't wish for a better group of girls to look after me" and "When they visit my family member, they are just lovely with them. The girls have got to know us well and always have time for a chat."
- When we visited people in their homes we saw staff treated people with kindness and respect. It was clear that staff had good relationships with people. People told us they trusted the staff who visited them, that they received good care and were always treated with respect.

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

- People told us they were involved in making decisions about their care. One person told us, "My care is based on my needs and how I want things to be done."
- People and their relatives told us they were involved in the development of care plans and reviews of care. Comments included, "The office staff have recently been out to complete an update to our care plan" and "At a recent review, the staff asked me how things are going, do I need anything to change and how could things be better for me."
- Information on how to access an advocacy service was made available for people who wished to have additional support whilst making decisions about their care. An advocate is an independent person who supports someone so that their views are heard and their rights are upheld.

Respecting and promoting people's privacy, dignity and independence.

- When we visited people in their homes, we observed how staff treated people with dignity and respect and provided compassionate support in an individualised way.
- People told us staff promoted their independence. One person told us, "The staff know what I can do for myself and always let me get on with that. I've always been very independent and the girls support me in that."
- Staff told us they were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Staff told us about family relationships that they knew were important to people.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support.

- Care plans were person-centred, written in detail and reviewed on a regular basis.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, details of how a person preferred to be supported with personal care was recorded. This included products they liked to use, and what they could do for themselves. Staff told us they used this each day to care for the person.
- People's communication needs were assessed and used to formulate care plans. These provided staff with guidance on the most effective ways to support the person to communicate. Information was provided for people in different formats and was accessible for all. Information was available to people in a range of formats including large print, braille and audio books. This demonstrated that the provider was meeting their obligations to support people with disability or sensory impairments in line with the requirements of the Accessible Information Standard 2016.
- People had their wishes respected where they did not want to discuss the end of their life with the service. Two people's records stated that contact would need to be made with their family at the appropriate time.
- Not all staff had completed appropriate training on how to care for someone at the end of their life. The manager acted quickly to ensure staff were booked on the relevant training.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure to guide staff in how to manage complaints. We looked at how the service had responded to a recent complaint they had received. We saw it had been investigated and responded to appropriately.
- People and their relatives told us they would contact the office or speak with staff directly if they needed to raise a concern.

# Is the service well-led?

## Our findings

At the last inspection in August 2017, the provider did not have established and effective systems or processes in place to assess, monitor and improve the quality and safety of the service being provided. In addition, records throughout the service were not always well maintained. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection and the provider was no longer in breach of this regulation.

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.

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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The manager was new in post. They told us they felt well supported in their role by the provider management team.
- The provider had a comprehensive quality assurance system in place. This enabled the manager to collate information to show how the service was performing.
- The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.
- The manager was supported by a team of staff based at the office. These staff were responsible for monitoring the quality of the care provided to people and they carried out observations of care, care reviews, supervision of staff and held team meetings.
- Throughout the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- Registered providers are required by law to notify us of certain incidents as and when they occur. We reviewed the accidents and incidents that had occurred within the service and people's progress notes, and were confident the service had informed us of all the incidents that met the requirements of relevant regulations.

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

- The service had a positive culture that was person centred, open and inclusive. Staff told us they felt supported by the manager, and they were comfortable raising any concerns. Comments included, "I feel that I can pick up the phone and I will be listened to. That's really important to me" and "The new manager is very professional and I am confident that she will make improvements."
- Feedback about the service was encouraged. People and relatives had completed a survey of their views

and the feedback had been used to continuously improve the service. One person had requested for staff not to wear a uniform when supporting them. This was actioned as a result of their feedback.

Continuous learning and improving care; Working in partnership with others.

- The provider produced a 'lessons learned' document which was distributed amongst teams providing care. We saw these included safety alerts which were based on trends analysis of incidents that had occurred. Staff told us these were useful, one in particular recently focused on Sepsis. Staff said they had found this very useful in terms of warning signs to look out for.
- The service had recently sought to establish links with the local hospice team to develop their skills around end of life care for people.
- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people. Staff told us they provided feedback on a regular basis to district nurses and social workers about any changes in people's needs.