

Midshires Care Limited

# Helping Hands Liverpool

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Helping Hands Liverpool is a domiciliary care agency that provides personal care to people in their own homes. At the time of the inspection 38 people were using the service and 15 people received personal care.

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

We found one complaint had not been robustly recorded in line with the concerns raised by one person. Care plans reflected the needs of people. The provider took immediate action to implement an action plan to review this complaint.

Although some audits and checks were in place these had not identified the recording and local oversight issues we found during the inspection. The registered provider was taking actions in developing the service.

There were detailed risk assessments in place which were tailored to reflect each person's needs. People confirmed they received their medications and calls on time. Staff knew how to report safeguarding concerns and staff were recruited safely.

Staff treated people with kindness, compassion and dignity. People confirmed they were involved in choices and decisions regarding their care and support, including which staff were invited to their home to support them. People's diverse needs were catered for. Relatives confirmed communication from staff was good and they were always asked for feedback on the service.

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.

For more details, please see the 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 25 July 2019 and this is the first inspection. The overall rating for this service is 'requires improvement.'

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

#### Why we inspected

This was a 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 good.

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 not always well-led.

Details are in our well - led findings below.

Requires Improvement ●

# Helping Hands Liverpool

## 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

### Service and Service Type

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

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.

### Inspection Team

The inspection was carried out by one inspector.

### Notice of the Inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and we needed to make sure staff were at the office to assist with the inspection.

Inspection activity started on 16 June 2021 and ended on 18 June 2021. We visited the office location on 17 June 2021.

### What we did before the inspection

We did not request for the provider to send us the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority for feedback. We used this information to plan our inspection and formulate our 'planning tool'.

### What we did during our inspection

During the inspection, we spoke with four people using the service or their family members about their experience of care on the telephone. We also spoke with the registered manager, the regional care director and four members of staff.

We looked at two people's care records and a selection of other records including quality monitoring records, recruitment and training records for three staff.

# 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 risk of harm

- Staff were well trained in safeguarding vulnerable adults and were aware of actions to take to protect people.

Preventing and controlling infection

- Infection control procedures were well managed.
- Staff had received appropriate infection control training with regards to COVID-19 and had access to all relevant policies and guidance.
- The registered manager and provider were making improvements to managing the records of COVID-19 testing of staff. Staff carried out weekly tests, but records had not been maintained or monitored to record the outcome of tests. This is reported on further in the well led domain of the report.

Staffing and recruitment

- People told us they were pleased with the staff who supported them. They said they usually saw the same staff. One relative said, "We tend to have the same lady she is really good, but even when she's off the others are good too."
- Staff recruitment was safely managed, all required pre-employment checks were in place. The registered manager advised they would review their audit trail in recording any phone checks carried out with references supplied.
- There was an electronic system for staff to 'log in and out' of their calls. Regular checks were carried out daily by the office staff to ensure people were not subject to missed visits. The registered manager told us they could not carry out searches with their current systems to show performance and historic evidence of monitoring of missed calls. The provider advised they would review their systems to ensure staff were aware of checks that could be carried out to offer ongoing oversight of visits. This is reported on further in the well led domain of the report.

Using medicines safely

- Medication processes were safely managed to support people with their medications.
- Staff were regularly trained and supported to ensure they were compliant in the processes for safely managing medications.
- People told us they received good support with their medications from their staff team.

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

- Risks were well managed with risk assessments in place for each person. They provided guidance to staff

on how to mitigate risks and keep people safe.

- Staff had appropriate records and good oversight in reviewing and analysing accidents and incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were appropriately assessed and care plans designed to meet their needs. Some care files had not been regularly reviewed to reflect people and staff agreed with the plans in place. The provider submitted further evidence to show robust checks in place of support files. The registered manager advised that all care files would be checked to ensure records were well maintained.
- People told us the care and support they received was very good. They shared positive comments and family members were very positive also. Comments included, "The office staff contact me quite often and they always check if I'm happy with the service and to introduce new staff me." and "[My relative] receives an excellent service, I would give 11 marks out of 10, the staff always have a chat with [my relative.]

Staff support: induction, training, skills and experience

- Staff were well trained and told us they felt very supported. The provider advised they would review their current policy for supervision to emphasise the support and methods to supervise staff. The policy was very brief and lacked all actions currently taken by the service to reflect appropriate supervision of staff.
- Training was regularly monitored by the registered manager. Staff told us that training had been organised via zoom calls to keep them up to date with the training that would normally be covered in face to face sessions.

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

- People told us they received regular support from staff to help them prepare food and drinks. They were very positive about this support.
- Support plans were clear in setting out the support each person needed including the type of food they liked to eat.

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

- People were supported by staff to access healthcare services and seek out support if they needed it.
- There was information recorded in people's care records to show staff had contacted people's GP's on their behalf when they felt unwell.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one subject to deprivations on their liberty. The provider demonstrated they knew how to assess people's capacity if they lacked capacity to make certain decisions.

# 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

- Care plans reflected people's choices and their diverse needs.
- People and their relatives were very positive about the caring nature of the staff. One family member told us, " I wouldn't fault them, one carer always talks to [my relative] about lots of things and she really enjoys the chats."
- The service managed a recognition award called, 'Moments of kindness.' People could nominate staff for something they felt was supportive and recognised as caring and exemplary to them. This resulted in staff awards and presents to thank them for their work. People named staff to us to praise how caring they were and how they went out of their way to help them.

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

- People told us they had been involved in developing their care plan. For some people, their family had signed on their behalf if they were legally allowed to do so.

# 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 always met.

Improving care quality in response to complaints or concerns

- We found one complaint received prior to the inspection lacked accurate details to show a robust account of the persons concerns. The provider took swift actions in reviewing the complaint records and demonstrated a reflection exercise with staff to learn from the handling of the complaint.
- Everyone we spoke with said they knew how to complain. People were very positive and family members were equally happy with the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, End of life care and support

- Each person's care plan was written in a way which was meaningful for them.
- There was attention to detail recorded within the care plans that reflected people's preferences, likes and dislikes. The registered manager advised they currently had no person currently receiving end of life care.

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

- People were supported to contact their relatives and friends were they indicated they wanted to. Especially were people had struggled throughout the period of the pandemic.

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.

- Staff were aware of offering information to people in different formats to support people's understanding were necessary.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- The registered manager acknowledged improvements were needed within the service. They were reviewing aspects of governance and monitoring of the service including improvements in the management of the accuracy of records, recording covid test, reviewing computer checks of visits and improving the robustness of reporting and investigating complaints.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider was committed to ongoing changes to achieve continual improvement. They kept CQC updated of all changes and responded positively to all aspects needing further review within the service.
- Incidents and accidents had been appropriately reported to CQC.

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 service had audits and checks in place to identify areas for development and improvement. The registered provider was clear and open in sharing action plans to develop the service.
- Spot checks on staff practice and the support provided were undertaken regularly to ensure it was of a good standard.

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

- People told us they felt the service was well led. One relative told us, "We have regular checks every four months from the office staff to carry out a review."
- Staff were very positive about the service and felt supported and cared for by senior staff.
- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met. We received positive feedback from one professional following the inspection.
- The provider had ensured people's views and opinions of the service and the support they received was sought and obtained.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered persons had not ensured systems were robust enough to demonstrate appropriate monitoring and governance, for accurate updated care records and management of complaints.