Midshires Care Limited

Helping Hands Market Harborough

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

The inspection took place 14 September 2018 and it was announced.
This service 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 disabled adults.

On the day of our visit there were 28 people using the service.

There was a registered manager. 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 who used the service felt safe felt safe. Staff knew how to recognise abuse and how to report it. Risks were assessed so that staff knew what action to take to keep people safe. They did this while also promoting people's independence..

There were sufficient numbers of staff, with the required knowledge, skills and experience to support people with their needs. Recruitment processes were safe and this meant that only people of suitable character and experience were employed.

Medicines were managed in a safe way Staff had received medicines training and knew the level of support people required with their medicine.

Staff were knowledgeable about the needs of the people they supported. People were supported to make choices about their care and daily lives. Staff had attended training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. New documentation was being introduced to ensure these processes were followed and correctly recorded. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People made choices about the food and drink they had, and staff gave support when required. People had access to a variety of health care professionals and staff supported people to access these where this was required.

People were treated with kindness and compassion by the staff. Staff knew people well and often went that extra mile to make sure people were as comfortable as possible. People's social needs as well as their physical and emotional needs were incorporated into the plan of care.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon. Staff treated people with dignity and respect. People knew how to raise concerns and had confidence that they would be listened to and action would be taken. Feedback provided was used to make improvements to the service.

People were complimentary about the registered manager and staff. Relationships between people and staff were positive and people had confidence in the service. There were effective quality monitoring systems. A variety of audits were carried out and this meant that any shortfalls were quickly identified and used to drive improvements.

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.

Systems and processes protected people from abuse and avoidable harm.

Risk was assessed and minimised and there were sufficient numbers of suitable staff to meet people's needs.

People's medicines were managed in a safe way.

Lessons were learned and improvements made when things go wrong.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge and experience to deliver effective care and support.

People were supported to eat and drink enough and maintain a balanced diet.

Consent to care and support was sought in line with legislation and guidance.

People had access to the healthcare services they required.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. Staff often went above and beyond what was expected of them.

People were supported to express their views and be actively involved in making decisions about their care and support.

Staff knew how to promote and respect people's privacy and

dignity.

Is the service responsive?

Good

The service was responsive

People received personalised care that was responsive to their needs.

People knew how to make a complaint should they need to and felt confident they would be listened to.

Is the service well-led?

Good

The service was well led.

There was a clear staff and management structure to provide support. Staff understood their roles and responsibilities.

Quality assurance systems and processes were effective. Checks were carried out to make sure people received the care and support they required and in the way they preferred.

Opportunities for improvements were quickly identified and acted upon.

Helping Hands Market Harborough

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.

This inspection site visit took place on 14 September 2018. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported us by speaking with people who used the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law.

We spoke with four people and to one relative to seek their views about the care they received. We also spoke with the registered manager, the head of homecare, the area manager and one member of care staff.

We reviewed care plans for three people to see if they were reflective of the care that people were receiving.

We also looked at staff files for two staff members, which included recruitment and training information.

Records relating to the management of the service were also reviewed, including audits and quality assurance checks, to monitor how the service was being managed.

Good

Is the service safe?

Our findings

People were safe because systems and processes were in place to protect people from abuse and avoidable harm. People were encouraged and empowered to raise any concerns they may have. Managers spoke with people on a weekly basis, they also carried out six monthly face to face reviews where people's concerns and safety was discussed. One person told us "They do ring me from time to time to see how I am and we have a chat". Another person said, "They ring me to check if I am ok sometimes."

Systems and processes were in place designed to quickly identify and respond to any safety concerns. For example, managers identified a risk from auditing the records staff write about the care and support provided. A staff member had trimmed a person's finger nails instead of filing them which is a safer alternative. Action was promptly taken to remind all staff not to cut people's finger nails and to refer people to appropriate services as required.

Staff received training about protecting people from abuse when they first commenced employment. They knew how to recognise abuse and how to report any concerns. A staff member was able to provide an example of when they had a concern, they reported it and their manager listened to them and took swift action. Policies were in place which included equality and diversity to ensure that people and staff were protected from discrimination. Safeguarding people from abuse was discussed at monthly staff meetings. Staff had access to contact details for reporting abuse or concerns and staff were encouraged to do so. A monthly newsletter specifically about safeguarding people from abuse and harm was provided to staff. We saw that this newsletter used examples of safety incidents that had occurred within the organisation and outside of the organisation. This meant that 'lessons were learned' about what could go wrong and how staff could take action to minimise risk and learn from reported incidents.

People said they felt safe when staff supported them. One person said, "I feel very safe with them, they have everything covered and look after me very well". Another person said, "They walk in front of me to make sure I don't fall and I also have a 'lifeline' so I am not worried when I am on my own".

Staff knew how to report accidents and all accidents and incidents were recorded along with action taken. Records showed that staff had taken appropriate action in response to accidents such as falls. For example, staff had called for medical advice and stayed with the person until assistance arrived. Risk assessments were carried out for all working practices and for the environment. Where risk to the person was identified such as risk of developing pressure sores or risk of choking, action plans were written to inform staff how to minimise the risk. People were involved in the risk assessment process and staff worked in a flexible so they could respect people's choices and freedom to take informed risks. Staff knew the safest way to manage risky or challenging behaviour while respecting people's freedom to make choices.

There were sufficient numbers of staff with the right skills to support people to stay safe and meet their needs. People said they were looked after very well. One person said "Yes they are very skilled. and very kind and honest people too".

The registered manager told us that there had not been any missed calls, the length of call and skills of staff attended were reviewed on an ongoing basis and adjusted accordingly to meet the needs of the person receiving care and support. Recruitment practices minimised risk because potential staff were screened and checked for their suitability for the role before being offered employment.

People's medicines were managed in a safe way. The level of support people required to ensure they received their medicines was assessed and clearly documented in a plan of care. Staff had received training about how to administer medicines and had their competency checked and monitored on an ongoing basis. Records showed that staff were accurately recording and managing people's medicines as required. Polices and information were provided for staff. Staff knew what to do in the event of a medicine error. They also knew what action to take if people did not or could not take their prescribed medicines.

Staff had received training and understood the prevention and control of infection. They had access to protective equipment such as gloves and aprons and knew what action to take to protect people. A relative told us that staff always left their relatives home clean and tidy.

Good

Is the service effective?

Our findings

People had their needs assessed before they began using the service by a member of the management team in their own home. People confirmed they had their needs assessed and regularly reviewed. Records showed that assessments were comprehensive and considered people's physical, mental health and social needs. This information was used to develop a plan of care. People knew about their care plans and told us their needs were met.

Care and support plans included fact and information sheets about people's medical conditions. The service was supported by a clinical team of nurses and a dementia care specialist. This meant that staff had access to up to date evidence based legislation and guidance. For example, all staff had received experiential training about dementia so that staff had a better understanding about the challenges faced by people with dementia and the most effective ways to assist people. Up to date information was communicated to staff at team meetings, through training and on-line resources. Equality and diversity was considered as part of the assessment process. The clinical team was available to provide advice and direct training to staff about any aspect of clinical care such as the administration or eye drops or management or speciality nutrition regimes. The registered manager told us that information would be sought and considered during the assessment process to ensure that the service could meet people's equality and diversity needs. People were able to state their preference for a male or female carer and this was respected.

People were supported by staff who had the right training and skills to meet to meet people's needs. One person said about the care staff "They are well trained and very observant. They picked up that I had an ulcer on my leg and arranged some treatment for me". Another person described the care staff as 'exceptional'.

Staff received induction training and spent time working alongside experienced members of staff when they first began working at the service. Staff had their competency to care safely and effectively assessed through written assessment and direct observations. All staff were expected to achieve a Certificate in Care within the first 12 weeks of employment. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Additional and ongoing training was also provided such as distance learning courses and additional qualifications in care. Staff also received 'supervision' from their line manager. This meant they had an opportunity to discuss their performance, learning and development needs or any concerns they may have.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. One person said, "I choose what I want for my lunch the next day, then they get it out of the freezer to defrost for me". The support people required with eating and drinking was recorded in people's care plans. People were assessed for risk of malnutrition or dehydration and records were maintained of actual amounts eaten and fluid taken where this monitoring was required. People were referred to their GP so that action could be taken when required. Staff identified risk for one person who was then prescribed nutritional supplements and staff assisted the person to receive these during their visits as part of the plan of care and support. Some

people were at risk of choking and required food and drink to be given at a certain consistency following assessment by a speech and language therapist. This information was also in the plan of care and staff understood the actions they must take to reduce the risk of choking.

People had access to the healthcare services they required. People told us that staff recognised when they were not well or required healthcare support. One person told us "They saw I was not well, a while ago, and rang the paramedics. They stayed with me until they came". Another person said, "I need more care now so they come seven days a week".

Staff knew how to recognise when people were not well. They were trained to report any changes to the office and to healthcare professionals such as doctors and community nurses. Records showed that staff had taken appropriate action when there were changes. For example, records showed that community nurses had attended in response to staff raising a concern. The registered manager explained how continuity in the staff team helped staff to recognise when people were not well. A relative told us how staff would contact the doctor and arrange a visit as soon as any changes were noticed. They did this immediately and let the relative know what time the doctor was due to visit.

People were asked for their consent before receiving care or support and encouraged to make choices. One person said "Yes my times suit me and I have carers I like and get on with. If they get my lunch I choose what I fancy".

Staff had received training about consent and knew about the appropriate legislation. 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.

The registered manager told us that staff always presumed that people were able to give consent and further advice was sought if this was found not to be the case. The registered manager told us there was nobody having their liberty deprived. We were given examples of how staff encouraged people to make choices and ensured people were happy to proceed. New documentation was being introduced to formalise and record decisions and assessments about mental capacity.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. People told us how caring and respectful staff were. One person said about the staff "They always have a smile on their face when they come in. [Staff member] is like a daughter to me now". Another person told us that staff were always respectful to them, to their home and their belongings. They said that staff treated people, their belongings and their homes as they would their own. A relative described a staff member as "A wonderful person who has put themselves out on many occasions".

People felt like they mattered because staff listened to them and spoke to them in an appropriate way. One person said "They are so lovely. We have a laugh, which I like too. They are friendly without being over the top". Another person said "They treat me very well I am like their Grandma and they are like my family now".

We were given examples of how staff had gone that extra mile and treated people with compassion. A member of staff spent Christmas day lunch time with a person who would otherwise have been alone due to family illness. Another staff member supported a person when their cat became unwell and died. When asked about the care provided people made the following comments about the staff. "They are just wonderful and I look forward to seeing them". I'm just really pleased with them, they all work their socks off". "They just look after me very well"

A relative told us how on a sunny day the care staff member had supported their mother to get out into the garden for their meal. They took a photo and gave it to the person and this was very much appreciated and cheered the person up. They told us how supportive all the staff were. Staff got in touch about any changes, good and bad. They said about the staff "They are like family, they treat me like family when I ring up". They told us how staff had quickly arranged a doctor's visit when their relative had complained of pain. Birthday cards were sent to people who used the service and to staff routinely and special birthdays were also acknowledged. A relative told us staff arrived with a bouquet of flowers on their Mothers 90th birthday.

People were actively involved in making decisions about their care and support. People told us they could make decisions. One person said "Yes my times suit me and I have carers I like and get on with. If they get my lunch I choose what I fancy". Another person said "I am happy with everything about them, 110% satisfied".

People were given information in accessible formats. The registered manager told us that information was available in easy read and large print formats and that other communication aids would be sourced if required. People had their communication needs assessed before they began using the service. Managers and staff knew about the 'accessible information standard' (AIS). This standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. We saw that staff had received training about this. People had access to advocacy services should they need them. This information was included in the provider's 'customer guide'. Advocacy services were used where people required support to make decisions to ensure their best interests and rights were up-help and respected. People were asked if they preferred

male or female staff to support them. The registered manager told us they would always try and accommodate people's equality and diversity needs and that people's protected characteristics under the Equality Act were considered when scheduling staff.

Staff knew people well. A relative said "Staff know my mother inside out". This was supported by a consistent staff team who were given the time, training and support they required to meet people's needs. One person said about the staff "I have the same ones, unless they are on holiday and then they send someone else. I know most of them though ". Another person said "I have the same lady most of the time. I like that continuity". Rota's and care calls were set up so that staff had time to get to know people and could listen to their needs. Compassionate, respectful and empathetic behaviour was promoted within the staff team. As part of staff recruitment, the registered manager applied a standard that staff had to meet before employment was offered and this was 'that only staff who were considered good enough to care for the registered managers own family members could be employed'. This was discussed with potential staff members during their interviews and established the standard of compassionate care required right from the start. Successful candidates were then formally introduced to the team so that the team could welcome them.

Staff were motivated and inspired to offer care that was kind and compassionate. Staff told us they felt cared about by the management team. They told us their managers listened to them and offered support. A staff member told us that when people who used the service were at the end of their life, support was available for staff. Managers were quickly in touch with staff offering time and space to talk and reflect when a person who used the service had died.

Staff were encouraged to keep in touch with each other and with their managers. There was an 'open door' policy at the office so that staff could drop in and talk with their managers at any time. There was a private social media group set up just for staff. Staff were encouraged to share good practice examples during team meetings. An 'employee of the month' award acknowledged when staff had gone that extra mile and encouraged people and other staff to nominate staff when they had made a difference to people. Staff team bonding was encouraged by a monthly allowance to fund activities for staff such as pizza night were staff and managers all had dinner together.

People had their privacy, dignity and independence respected and promoted. People told us they were always addressed by their preferred name and introduced to new members of staff. One person said about the staff "They always tap on the door and poke their head round before they come in, they are very respectful and thoughtful". Another person told us "They always make sure the curtains or door is closed and other things like that". A Relative told us that staff always encouraged independence and made sure their relative could do as much for themselves as they were able to. Another person said "They let me wash as much as I can in the shower and they help me get dried and dressed". The registered manager told us about how staff had supported one person to manage their meal preparation so that eventually this person re-gained their independence and no longer required care or support.

Information was treated in a confidential way and store securely. Staff had received training and knew about confidentiality and compliance with the Data Protection Act including the safe and secure storage or records.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. People told us they had their needs assessed before they began using the service and were asked about their preferences and the way they liked to receive care and support. Records showed that care and support plans reflected people's physical, mental, emotional and social needs. Care records described the actions staff must take to meet people's needs and were very detailed. For example, they instructed staff about how people preferred to be greeted and in what order they wanted personal care to be provided.

Staff told us they knew about people's needs before meeting people new to them. A relative told us about the assessment process. They told us that two people came out to carry out the assessment, they responded to requests quickly and in a personal way. The relative said "It's the best thing we ever did, they have been excellent right from the word go". People we spoke with were aware of their care plan and told us they received care and support that was personal to them.

Staff told us how they provided care in a personalised way and gave us examples. One person was at times was resistant to receiving personal care because of their condition. When this was the case staff were instructed to offer personal care as a series of pampering sessions such as hair wash and manicures. Staff told us they had the time to support people in this way. People's interests and other things that were important to them were recorded and used to inform the plan of care. For example, staff spent time helping one person to finish their crossword at the end of each visit. Another person enjoyed a foot spa so this was included in the care plan.

Staff had access to information about people's health conditions such as Parkinson's disease or dementia. They were also supported by a clinical team of nurses who could offer further training or advice. Staff used picture cues to assist people who may have difficulty with communication. For example, signs with a picture of a bathroom were used to orientate one person so they could locate their bathroom easily.

Care and support was reviewed frequently and this included weekly telephone calls and six-monthly review visits. This meant that changes could be made to reflect people's evolving needs. One person had a change of care staff in response to their request. Another person preferred that staff knew exactly how they liked things, for example the position of their plate and cutlery at meal times. This was all recorded in detail so that staff knew what to do.

People knew how to make a complaint and felt that these would be listened and responded to. One person said, "I would probably ring the office and speak to the manager". Information about how to complain and about the complaint process including timescales was given to people when they first began using the service. Information about other authorities such as the Local Government Ombudsman and the CQC was also provided. The registered manager told us that while they had not received any complaints, any received would be used as a tool for improvement and they would be reviewed by managers and the quality team.

People were supported at the end of their life to have a comfortable and dignified and pain free death. Staff

had received training about end of life care and told us how they had supported people. Staff told us they stayed with people where there was no family available or supported family members to be involved as much as they wanted to be in the last few days of a person's life. The providers clinical support team were able to offer support and training about end of life care to staff. Staff also worked alongside community nurses and Macmillan Nurses when this was required. People's end of life wishes were recorded along with decisions about resuscitation. The registered manager offered bereavement services to people's families and to staff. The registered manager told us they had access to information about making sure the body of a person is cared for in a culturally sensitive way.

Good

Is the service well-led?

Our findings

There was a clear vision and credible strategy to deliver high quality care and support. There was a supportive and structured staff team. Staff had clear lines of accountability and responsibility, they understood their roles and knew what was expected of them. People told us they had confidence in the staff and in the managers. They said about the managers "Yes they are all very helpful, nothing is too much trouble for them". And, "I am very satisfied with them all".

There was a positive and open culture and people who used the service were the focus. Staff were expected to demonstrate a caring and compassionate approach in order to pass the recruitment stage and then throughout their day to day role. A relative described the staff as 'well trained, approachable, caring, well presented and professional. They told us that staff always carried out the care and support required and often went the extra mile and did more than was expected.

Staff shared the provider's vision and values and were proud to work in the service. A staff member told us they had received feedback from a person who used the service and had been told they were very 'patient', the staff member was clearly proud of this. An open culture was encouraged because managers were accessible and listened to staff. The registered manager gave us examples of changes that had been made as a result of staff ideas and input. One person's prescription for nutritional supplements was changed because staff felt these would be tolerated better if spread out through the day. This change was implemented and had a positive effect on the person.

The management team had an open door policy and staff meetings were held monthly. Staff were encouraged to team build through fun activities they had chosen which were funded by the provider. For example, meals out and food supplied for team meetings. Newsletters were sent out which included any important changes or any learning from incidents or accidents in and outside of the organisation. Staff performance and behaviour was monitored and reviewed. 'Supervision' sessions were carried out every six weeks. This provided an opportunity for staff to meet with their manager and discuss any learning and development needs or concerns they may have. Direct observations were also carried out to check that staff were following the provider's policy and procedures and working in as safe way. Staff could request additional training and support when the required this. A staff member said about their managers "They are always listening and will take action".

The Registered Manager and care coordinator operated an on-call rota so that there was a member of the office team available at all times. A relative told us they had called a central number at a weekend with a query. The person answering the phone quickly had access to the required information and was able to respond quickly and appropriately to the query. Company directors attended regional meetings where all Registered Managers came together to share ideas and experiences.

There was a separate department for quality assurance. Audits were carried out on all aspects of service provision such as managing people's medicines, care plans and staff training. This meant that any issues or opportunities for improvement were quickly identified so that action could be taken. For example, it was

identified during audit that some of the records written by staff during their visits appeared rushed and may not have contained all the required information. This resulted in managers reviewing and revisiting recording with all staff and this process was improved. An audit of financial transaction records identified that staff had not always retained receipts. Staff were reminded of the importance of this to minimise risk of financial abuse and improvements were made.

People were actively involved in developing the service. Managers spoke with people on at least a weekly basis to get their feedback about their experience of care and support provided. Changes were made were necessary. For example, staff teams were changed on the request of the person who used the service. People told us that managers kept in touch and informed. One person said, "We have had terrible traffic jams around here and the office have kept me informed about what is happening with the carers". Reviews were also carried out every six months in people's homes. This meant that people could feedback about what was working well and what was not and changes could be made to the plan of care. People we spoke with confirmed that they were asked for their feedback in this way. A relative told us that staff always listened and took action where this was required. Staff gave us examples of where they were encouraged to question practice and raise concerns where necessary. Staff had confidence that their manager would always listen and gave us examples of when they had. Records showed that people were involved in their reviews and the action staff had taken to effectively communicate and engage people when they had communication difficulties.

The registered manager told us how they worked with other agencies such as community nurses and occupational therapists as required and records showed that staff were following their guidance. A community occupational therapist had delivered training to staff and this had improved the way staff communicated with a person.