Midshires Care Limited

Helping Hands Plymouth

Inspection report

75 Mutley Plain
Plymouth
Devon
PL4 6JJ

Tel: 01752424406
Website: www.helpinghands.co.uk

Date of inspection visit:
16 April 2018
18 April 2018
07 May 2018

Date of publication:
18 June 2018

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

Helping Hands Plymouth is a domiciliary care agency. It provides personal care to people living in their own homes. It currently provides a service to older adults who need support with their personal care and/or have clinical healthcare needs. The service supports people within a 10 mile radius of Plymouth. The service is owned by Midshires Care Limited, who have 66 branches across the UK.

Not everyone using Helping Hands Plymouth received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 34 people receiving personal care.

The inspection was announced and started on 16 April 2018 and ended on 07 May 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

There was a registered manager in post. 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.

The provider had 'values' which underpinned staff practice and helped to form a positive culture. The regional manager told us "Our values of understanding, listening, excellence every time, building on success and a focus on people are really important to us". Throughout our discussions with people and staff, we found these values to be embedded within the culture of the service.

There was a "no blame culture" adopted within the service, encouraging staff to be open and transparent when things had gone wrong, enabling learning to take place. This open and transparent approach demonstrated the providers understanding and recognition of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong.

Staff, were very much at the heart of the service. The regional manager told us, "We are nothing, without our staff". Staff spoke positively of the provider's supportive approach, and told us they felt financially rewarded for the work they did.

The provider welcomed and embraced feedback about their service, giving everyone access to their personal contact details within the staff handbook and service welcome pack.

There were robust systems in place to ensure the effective quality monitoring of the service. The provider's

governance policy set out the expectations of the registered manager to check the quality, of all aspects of the service, periodically. The registered manager also had access to a quality partner, who provided advice, guidance and support to help improve practices. When things went wrong, the provider reflected and used learning to help improve the service.

There was a supportive management structure in place for the registered manager which included regional management, area management and a quality partner.

The provider and registered manager kept up to date with changing practice and legislation. For example they were in the process of updating their consent policy in line with the new General Data Protection (GDP) legislation.

The provider worked in partnership with other agencies, to help ensure ongoing improvement and sustainability. Positive relationships were held with the local authority and commissioning teams.

People told us they felt safe. People were protected from abuse because staff received training in safeguarding, so therefore knew what action to take if they were concerned about someone being abused, mistreated or neglected. Staff, were recruited safely. Appropriate employment checks were carried out to help ensure staff were suitable to work with vulnerable people.

Staff told us they had sufficient time to provide people's care and support, as well as adequate traveling time. The provider had emergency staffing procedures in place to help ensure people still received their care in times of staffing difficulties.

People's risks associated with their care were monitored and managed well. People also had environmental risk assessments in place so staff, were aware of any hazards that could impinge on them delivering safe care.

People received their medicines safely. People's health and social care needs were holistically assessed. People's care plans supported staff to meet people's individual communication needs.

People told us staff were competent and had the skills and experience to meet their needs. Staff, were complimentary of the training and support they received from the registered manager and provider.

People's human rights were protected in line with the Mental Capacity Act 2005 (MCA), they were involved in making decisions relating to their care, and people's consent to their care was obtained and detailed within their care plans.

People, when required, were supported effectively with their nutrition and hydration. Care records were in place to record people's intake, when they were at risk of not drinking enough. The records enabled staff to monitor trends and to seek advice from health professionals, when necessary.

People had access to external health and social care professionals, and the service worked with external professionals to help ensure people's care was co-ordinated.

People told us staff were kind and compassionate telling us, "I'm treated like a friend and they respect me", and "I love them dearly". Staff spoke fondly of the people they supported. The importance of having a caring ethos underpinning the service, formed part of the provider's recruitment process, helping to ensure they recruited staff with a caring and empathetic demeanour.

Staff profiles were used to help people to make an informed choice about what staff they would prefer to support them, helping to ensure people were supported by staff with similar interests. This supported and encouraged meaningful conversations to take place during visits.

Helping Hands Plymouth is an organisation that recognised everyone an equal, regardless of their sexuality or ethnicity. Staff had received equality and diversity training and people's individual needs were taken into account.

People told us their privacy and dignity was respected. Staff received training in respect of how to promote people's dignity and privacy, and staffs understanding, was monitored by way of unannounced checks by managers.

People's independence was supportively encouraged. People told us staff had a 'can do' attitude, and empowered people to do as much for themselves as possible.

People told us they received personalised care which met their individual needs. People's care plans had been created by involving them and /or their family, and contained information about their health and social care needs.

People's concerns and complaints were positively received and listened to. People, told us they felt comfortable to complain and when they had, prompt action had been taken.

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.

People were protected from abuse.

People's risks associated with their care were monitored and managed well.

People had sufficient numbers of staff to meet their needs.

People received their medicines safely.

People were protected from safe inspection control practices.

When things went wrong, the provider reflected and used learning to help improve the service.

Is the service effective?

Good

The service was effective.

People's health and social care needs were holistically assessed.

People received support from staff who had the skills and experience to be able to meet their needs.

People, when required, where supported effectively with their nutrition and hydration.

People had access to external health and social care professionals, and the service worked with external professionals to help ensure people's care was co-ordinated.

People's human rights were protected in line with the Mental Capacity Act 2005 (MCA).

People's individual communication needs were known and met effectively.

Is the service caring?

Good

The service was caring.

People were treated with kindness.

People were involved in making decisions relating to their care.

People's privacy, dignity and independence, was promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care.

People's complaints were received positively and used to help improve and develop the service.

Is the service well-led?

Good

The service was well-led.

The provider's ethos and values were embedded within the culture of the organisation, and underpinned the care people received.

People and staff were involved in the ongoing development of the service.

The provider had a robust governance framework, to help ensure the service was effectively monitored.

The provider worked in partnership with other agencies, to help ensure ongoing improvement and sustainability. □

Helping Hands Plymouth

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.

The inspection was announced. It was undertaken by one inspector and two experts 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. In addition, we used information the provider sent us in the Provider Information Return. 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 contacted Healthwatch Plymouth, the local authority quality and service improvement team (QAIT), and commissioning team for the local authority, to ask if they had any feedback about the service. Where feedback was provided, it can be found throughout the inspection report.

We gave the service 48 hours' notice of the inspection visit because we needed to ensure that there would be someone in the office to support the inspection process. It also allows us to arrange to speak and visit people receiving a service in their own homes. Inspection site visit activity started on 16 April 2018 and ended on 07 May 2018. We visited the office location on 16 April 2018 and 07 May 2018.

During our inspection, we spoke with nine people and four relatives on the telephone to obtain their views and visited three people in their own homes. We also spoke with ten members of care staff, the registered manager, area manager, regional manager, and quality partner.

We looked at five support plans, training records, policy and procedures and the provider's monitoring

checks.

Good

Is the service safe?

Our findings

People told us they felt safe with one person commenting, "They always lock the door after them". People also told us staff always knocked loudly, called out their name, and/or shouted "good morning", to ensure they did not get a fright.

People were protected from abuse because staff received training in safeguarding. Therefore, staff knew what action to take if they were concerned about someone being abused, mistreated or neglected. One member of staff told us when they raised concerns, "We're kept in the loop by (the registered manager) who lets us know the follow up, and outcome if any". The registered manager was confident in their safeguarding responsibilities, and told us how they had recently worked closely with the local authority safeguarding team, in order to help protect someone. Staff, were recruited safely. Appropriate employment checks were carried out to help ensure staff were suitable to work with vulnerable people.

People told us there were enough staff to meet their needs, but expressed they did not always know who was coming. However, despite this they explained there was a good continuity of staff. The registered manager told us, they would take immediate action to give people a staffing rota on weekly basis to help provide reassurance.

Staff told us they had sufficient time to provide people's care and support, as well as adequate traveling time. The provider had an emergency staffing procedure in place to help ensure people still received their care in times of staffing difficulties, for example when poor weather causes travel disruption. In the event of urgency, people and staff had access to an on-call service where they could seek advice.

People's risks associated with their care were monitored and managed well. For example, people had risk assessments in place to help provide guidance and direction to staff about how to meet their needs safely. Some of which included, information about their mobility and healthcare. The registered manager was in the process of carrying our six monthly reviews, to help ensure everyone's risk assessments were reflective of their current needs.

People also had environmental risk assessments in place so staff, were aware of any hazards that could impinge on them delivering safe care, such as trip hazards or poor lighting.

The provider had a lone working policy which staff were aware of. The policy helped to protect staff from the risks of working in isolation, for example when staff felt vulnerable they had an emergency number they could ring to report their concerns.

People received their medicines safely. Staff received medicines training and people had care plans in place to help describe to staff what help and support people needed and when. One member of staff had gone the extra mile, by collecting a prescription for one person's antibiotics in their own time, so they could start their medicine promptly.

People were protected by safe infection control practices. Staff, received training in respect of good hygiene and infection prevention and control. They were also provided with sufficient amounts of personal protective equipment (PPE), such as gloves and aprons. One member of staff told us how the registered manager had purchased a different type of glove, because the ordinary gloves irritated their skin.

When things went wrong, the provider reflected and used learning to help improve the service. For example, in response to a medicine error, training had been arranged for all staff, and the content of the course updated to acknowledge the error and to help mitigate the risks of it from reoccurring again.

Good

Is the service effective?

Our findings

People's health and social care needs were holistically assessed. The registered manager carried out a pre-assessment of people's care and support needs, to help ensure staff had the right skills and experience to support people effectively.

People told us they felt staff, were competent to meet their needs with one person commenting, "Carers are A1". People also told us how staff showed a lot of initiative. Staff had received a robust induction and undertaken training the provider deemed as 'mandatory', some of which included moving and handling, infection control, dementia and first aid. Staff, were complimentary of the training they received, and told us they also received supervision of their practice to help ensure they were carrying out their role to the highest of standard.

People's human rights were protected in line with the Mental Capacity Act 2005 (MCA). 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's human rights were protected. People were assessed in line with the MCA to check their ability to consent to their own care and treatment. People's care plans provided detail about their mental capacity and how this impacted on the decisions they made. The staff had a good understanding of the legislative framework and people's consent to their care was obtained and detailed within their care plans.

People, when required, were supported effectively with their nutrition and hydration, and when necessary people's care plans detailed their likes and dislikes. For one person living with dementia and who was unable to shop for themselves, staff listened attentively to what food the person spoke of enjoying now and in the past, and tailored their shopping list and meals to their individual preference. In hot weather, staff, were reminded by electronic messaging to ensue people were drinking enough and had a drink of their choice in easy reach. Care records were in place to record people's intake, when they were at risk of not drinking enough. The records enabled staff to monitor trends and to seek advice from health professionals, when necessary.

People had access to external health and social care professionals, and the service worked with external professionals to help ensure people's care was co-ordinated. For example, staff supported and promoted people to contact their GP and/or district nurse when they were observant of changing needs. For example, one member of staff had noticed one person did not 'seem themselves'. So encouraged them to provide a urine sample to their GP surgery, when it was later confirmed, they had an infection and needed some medicine.

People's individual communication needs were known by staff, and staff described how they adapted their approach to each person, for example kneeling down to speak with people so as to be at the person's same height. People's care plans supported staff to meet people's individual needs, with one person's care plan

describing how their hearing difficulties could affect their communication. Therefore, described how staff, needed to make sure their hearing aids were in place, and switched on. Staff also described how pictorial cards were used to support people to make decisions, when people had limited communication skills. Whist no one currently needed their care plan in a different format, we were told that this would be discussed at people's initial pre-assessment, and arranged when necessary, for example care plans could be produced in large print or in audio.

Good

Is the service caring?

Our findings

People told us staff were kind and compassionate telling us, "I'm treated like a friend and they respect me", and "I love them dearly". Other comments included, "No fault with them, they're cheerful on arrival…there a friendly crew", and "We haven't found any fault with them at all, they're all very good".

Staff described how they showed kindness towards people, telling us how they offered to arrange flowers in vases. One member of staff told us, "I'll always make a cup of tea if they want one and serve it with a smile. A smile goes a long way. Sometimes people get upset at their situation, so I'll just sit and listen. That's when a cup of tea comes in handy".

One of the process of staff recruitment was based around the principles of 'caring'. This meant specific questions were asked of potential staff to help demonstrate their caring and empathetic qualities. This helped to ensure people received care from staff who had the right aptitude. Special days in people's lives were given recognition by the provider, for example birthday cakes, flowers and cards were purchased and sent.

Staff profiles were used to help people to make an informed choice about what staff they would prefer to support them, helping to ensure people were supported by staff with similar interests. This supported and encouraged meaningful conversations to take place during visits.

Helping Hands Plymouth is an organisation that recognised everyone an equal, regardless of their sexuality or ethnicity. Staff had received equality and diversity training and people's individual needs were taken into account. For example, people's religious needs were detailed within their care plan, and one person was supported to go to Church each Sunday.

People told us their privacy and dignity was respected, and described how staff always closed doors and shut curtains to ensure their dignity. Staff received training in respect of how to promote people's dignity and privacy, and staffs understanding was monitored by way of unannounced checks by managers.

People's independence was supportively encouraged. People told us how staff had a 'can do' attitude empowering them to do as much for themselves as possible, for example making a cup of tea, doing the dishes or washing parts of their own bodies when being supported with personal care.

People were involved in making decisions relating to their care. Staff told us, "We are there to assist when needed, and not to insist. We give options". One member of staff described how one person did not like to get washed, telling us "sometimes they don't want a shower so we'll help with a strip wash if they want. Sometimes they don't even feel like getting dressed. That's their choice".

Good

Is the service responsive?

Our findings

People's care plans had been created by involving them and /or their family, and contained information about their health and social care needs. Care plans were detailed and helped to provide guidance to staff about how people needed and wanted their care to be provided.

People told us they received personalised care which met their individual needs. One person told us how they had asked for their visit time to be changed so they could attend an important hospital appointment, and this was done. The registered manager wanted to ensure people received an individualised service that met their needs, so reviewed people's care plans with them, making sure people were satisfied with the care and support they were receiving. The registered manager told us how they involved external professionals, such as social workers when they felt people's needs were not being effectively met. Staff, were complimentary about how frequently people's care plans were kept up to date by the registered manager, and explained how they also provided ongoing feedback to help ensure they were reflective of people's current care needs.

Staff told us they were responsive to people's changing care needs and recorded and escalated their concerns as required to the registered manager. Staff told us if people became seriously ill, they would phone the GP (asking the person's permission first) or dial 999 if necessary.

People's concerns and complaints were positively received and listened to. People received a copy of the complaints policy when they started using the service. People, told us they felt comfortable to complain and when they had, prompt action had been taken. For example, one person explained how a particular carer would turn up an hour earlier. They told us they had reported it to the registered manager, who acted on it and it no longer happened.

The provider had a complaints policy which was used to help effectively investigate complaints. There was a central complaints email, which meant if people submitted a complaint, it would be immediately acknowledged, and in addition they would receive a copy of the complaints process which detailed how the complaint would be managed. Complaints were robustly recorded electronically, and analysed for themes and trends at a local and national level. When a complaint was raised a 'route cause analysis' was carried out to establish what had happened and to help ensure it did not occur again, within the service as well as elsewhere within the organisation. As a result of one analysis, they had taken action to review their complaints response letter, to make sure they were written in a more personably way.

Good

Is the service well-led?

Our findings

Helping Hands Plymouth is a domiciliary care agency. It provides personal care to people living in their own homes. It currently provides a service to older adults who need support with their personal care and/or have clinical healthcare needs. The service supports people within a 10 mile radius of Plymouth. The service is owned by Midshires Care Limited, who have 66 branches across the UK.

Helping Hands Plymouth is a family owned business, with staff describing it as a "friendly" place to work. The regional manager told us, "Our values of understanding, listening, excellence every time, building on success and a focus on people are really important to us". Throughout our discussions with people and staff, we found these values to be embedded within the culture of the service. One person commented, "Helping Hands are hugely professional".

There was a "no blame culture" adopted within the service, encouraging staff to be open and transparent when things had gone wrong, enabling learning to take place. This open and transparent approach demonstrated the providers understanding and recognition of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. When staff did not feel they could speak directly to their manager, they had access to an anonymous whistleblowing number, to enable them to share any concerns about poor staff conduct and practice within the service.

Staff, were very much at the heart of the service. The regional manager told us, "We are nothing, without our staff", and explained how the provider ensured staff were valued and appreciated for the work they did. For example, by way of the staff recognition award or handing out of "Wow you are amazing cards" in recognition of their efforts. Staff spoke positively of the provider's supportive approach, telling us about how they had been recognised for their contribution by receiving personal thanks in a card or an email from the provider. Staff also told us they felt financially rewarded for the work they did.

The provider welcomed and embraced feedback about their service, giving everyone access to their personal contact details within the staff handbook and service welcome pack. The regional manager told us, "They (the provider) are really good at getting back to you". There was also a suggestions box within the branch, and an interactive intranet and Facebook page for people to share their views. The regional manager spoke of the importance of recognising when things needed to be better telling us "We are keen to not just do things because we've always done it that way".

There were robust systems in place to ensure the effective quality monitoring of the service. The provider's governance policy set out the expectations of the registered manager to check the quality, of all aspects of the service, periodically. The accuracy of these checks were then reviewed by the area and regional manager. Some of these checks included training, staff spot checks, care planning and risk assessment management. The registered manager also had access to a quality partner, who provided advice, guidance and support to help improve practices. The quality partner was also responsible for carrying out a full audit of the compliance of the service, which formed part of the providers overall governance framework. Helping

to ensure the service met the required legislation, and continually delivered a high quality service.

There was a supportive management structure in place for the registered manager which included regional management, area management and a quality partner. The registered manager told us they felt valued and supported. Staff told is the registered manager was "very good" and "supportive" and they were responsive to any problems that occurred, and resolved them promptly.

The provider and registered manager kept up to date with changing practice and legislation. For example they were in the process of updating their consent policy in line with the new General Data Protection (GDP) legislation.

The provider worked in partnership with other agencies, to help ensure ongoing improvement and sustainability. Positive relationships were held with the local authority and commissioning teams.