

Midshires Care Limited

Helping Hands Redditch & Bromsgrove

Inspection report

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30 April 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

Helping Hands Redditch and Bromsgrove Care Services is a domiciliary care agency. At the time of the inspection they were providing personal care to 56 people, in their own homes.

People's experience of using this service:

People told us they felt safe with staff. They said staff were kind, able to meet their needs and supported them in a dignified, respectful way which maintained their privacy and independence. The provider made sure people received support from the same staff. A relative of a person using the service told us, "They are polite and friendly. They always shout out cheerio to him when they leave."

People received a service which was personalised and met their needs. They told us the service enabled them to remain as independent as possible and to live in their own homes. People were cared for by a consistent team of staff who were skilled and competent in providing care and support. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's likes, wishes and preferences.

Support was planned and delivered in a structured way to ensure people's safety and wellbeing. Staff had access to up to date information about how to support people and communication with health and social care professionals was effective in ensuring people received joined up care.

The provider had aims and standards for the service and told people what they should expect from staff and the service in respect of the quality of care they received. All staff had clearly defined roles and duties and the registered manager understood their legal responsibilities regarding the Health and Social Care Act 2008.

The provider worked in partnership with other agencies such as local authorities funding people's care to develop and improve the support provided.

Rating at last inspection:

This was the service's first inspection since their registration in March 2018.

Why we inspected:

This was a planned comprehensive inspection. All services registered with CQC must have an inspection within the first year of their registration.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---------------|
| Is the service safe? The service was safe | Good ● |
| Is the service effective? The service was effective | Good ● |
| Is the service caring? The service was caring | Good ● |
| Is the service responsive? The service was responsive | Good ● |
| Is the service well-led? The Service was Well-Led | Good ● |

Helping Hands Redditch & Bromsgrove

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:

One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because senior staff are often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection took place on 29 April and 30 April 2019. We visited the office location on these dates to see the registered manager and to review care records and policies and procedures.

What we did:

Prior to the inspection we looked at the information we had about the home. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important

events which the service is required to send us by law. We had not requested the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the home, tells us what the home does well and the improvements they plan to make

During the inspection we spoke to the registered manager, operations manager and quality assurance manager, a care coordinator and four staff. We looked at five people's care records, five staff files and other records relating to the management of the service including policies and procedures. After the inspection we spoke to 11 people using the service and four relatives and asked them for their views about the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. One person said, "I feel very safe with the carers. There are about four who come, and I know them all. They are very good."
- Staff received relevant training and support to help them safeguard people from abuse or harm. Staff were aware of safeguarding procedures and how and when to report concerns about a person to the appropriate individual and/or authority.
- Records showed the provider cooperated fully with the local authority when a safeguarding concern had been raised about a person using the service. This was important as this helped the local authority carry out a full investigation and to identify the actions needed to ensure the person's ongoing safety.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess and identify risks posed to people from their specific healthcare conditions and by their home environment.
- People's records contained current information about identified risks to their safety and wellbeing. There was up to date guidance for staff about how these risks should be managed to keep people safe. Senior staff monitored identified risks as part of their reviews of people's care and support needs to check for any changes to these that staff needed to be aware of.
- People's needs had been considered when planning the support they required, so only suitably trained staff were assigned to meet these safely. A relative said, " My [family member] needs a specific moving and handling routine, the staff have had, specialist training on using the ceiling track hoist. Thus, the staff team was especially chosen because they had received the training they needed to support the person. The regular staff know what they are doing to keep her safe."

Staffing and recruitment

- People and their relatives said there were enough staff to meet people's need. Views varied on whether staff stayed for the allocated time. One person said, "They stay as long as they need to." Another said, "They sometimes don't stay for the full time, but they always get the job done."
- Some people told us in the past staff on occasions had turned up late for a scheduled visit. But people also said this had improved lately and was now much less frequent. The registered manager confirmed late visits had been an issue in the past and had acted to improve this. This included improved monitoring of the timeliness of visits and using meetings to reinforce the importance with staff turning up on time for a scheduled visit.
- The provider had recruitment and selection procedures in place to ensure people were supported by staff that were suitable. Checks had been made on staff's identity, right to work in the UK, previous work history and criminal records. Staff also completed a health questionnaire which was used to assess their fitness to

work.

- All staff had been provided with the service's lone working policy so that they were aware how to ensure their own personal safety when working alone with people.

Using medicines safely

- The provider had systems in place to manage and administer medicines safely, in line with current best practice.
- Staff had been trained to manage and administer medicines. There was current information on people's records about their prescribed medicines and how they should be supported with these.
- Staff supported people to take their prescribed medicines. Records showed staff recorded what medicines people were given and when. Senior staff reviewed these records during visits to people's homes to check medicines had been administered appropriately by staff.

Preventing and controlling infection

- Staff were trained in infection control and had access to supplies of personal protective equipment (PPE) to reduce infection risks.
- Staff had received training in basic food hygiene to support them when preparing and storing food to reduce risks to people of acquiring foodborne illnesses.

Learning lessons when things go wrong

- Concerns and incidents involving people were recorded and investigated promptly by the registered manager.
- Action was taken to learn from incidents and make improvements when this was required.

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

Good: 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

- The registered manager assessed people's needs prior to them using the service. These assessments took account of information provided to the service by people and from others involved in their care, about their existing healthcare conditions and care needs and how these should be managed when providing support.
- The registered manager told us and a relative confirmed information from these assessments was used to identify the level of support a person needed. This enabled them to develop an individualised care plan for the person which set out how their care and support needs would be met by staff.
- People could state their choices for how, when and from whom they received their care. A person told us, "If I want to go back and lie on the bed when they have finished they will let me." Another said, "They do whatever I want and I can choose what I want to eat."

Staff support: induction, training, skills and experience

- Training was provided in subjects including food hygiene, fluids and nutrition, dementia care and first aid and in areas which were specific to people's individual needs, for example, medicine level three, catheter care and diabetes.
- People felt staff were well trained and knew what they were doing. One person told us, "They seem very competent. One of my carers is off on Friday for some 'retraining'."
- Staff received an induction when they first joined the service. One staff member told us, "I had more than the usual three days of shadowing. I really needed it and it gave me confidence to go out on my own. The clients were reassured because they knew me and I learnt how they like their care".
- Staff observation and spot checks were carried out every 6 weeks to ensure they were maintaining high standards of care. Staff received feedback about their performance to ensure the care was consistent.
- Staff were supported to continuously improve in their role. Staff had supervision (one to one) meetings with a senior staff member to discuss their working practices, any issues or concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Information had been obtained about people's dietary needs and how they wished to be supported with these including any specialist requirements people had due to their healthcare conditions.
- Staff recorded what people ate and drank where they were required to do so. This ensured information was available to others involved in people's care to check whether they were eating and drinking enough to meet their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff documented the support provided to people which kept others involved in people's care up to date and informed.
- Staff reported any concerns they had about a person's health and wellbeing promptly so that people would receive appropriate support in these instances.
 - A relative told us, "He has just had a bladder operation and the carer alerts us if he sees a little bit of blood when washing him." One person said, "I had a rash on my back. The girls picked it up and advised that it got looked at."
- The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. The registered manager told us there was good communication with healthcare professionals about people's general health and wellbeing and how their needs should be met.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. We checked whether the service was working within the principles of the MCA.
- Staff received training in the MCA. Senior staff were aware of their duties and responsibilities in relation to the Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the service would involve people's relatives, representatives and healthcare professionals, to ensure decisions would be made in people's best interests.

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

Good: 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 were supported by staff who were kind and caring. One person said, "The carers are like friends. My regular carer will bend over backwards for me." A relative said, "They are all good. I look forward to them coming. They are caring people. They do the job."
- Staff had developed positive relationships with people. People told us staff engage in conversations meaningful to them. One person said, "They are very nice and friendly. They are easy-going people. They are always pretty busy. They talk while they are working."
- People told us staff were attentive and responsive to their needs and requests. One person said, "They are obliging. They rub cream all over my back and legs and my skin is old. They are gentle. They are very efficient."
- The service received compliments. A compliment from a relative read, "Thank you all so much for such kind loving care."

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

- The provider sought people's views in various ways to make sure these were used to inform decisions about their care and support needs. The provider used assessments of needs, care planning meetings, reviews and quality checks to ensure people were involved and able to voice their views about the support they received.
- Staff were aware how people wished to receive communication and information from the service. People told us the registered manager or senior staff sat with them and went through care plans so that they understood the support that would be provided. Communication was tailored to people's specific needs. A relative told us, "Staff speak to [relative] patiently and to her, she can't talk, but they manage to bring out a smile on her face."
- People were supported and treated with dignity and respect, and involved as partners in their care. One person said, "Yes they tell me what they are going to do. If you want to have anything different like your hair washing they will do it, as long as it fits within their schedule. They fit in what they can and then they are off to the next call."
- Relatives confirmed carers stayed the duration of the allocated time and were not rushed. One relative told us, "They don't rush off."

Respecting and promoting people's privacy, dignity and independence

- Support was provided to people in a way which respected their privacy and dignity. One person said, "When they are washing me they cover up either my top or bottom half while they do the other bit."
- People's confidentiality was respected. Guidance was in place to ensure staff knew about protecting

people's information.

- People were encouraged to be as independent as possible. One person said, "They encourage me to do as much as possible."
- People said they were asked for their permission before being provided with support, offered choice and given the time they needed to do things at their own pace. One person said, "They do listen to you and they don't rush."

Is the service responsive?

Our findings

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

Good: 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

- People's needs were well described in their care plans. For example, one person told us they had enjoyed music. This was referenced in their care plan.
- Care plans covered a range of people's needs including communication, mobility, and nutritional needs.
- Care plans were evaluated and full reviews took place regularly to ensure information remained current.
- Information about people's lives prior to receiving a service included, for example where they lived and what family members they were in contact with.
- Information was included about people's spiritual needs. In one person's care plan it stated that they had no religious needs. In another it stated they were "Methodist".
- There were specific details recorded about the kind of music people enjoyed and the kinds of television programmes they watched. One person's care plan was documented, 'I Love listening to music especially my radio, also iPad and love singing and dancing'.

Improving care quality in response to complaints or concerns

- People told us they had no concerns about the care they received but would feel able to speak with staff about any concerns if they had them.
- People were given information about how to make a complaint if they needed to.
- There had been four formal complaints received by the service and the records demonstrated this had been dealt with in line with the services policy and procedure.
- The registered manager told us they encouraged people to speak to them if they had any issues or concerns and they would try to address them before they became formal complaints.

End of life care and support

- There was evidence of people's end of life wishes being discussed with them if they wished to do so and some people had advanced planning in place. For others it was recorded that they hadn't wished to discuss their end of life wishes and would prefer to discuss this with family.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had values and aims for the service which were focussed on people receiving high quality care and support from staff. These were communicated to people through information the service provided, for example, the 'service user guide' and through staff.
- All staff were provided handbooks which set out their responsibilities for providing high quality care and support to people, which respected their rights.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People spoke positively about senior staff and said they were "Very approachable", "Understanding" and "Very obliging".
- There was a clear management and staffing structure and all staff had well defined responsibilities. Senior staff held regular monthly meetings with staff to make sure they understood their roles and responsibilities with regard to the support they provided to people.
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.

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

- Senior staff undertook spot checks to people's homes and asked them for their feedback about how the service could be improved. They also telephoned people using the service to check that they were happy with the support being provided and for any suggestions they may have for how this could be improved. A relative told us, "They come out sometimes and ask questions."
- Senior staff used spot checks to monitor whether staff were providing the support that had been agreed in line with the service's policies and procedures. Any issues identified through these checks were discussed with staff immediately to help them to continuously improve their working practices.
- The provider made improvements when these were required to enhance the quality of the service.

Working in partnership with others

- The provider worked in partnership with other agencies to develop and improve the delivery of care to

people. For example, staff worked collaboratively with the local authority responsible for funding people's care, so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.