

Midshires Care Limited

# Helping Hands Shipley

## 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

### About the service

Helping Hands Shipley is a domiciliary care service that provides care and support for people in their own homes. 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. At the time of the inspection the service was supporting 13 people with personal care.

### People's experience of using this service and what we found

People received the care they needed to keep them safe and well. Feedback about the quality of the care and support was good. People were supported by consistent and caring staff. Medicines were managed safely. Staff followed good infection control practises including wearing personal protective equipment when supporting people.

Staff knew people well and supported them based on their needs, choices and preferences. They were knowledgeable about people and the topics we asked them about. Staff had received a high level of training which had provided them with the necessary knowledge to meet people's needs. This was reviewed regularly to ensure staff had the skills to meet people's needs. Staff spoke very positively about the support they received and the quality of 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. Care plans were detailed and up to date and contained person centred information.

The service promoted high quality, person centred care and had an open and honest culture. Audits and checks were in place to monitor the quality of the service. The registered manager was approachable and supportive and provided strong leadership to the team.

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 14 May 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service did not have a rating.

## 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 safe.

Details are in our safe finding 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 well-led.

The details are in our well-led findings below.

Good ●

# Helping Hands Shipley

## 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.

#### Inspection team

The inspection was carried out by two inspectors and an 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 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and 11 relatives about their experience of the care provided. We spoke with eight members of staff including the area care manager, registered manager, care coordinator and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's health and safety were assessed. Assessments were in place which demonstrated risks such as mobility, nutrition and the environment had been assessed.
- The provider had a comprehensive infection prevention and control policy.
- Staff used personal protective equipment safely and participated in weekly COVID-19 testing.
- The office had enough space for people to social distance. Visitors had their temperatures checked on arrival and sanitiser and PPE were available at the entrance.

Staffing and recruitment

- People and relatives were generally happy with the call times and most people said they were supported by the same staff. One relative said call times were not always reliable.
- Recruitment checks were in place to ensure only suitable staff were employed. The provider had a robust assessment process in place to ensure staff had the right skills and values to work in a care setting. A relative said, "Yes I do feel [person] is safe. They have a lot of time for him. The office is good at picking good people." Staff confirmed they consistently supported the same person. They said this helped build trust and relationships.

Using medicines safely.

- People received their medicines safely.
- The service had good medicine management policies, procedures and practises.
- The service had an electronic medicines administration recording system. This allowed medicine administration to be reviewed in real time. Records were well completed, clear and audited regularly. Staff who supported people with their medicines received regular training. Competency checks were carried out in line with good practise.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives said they felt safe and secure. One person said, "Yes, we do feel safe with the carers. They are absolutely fantastic and [person] feels very comfortable with the carers."
- Staff had received safeguarding training and understood how to raise concerns. Safeguarding referrals had been made appropriately and actions put in place to ensure people's safety.
- There was a culture across the service of learning lessons when things went wrong. Incidents and accidents were logged on an electronic system and reviewed regularly by the management team. We saw actions were taken to reduce incidents. For example, one person had fallen, and the registered manager made a referral to the falls team for advice and to identify additional equipment for the person.

# 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.

Staff support: induction, training, skills and experience

- Staff received a wide range of training and development opportunities from internal and external sources. This included training on scam awareness to help staff recognise potential issues where people may be targeted by scammers. All new staff completed the Care Certificate.
- Staff spoke highly of the induction, training and supervision they received. Spot checks were carried out regularly to monitor how staff were supporting people.
- The registered manager spoke passionately about the training programme provided for staff. They said, "The training makes the difference. We give staff the tools to go above and beyond."
- The office had a spacious and well-equipped training room which incorporated a wide range of relevant learning materials. This included information on cultural and health issues.

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

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

- People's needs were assessed before being offered a service. The information gathered was used to develop comprehensive care plans and risk assessments. They described the support required for each call and detailed people's personal choices and preferred routines.
- Staff supported people with their meals when this was part of their care plan. Plans contained details of their likes and dislikes and the level of support they required.

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

- People and relatives said people's health needs were supported. One relative told us about an incident when staff recognised their relative was unwell and called for emergency services.
- Care records showed people's healthcare needs were assessed and the service had contacted district nurses and other health professionals appropriately to ensure people's healthcare needs were met. Care plans contained detailed information about health conditions.

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.

- The service was acting within the legal framework of MCA.
- Staff understood the principles of MCA and how they applied this in their day to day work. They described how they promoted people to be as independent as possible.

# 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

- People and relatives told us staff were caring and treated people kindly. We received a range of positive feedback. One relative said, "They [staff] have been wonderful. I am happy because [relative] is happy. They have been a real blessing to the family."
- Staff we spoke with demonstrated caring values and provided people with high quality and personalised care.
- The service matched people and staff where it was beneficial. Staff profiles including photographs were available to people and relatives to consider as part of this matching process.

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff listened to their views and provided care and support that reflected their wishes. Most people told us they were actively involved in decisions about their care. One relative said, "The skills of the staff are good, and they work with [relative] adapting to encourage him to be as independent as possible."
- Staff had formed warm and genuine relationships with people and relatives. They described examples of how they respected people's privacy and promoted their independence. Staff confirmed call times were not rushed and there were opportunities to talk with people.
- People were involved in giving regular feedback through reviews and surveys.
- Where people needed support expressing their views referrals had been made to advocacy services.
- People and relatives were able to look at their care plans and notes on the mobile phone application. This meant relatives could be assured about people's care and support when they were not in their home.

# 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 met through good organisation and delivery

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

- The service met with people and their relatives to develop personalised care plans. During the process the service learnt about people's preferences. Care records provided information about people's life history, interests and their personal preferences.
- We saw examples of the service being responsive and flexible to meet people's needs. This included reviewing the length and timings of calls.
- Staff used a mobile phone application that held all the care plans for the people they supported. This meant information was accessible and any updates were received immediately. Staff spoke positively about the effectiveness of the mobile application.
- At the time of the inspection the service was not supporting anybody who was at the end of their life. However, brief information was included in people's care plans and staff had received training about how to support people who were at the end of their life.

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.

- The service assessed people's communication needs and care plans included guidance about how to communicate with people.
- The service used translators to support with communication when developing care plans with people and relatives. This included translating part of a care plan into Urdu.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints and compliments.
- There had been no formal complaints raised, but people and relatives told us they knew how to raise concerns. One relative said, "I would be comfortable raising a concern. The office is good."

# 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 as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a positive culture that focused on person centred care. The staff we spoke with described an open culture where people and relationships mattered. They praised the support they received from the registered manager and said they were confident in their leadership. Staff were universally positive about the registered manager. They were described as, "approachable, lovely and supportive" and "[Manager] is a ray of sunshine."
- The registered manager understood their responsibility around the duty of candour and showed commitment to this. They had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- There were a range of audits in place. Managers at head office also carried out a range of additional audits and checks.

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

- People and relatives confirmed they felt involved in their care. However, feedback from relatives was mixed about communication with the office team. Most relatives described a good experience, but some said they did not have a lot of contact with the office and sometimes requested changes were not sustained.
- Staff meetings were held regularly, and weekly updates were sent by e-mail. Staff felt involved and included. They had access to a staff room and a prayer room at the office. Staff described morale as good. They felt appreciated and were proud to work at Helping Hands, Shipley. One staff member said, "It is great I love working here it's like a family and everyone really does care for the customers and goes above and beyond."
- The provider conducted regular surveys with people and relatives.

Continuous learning and improving care: Working in partnership with others

- The service worked closely with key stakeholders and agencies.
- The registered manager was proactive about developing community links in the local area. They had compiled information about local community and social groups to share with people and relatives. One compliment stated, "It is extremely refreshing to know that your company is getting involved in the heart of

the community."

- The registered manager gave us examples of how lessons have been learned. They demonstrated a commitment and desire to continually improve.