

Midshires Care Limited

Helping Hands Wakefield

Inspection report

11A
Wood Street
Wakefield
WF1 2EL

Tel: 01924679346

Date of inspection visit:
01 June 2021
02 June 2021
03 June 2021

Date of publication:
30 June 2021

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 Wakefield is a domiciliary care service that provides personal care to people living in their own houses and flats in the community. It provides a service to older adults in the Wakefield area. At the time of inspection, the service was supporting 23 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People spoke positively about the care provided, referring to staff as kind, caring and friendly. People were safe and protected from avoidable harm. Individual risk assessments were in place. People and their relatives told us they felt people were kept safe. People's medicines were well managed. Correct infection control procedures were followed, and the service had taken additional infection control measures to minimise the risk posed by COVID-19. Staff demonstrated a good understanding about how to safeguard people from the risk of abuse. There were enough staff to support people and they had been recruited in a way that helped to keep people safe.

Staff received appropriate training, support and supervision. Care plans were personalised and provided enough detail to inform staff how to support people. They included information about people's preferences and abilities. People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. People were supported to maintain good health and have access to health and social care services as required.

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.

People and relatives praised the staff for their kindness and compassion. People and relatives were happy with the care provided and told us they were involved in planning and reviewing care. People and relatives knew how to raise concerns and were happy with the action taken in response.

The service used a range of audits and monitoring tools to assess the quality and safety of the support and care provided. The service actively engaged and sought the views of people, their relatives and staff to improve service delivery.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection in line with our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Helping Hands Wakefield

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector 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 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 current manager had not yet registered with CQC but had started the application process. They had been in post since March 2021.

Notice of inspection

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

Inspection activity started on 1 June 2021 and ended on 3 June 2021. We visited the office location on 3 June 2021.

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 and professionals who work with the service. 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 four people who used the service and 10 relatives about their experience of the care provided. We spoke with four members of staff including the compliance business manager, the manager, a care coordinator and the care and training practitioner. We also contacted all staff via e-mail to ask questions about the service. We received feedback from five members of staff

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

After the inspection

We continued to seek clarification from the manager to validate evidence found.

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.

Using medicines safely

- Medicines were managed safely.
- People told us where required, staff assisted them with their medicines and they were given them as prescribed. One relative told us "They [staff] look after [name] medication, there have been no problems and they let me know if anything is running out."
- There was a robust system and audits in use for checking people had all their prescribed medicines.
- A recent change to how PRN medicines were recorded had resulted in some gaps on Medicine Administration Records (MAR). This had been identified quickly and action taken. People who used the service had not been affected by this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People felt safe with the staff providing their care. One person said, "I have two wonderful carers. I couldn't have better people to look after me and keep me safe." A relative said, "The family are happy that mum is safe in their [care staff] hands."
- Safeguarding systems were in place with logs for recording safeguarding concerns and any actions taken.

Assessing risk, safety monitoring and management

- Risks to people were assessed and recorded. Records showed the actions taken to minimise risk.
- Individualised risk assessments relating to the environment and health and safety issues were in place.
- People told us, "The staff did the full risk assessment and care plan before they started, so they knew exactly what I needed, but they are still flexible if it needs to change," and "They [staff] know how to help me move around safely, but they do encourage me to do what I can for myself too."

Staffing and recruitment

- A robust recruitment policy and procedure was in place.
- Staff files included all relevant information to help ensure safe recruitment.
- Staff rotas showed enough staff were employed to meet people's needs. Staff we spoke with told us staffing levels were good and ensured they were able to meet people's needs and not have to rush.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was an accident and incident tracker, which was up to date and included any actions required following an incident.
- Any lessons learned from accidents and incidents were discussed with staff.

Is the service effective?

Our findings

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

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

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

- Initial assessments of people's individual needs had been carried out prior to the service commencing. One relative told us, "Their documentation is excellent and notes down dad's moods; his wellbeing; what has gone on; things he has chatted about etc., it gives a clear picture."
- There was evidence of regular reviews of support needs and support plans were updated as required.

Staff support: induction, training, skills and experience

- The staff induction was thorough and included all training considered mandatory by the provider.
- People and relatives told us staff were skilled and experienced. One relative said, "The staff are definitely trained to do their job well, despite the minimum wage and they seem to enjoy their work and working for the company, which really helps."
- Staff told us there was plenty of training offered to them by the provider. One staff member said, "We have training online which is mandatory along with refresher training which is in branch (when within guidelines due to COVID-19) and we can ask for additional training if we feel we need it and the office team sort this out very promptly."
- Staff said they had regular discussions with senior staff as well as formal supervision and spot checks.

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

- People's nutritional needs and preferences were met.
- Relatives told us, "[Name] will just not eat, however much you coax, so they need supplement drinks every day. The carers know this and really make sure [name] drinks them, even when they get grumpy about it," "They [staff] will cook for him if he doesn't fancy one of his ready made meals, because they know how important it is that he eats properly" and "The staff have supported mum to eat better and more regularly so her weight has gone up a little and now stabilised."

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

- People were supported to attend health appointments when required.
- Staff were knowledgeable about when to contact a GP or other health professional.
- One relative told us what staff had done when they found their family member unwell. They said, "The staff instantly rang the GP and the district nurse; and kept [name] occupied until they arrived, making sure they explained what they had done. They called the office and me and then the office organised for tests for [name]. The carers really do go above and beyond and it's a weight off my mind."

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

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

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

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

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

- The service was working within the principles of the MCA.
- Staff had received MCA training. The manager was aware of their legal responsibilities under the MCA.
- People told us they were fully consulted in all aspects of their care and their choices were respected. This was reflected in the feedback received from relatives.
- People's care plans held signed consent forms.

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 were well cared for and treated kindly by staff.
- All feedback from people was positive. One person told us, "I always look forward to [the care worker] visits and she chats away to me. We are always having a laugh. It's priceless."
- Feedback from relatives was also extremely positive. Relatives told us, "The carers are very proactive and have got to know [name] and his habits well in a relatively short space of time" and "The carers seem well-matched as they can talk with [name] about her gardening and because we have the same two each time, they have really got to know her well. It has certainly helped relieve her feelings of isolation."

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

- People were involved in decision making and their choices were respected by staff.
- We saw evidence people and their relatives or advocates were involved in care plan reviews.
- Relatives told us, "Mum was asked by the office if she would mind having a male carer, but she wasn't comfortable with that, so he has never come to support her" and "The agency can quickly adapt to change and we have organised extra care within 24 hours in the week when something has come up and we needed additional support."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity was maintained.
- People told us, "I'd say the carers know me better than I know myself sometimes," and "We have a good laugh some days. They know how to cheer me up. Nobody likes to think they need support when they get older, but they know their job and they don't make a song and dance about it, so I don't get embarrassed" and "It doesn't matter which of the team it is, they turn up and get on with the job." The new carers shadow an older, more experienced carer before they come on their own. But they always explain when the new carer will be coming, so I always know."
- People told us staff encouraged and enabled them to be as independent as possible. A relative told us, "In the last 18 months mum has come on in leaps and bounds with the support of the carers encouraging her to do things and getting her into a routine, so much so, she is becoming more independent and confident again."

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs were assessed, and care plans were developed with the person and their relatives or advocates.
- Relatives told us, "We are involved in mum's care planning reviews and it is always a joint decision if there are any changes" and "Mum was having one hour per day, which up to the last six months has worked well, but a care planning conversation highlighted that mum was feeling low and not eating, so it was changed to two half hour calls and she has definitely improved, and quite quickly really."
- People told us the service was flexible and responsive. One person said, "The staff are very flexible if I want to cancel the call because I am going out with my sister, that's fine."
- Relatives told us, "There is good communication with the office as we have changed days and times on odd occasions, and they have managed it relatively easily" and "We had a situation where [name] had been wandering the streets and we were discussing what we could do to mitigate it. The manager came up with a GPS tracker and then said they would create a rota to cover it. They are very proactive."

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.

- People had access to their care records.
- People and relatives told us they regularly looked at their care records and found them easy to read and understand.
- Information provided to people was available in different formats to ensure they could understand
- One person had asked for their account to be sent to them in large print and this had been actioned.

Improving care quality in response to complaints or concerns

- Information about the registered providers complaints policy was in the service user handbook.
- The complaints log was up to date and included information about the service's response and actions taken.
- There were no outstanding complaints. The compliments file had many thank you cards and letters from happy people and their families who were extremely pleased about the care and support provided to them.
- People and relatives told us they felt listened to. Relatives said, "We did have an issue last Sunday. I'm

really happy with how they dealt with it" and "I have never had to complain, but I know I could ring the office and they would deal with it straight away if I did."

End of life care and support

- Support plans recorded peoples' end of life considerations and last wishes or recorded that the person had chosen not to talk about this.
- The 'service user guide' explained how the service could provide an individualised approach to palliative care ensuring control, choice and dignity at every stage of life. By working with healthcare teams' people could remain at home at the end of their life.
- The service was a member of the 'Dying Matters' national coalition helping to promote awareness and change public attitude towards dying, death and bereavement.
- A relative told us, "[Name] is on end of life care and the carers and office staff are very mindful of this fact. We regularly chat and tweak the service according to how [name] is feeling."

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

- People and relatives told us they were in regular contact with the manager and other office staff.
- People were positive about their support. One person said, "I think they do a good job of looking after me and I would happily recommend them."
- Relatives told us, "I am on first name terms with the manager and office staff and they always update me on anything that has happened. I am so confident they are doing their job. They just get on with it," "The agency was recommended as being good at their job and nothing we have experienced before or during COVID-19 has changed that. We are very pleased with the levels of Care. It's a very proactive company. We feel very supported and appreciate their ideas. I can't think of any areas where I would alter the service" and "The office staff ring me regularly to check I am happy with everything and check whether mum's needs have changed. Sometimes they pick things up and make suggestions. It gives me peace of mind and alleviates the guilt."
- Staff told us they were happy with their job role and felt very well supported by the manager and senior staff. One staff told us; "I feel comfortable in being open with the manager. Any concerns are responded to quickly and efficiently. I feel I could speak out whenever I needed."
- People and relatives told us the manager and staff were keen to make improvements and proactive when issues came to light.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their regulatory requirements and had submitted statutory notifications to the CQC, to inform us of important events such as accidents, incidents, safeguarding concerns and deaths.
- Throughout the inspection the manager was honest and open with us. They were eager to ensure processes in place kept people safe and protected from harm.

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

- Effective oversight and monitoring of the service had been implemented.
- There was a regular programme of audits and checks completed to ensure oversight of the service.
- The branch manager had been in post since March 2021 and was in the process of registering with CQC.

She was fully aware of her responsibilities in ensuring regulatory requirements.

- Staff said the manager and office staff were approachable and available should they need to raise any concerns.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- The manager and staff understood the importance and benefits of working alongside other professionals.