Midshires Care Limited

Helping Hands Warwickshire, Evesham & Cotswolds

Inspection report

Arrow House
8-9 Church Street
Alcester
Warwickshire
B49 5AJ

Tel: 01789762121
Website: www.helpinghandshomecare.co.uk

Date of inspection visit:
30 April 2019

Date of publication:
13 June 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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, Warwickshire, Evesham and Cotswolds is a domiciliary care agency that was providing personal to older and younger adults, people with a learning disability, dementia and mental health, physical disability and sensory impairment. There were 42 people using the service at the time of the inspection.

People's experience of using this service:
People and staff told us there was not always enough staff available at weekends.

Staff were trained in how to recognise signs of abuse and were clear on how to report concerns. Risks to people had been assessed and were reviewed regularly.

Medicines were managed safely people received their medicines in line with their prescription.

Staff used personal protective equipment (PPE) to prevent the spread of infection.

People were receiving care and treatment in line with guidance and the law.

People were supported with timely access to healthcare.

People told us staff were caring.

Person centred end of life support plans were available when needed.

The registered manager and provider maintained good oversight of the quality and safety of the service.

Rating at last inspection: At our last inspection on 3 June 2016 the service was rated good overall.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, we may inspect sooner.

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.

Is the service safe? The service dropped to requires improvement in safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service remained effective. Details are in our effective findings below.	**Good**
Is the service caring? The service remained caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service remained responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service remained well-led Details are in our well-led findings below.	**Good**

Helping Hands Warwickshire, Evesham & Cotswolds

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: This inspection was carried out by one inspector, one assistant inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is older people and dementia care.

Service and service type: The service is a domiciliary care agency that was providing personal care to older people and younger adults, including people living with dementia and mental health, physical disability and sensory impairment and learning disability. There were 42 people using the service at the time of the inspection.

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 the registered manager is often out of the office supporting staff or people. We needed to be sure that they would be in.

Inspection site visit activity started on 24 April 2019 and ended on 17 May 2019. We visited the office location on 30 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We made calls to people on 24 April 2019 and made calls to staff on 17 May 2019.

What we did: Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We contacted health and social care commissioners who monitor the care and support people receive... We also contacted Healthwatch an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are considered.

During the inspection we spoke with nine people who used the service and six relatives. We had discussions with nine staff members including the registered manager, quality assurance manager, area manager and six care staff.

We looked at the care records of six people who used the service. We also viewed records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information. We looked at compliments and thank you cards from people and their relatives.

Requires Improvement

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.

Staffing and recruitment:

● People told us there were not always enough staff available at weekends and they weren't always receiving their care at the agreed times. One relative told us that a second staff member wasn't always available to assist with moving and handling, so they were having to help the staff. Another person said, "They're very good on the week time, but weekends are a problem as different ones come. They're late as they come odd hours on Saturdays and Sundays." Staff confirmed this, one staff member said, "Weekends can be slightly less covered but we have back up of live in carers." This meant that continuity of staff for some people wasn't available at weekends and people didn't always receive their visit at the agreed times. We discussed this with the registered manager who told us there was a contingency in place that included staff shortages this included prioritising people with high needs and time sensitive visits. For, example people who needed medicines at specific times would be prioritised. Staff could be deployed from other services within the group if needed and office staff were also trained to meet any shortfall.

● People told us that they could not always speak to the office when they needed to. One relative told us "The office is fine to talk to, that's not a problem, but sometimes just can't get hold of anyone but I realise they're short-staffed." Another person said, "They didn't ring (to let the person know of our call) They're very short staffed at the moment".

● Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were repeated every three years. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We recommend that the registered manager review how they meet people's needs and preferences at weekends.

Systems and processes to safeguard people from the risk of abuse:

● People told us they felt safe one person said, "Yes [I feel safe] I have had them a long time now." A relative told us, "I suppose [relative] is safe, [relative] would say if not."

● Staff were trained in how to recognise signs of abuse and were clear on how to report concerns.

● The registered manager understood their responsibilities in relation to safeguarding and how to report and investigate concerns.

Assessing risk, safety monitoring and management:

● Risks to people were identified and recorded prior to people receiving care, these were reviewed regularly.

● Staff told us changes in risk for people were communicated well and documents in people's homes were

amended promptly. One staff member said, "Change is communicated [to us] via e-mail, office team are quick to change care plans to reflect people's needs"

Using medicines safely:
● Medicines were managed safely. Medicine charts were checked regularly, staff knew what to do and who to contact if things went wrong. One staff member told us, "medicine charts have all the information we need times doses days etc. they are clear and easy to follow. We have two [competency] assessments per year."

Preventing and controlling infection:
● Staff told us personal protective equipment (PPE) was readily available and people told us staff used it. One person said, "They do wear gloves and apron."

Learning lessons when things go wrong:
● A system was in place to monitor accidents and incidents this was used as a learning opportunity to try and prevent future occurrences. For example, an incident with a person's pet had resulted in clearer instruction in the care plan for staff on how to manage this safely.

Good

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; Ensuring consent to care and treatment in line with law and guidance:
- People's care needs were assessed and detailed in their care plans.
- Care plans included people's lifestyle choices, religion, relationships, culture and diet. They were reviewed regularly with people and their relatives and people had signed to consent to their care.
- People were receiving 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.
- The management team and staff had a good understanding of MCA. Staff understood the importance of seeking consent from people before delivering care. One staff member said, "We can't make anybody do what they don't want to do." For people who lacked capacity to make their own decisions best interest meetings had been held with family members and other professionals. We saw that people were being supported in the least restrictive way possible.
- People were supported where needed by Independent Mental Capacity Advocates (IMCA). IMCAs are a legal safeguard for people who lack capacity to make specific important decisions.

Staff support: induction, training, skills and experience:
- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. On staff member said, "I had an induction, NVQ level 2, loads of on-line training, I can go into the training centre anytime and recap and ask questions."
- Staff received regular supervision, spot checks, appraisals. These were used to offer guidance and support as well as monitor quality. Staff told us they felt well supported and listed to one staff member said, "I feel well supported by them, I feel listened to and respected."

Supporting people to eat and drink enough to maintain a balanced diet:
- Care plans detailed peoples likes, dislikes and dietary requirements.
- People told us they were well supported with food and drink. One person said, "They put a drink next to me, could be a cup of tea or whatever I want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
- We saw that the registered manager had sought and followed advise from other professionals when

required such as GPs, occupational therapists and district nurses.

● Staff had been trained to recognise early symptoms of illness to ensure timely access to healthcare. For example, we saw two incidents of early detection of sepsis. One person said, "My care company is brilliant, they phoned the doctor for me when they saw what I was like. Helping Hands have been brilliant."

Good

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; respecting equality and diversity:
● People told us they felt well treated. One person said, "They are very kind and caring, very much so." A relative told us, "The staff are kind, they are lovely as they laugh and joke with [relative]. They gave them a gift for Easter."
● The service was person centred, and staff had a good understanding of people's individual needs, religion culture and lifestyle. Staff considered people's feelings, the registered manager had recently sought guidance information for staff on how to respectfully discuss sexuality during the care planning process.
● People told they didn't always feel well supported at weekends. One person said, "Weekends are erratic, as people (staff) ring and say they're not coming in. It happens mostly at weekends." The provider had taken steps to address this and was actively recruiting staff for weekend work.

Supporting people to express their views and be involved in making decisions about their care:
● There were regular care and support review meetings in place, we saw that people and their families were involved in reviewing and planning care. One person told us, "We sat in the kitchen and said what was the same and what wasn't."
Respecting and promoting people's privacy, dignity and independence:
● People told us staff respected their dignity. A relative said, "They cover [relative], take clothes off and put a blanket on,"
● Staff supported and respected independence. A relative said, "[Relative] is independent because they have some control and are still living on their own because of the carers." One person said, "I've got the staff, so I'm independent."
● People's records were stored securely in locked cabinets and on password protected electronic systems.

Good

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:
● Aspirations and goals as well as interests and hobbies were considered when planning care. Staff supported people to achieve their goals. For example, one person had achieved two of their aspirations to take part in leisure activities which a staff member had participated in to offer support. Another person told us, "The majority of staff are female, but I did request a man and they accommodated for a social call."
● Staff had a good understanding of person-centred care. One staff member explained this as, "Maintaining all of their [people's] needs how they want and need, we must be prepared to change to what people want, care should be like that"
● Information could be made available to people in different formats, such as easy read, braille and large print. A sign language interpreter was made available to people when needed. This meant that people could understand the care they could expect and be involved in the process.

Improving care quality in response to complaints or concerns:
● People told us they knew how to make a complaint if they needed to and they were responded to quickly. One relative said, "No concerns to be honest, if I do have I phone them up and they send an email and sort it out."
● Systems and processes were in place to manage complaints. We saw that complaints had been managed in line with internal policy and procedure.

End of life care and support:
● There was no one receiving end of life care at the time of our inspection. However, we saw that end of life wishes were routinely discussed at the initial assessment and care plan reviews and people's choices were recorded.
● Where there was an advanced decision to refuse treatment in place this was clearly recorded and readily available in an emergency.

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility:
● There was an open and honest culture. The registered manager and provider had a good understanding of their responsibility when things went wrong. We saw that incidents were reported appropriately to the Local Authority and Care Quality Commission.
● The registered manager was focused on providing good quality person centred care, care plans reflected this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
● There were systems in place to manage the quality and safety of the service. Regular audits of care records, medicine charts and risk assessments took place and we saw from these action plans were developed and tasks allocated for completion.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● Regular staff meetings took place. This meant that staff were kept up to date with changes in the service and had the opportunity to share ideas. One staff member said, "I met with one of the top managers and some other carers to discuss ideas for change. We put ideas forward some things changed not all, but I understand that."
● The registered manager had been supporting a project to go into local schools to talk to young people about a career in care. They told us, "We have been delivering talks and taking care staff to take part in discussions and share their experiences of working in care."

Continuous learning and improving care:
● Continuous learning and improving care was embedded in practice. Staff had access to an online system and open access to classroom training that supported their learning. Staff felt well supported by the manager and provider. One staff member said, "If we get someone with a specialist need we get training for that individual for example, [specialist feeding] training would be delivered by the nurse team, that ensures our skills are up to date at the point care is to start."
● The provider had recently supported the registered manager to complete a care management qualification.
● The provider and management team were taking steps to address issues around less staff availability at weekends. They had invested in advertising and recruitment and had a contingency plan in the interim.

Working in partnership with others:

● The registered manager had worked in partnership with other professionals including local commissioners, GP's, social workers and speech and language therapists. People and their family members were also considered and encouraged to be part of the team. One relative told us, "We work together." Another relative said, "I have a good relationship with the office team, I have meetings with [staff members names]."