

Midshires Care Limited

Helping Hands

Wolverhampton

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

We inspected this service on 24 and 25 July 2017. This service provides care in people's homes to adults. At the time of the inspection 31 people were being supported by the service. The organisation provides other support that is not regulated by us which includes personal shopping, domestic services and support in the community. This was the first inspection since registering with us in September 2016.

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.

People were safe and supported by staff who knew how to recognise and report potential abuse. There were enough staff available for people and they had received relevant training and an induction which helped them to offer support to people. Risks to people were managed in a safe way and staff had relevant information to support people. When needed, people were supported to receive their medicines safely. When supported with meals people were offered a choice.

People were treated in a kind and caring way and were encouraged to be independent. Privacy and dignity was also upheld. People knew how to complain and when complaints had been made the provider had responded to these in line with their policy. People had the opportunity to participate in leisure activities that they enjoyed. We found care was reviewed and people were involved with this. When people needed access health professionals they were supported to do so.

Quality monitoring was completed by the provider to drive improvements within the home. Feedback was sought from relatives and people who used the service and this was used to make changes. Staff and people felt the service was managed and were given the opportunity to raise concerns. The provider understood their responsibilities around registration with us.

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 felt safe and staff understood how to recognise and report potential abuse. Individual risks to people were managed in a safe way. There were enough staff available to meet people's needs. There were procedures in place to ensure people received their medicines as prescribed. The provider completed checks on staff to ensure their suitability to work in people's homes.

Is the service effective?

Good ●

The service was effective.

Staff received an induction and training that helped them to support people. Capacity assessments and best interest decisions would be considered when needed. People were offered support and choices at mealtimes. People received support from health professionals when needed.

Is the service caring?

Good ●

The service was caring.

People and relatives were happy with the staff and felt they were treated in a kind and caring way. People's privacy and dignity was promoted and they were encouraged to remain independent.

Is the service responsive?

Good ●

The service was responsive

Care requirements were reviewed and people and relatives were involved with this. Staff knew people's needs and preferences. People were offered support with leisure activities. People knew how to complain and the provider had responded in line with their policy.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke positively about the service and the registered manager. Staff felt listened to and supported. Quality monitoring was completed and when concerns were identified action had been taken to drive improvements. The provider sought the opinions from people who used the service to make

positive changes.

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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.

This inspection took place on the 24 and 25 July 2017 and was announced. The provider was given five days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We used all this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experiences. We made telephone calls to six people who used the service and four relatives. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with three members of care staff and a field care supervisor. We also spoke with the compliance and risk officer and the registered manager. We looked at care records for four people to see if their records

were accurate and up to date. We also looked at records relating to the management of the service including quality checks and staff files.

Is the service safe?

Our findings

People were safe. One person told us, "I have a 45 minute call in the morning and someone comes and sleeps over at night with me from 10.00 pm. They get me up and dress me and help me wash. I feel safe knowing they are here for me and also at night with me". Another person said, "They are very polite and nice and let themselves in using the key safe and I therefore know they can get in at any time to make sure I am safe. I have just the one call in the morning and they help wash and dress me for the day. They are gentle handling and supporting me, I can't speak highly enough of them". One relative told us, "I feel very safe for my relations welfare in their company".

Staff knew how to recognise and report any abuse or concerns they may have. One member of staff told us, "It is if someone is being taken advantage of that may cause them any type of harm". Another staff member said, "Any concerns I would report to the manager, she is brilliant she would take action". We saw there were procedures in place to report any concerns and when needed these procedures had been followed by the provider.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. For example, one member of staff told us how they supported a person who was at risk of developing sore skin. They said, "We check their skin and apply cream. They have a special mattress which we make sure is working. If there are any changes we report to the district nurses straight away". We looked at records for this person. We saw that a risk assessment and care plan was in place identifying the actions the staff member had told us they would take to keep this person safe. This demonstrated staff had the information they needed to keep people safe from avoidable harm. We saw risk assessments were in place for people's home environments and the office to ensure staff had guidance on any potential hazards. This included environmental risks, fire risks and inadequate lighting. When risks had been identified assessments had been completed to identify these and actions taken to reduce them.

There were enough staff available to provide people with the agreed level of support. One person said, "Yes they are always on time and I have never had a missed a call". Another person told us "They never rush me. I have just the one call a week and they always stay the full four hours of it". Staff confirmed there were enough of them to support people. The registered manager told us how staffing levels were calculated and how staff were matched to people appropriately. Records we looked at confirmed there were enough staff available to support people.

We spoke with staff about the recruitment process. One member of staff who had recently started working within the service said, "I had to wait for my checks before I could start I needed references as well". We looked at two recruitment files and saw pre-employment checks were completed before staff could start working in people's homes. This demonstrated the provider completed checks to ensure the staff were suitable to work with people in their homes.

There were procedures in place to ensure people had their medicines as prescribed. Staff told us they had medicines training and their competency checked to ensure they supported people in a safe way. One staff

member said, "We are checked and trained to ensure we are doing it correctly". The medicines administration records were returned to the office every month and checked to ensure they were correct and no errors had occurred.

Is the service effective?

Our findings

Staff received an induction and training that helped them to support people. One member of staff told us about their induction. They said, "I had a three day induction, I hadn't really done care before, but it was a really good insight into what I should be doing". Staff told us about their training. One staff member said, "It's good training, we have specialist training too. Before there was a person who had specialist equipment so we all received training for this". This demonstrated staff received training that was relevant to meeting people's needs.

The registered manager told us how they had implemented the care certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager said that all new starters would complete the care certificate as part of their induction.

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 or 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. There was no one using the service currently that lacked capacity. The registered manager told us that if someone's capacity changed they would ensure capacity assessments were completed and decisions for that person considered in their best interests.

People who were supported with eating and drinking told us staff offered them choices. One person said, "They help me with breakfast. They warm up my milk for me in the microwave and get whatever I want to eat be it porridge, cereal or toast together with a drink". Another person told us, "They just get my breakfast that's all. I decide what I would like and they get it for me. They always ask me first". We saw records that showed us the levels of support people needed with eating and drinking.

People were responsible for managing their own healthcare needs however staff told us they would offer support to people if they requested it. For example, a staff member told us how a person was unwell. They told us, "I offered to make a call to the GP for them as I knew they needed to see them. The person can't go out so I arranged for the GP to come to them". This demonstrated that people received support when required for their healthcare.

Is the service caring?

Our findings

People and their relatives were complimentary about the staff. One person said, "They are all very nice, polite, friendly, caring in attitude and I have no complaints". Another person said, "They are all first class, polite and caring and chatty which I like. They are very slow and careful with what they do with me, every single carer is kind and willing". A relative told us, "Very pleased with it all. I trust them all, they are careful with my relative, they are very caring and chatty, yes very satisfied throughout". This showed us people were cared for in a kind and caring way.

People's privacy and dignity was upheld. One person said, "Very much so. They help hold my dressing gown and pass me a towel. They make sure I am safe and covered, as I can wash myself". Another person said, "Oh certainly. They close the door behind them and make sure I am covered and talk to me when they wash me to ask if I am ok with everything". A relative commented, "It is always respectful, and they even knock the door before entering. Staff gave examples how they promote people's privacy and dignity. One staff member said, "Just giving people privacy when needed, so if they want to I leave them alone in the bathroom".

People told us they were encouraged to be independent. One person said, "They encourage me to do things". Staff gave examples of how they encouraged people to be independent. One staff member told us, "I support one person who likes to be independent, it is very important to do what they can themselves. So we are there if they need us. I always step back, offer encouragement and only help when asked". We saw in people's care plans choices regarding how they wish to receive their care.

Is the service responsive?

Our findings

Staff knew people well. One person told us, "They are careful showering me. They always ask before commencing and they certainly know what they are doing and are very careful when checking my body over in case of finding any rashes or anything else". One staff member said, "We are a really good team, we communicate well with each other to make sure we are up to date. If we haven't verbally told each other things we write it all down in the person's home file". Staff told us they would find out information about people from their care plans and risk assessments as well as other staff. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support.

People and relatives were involved with planning and reviewing their care. One person said, "I do all that with them and advise them if any change are required". Another person said, "Yes I do it with my husband and with them. They call to discuss it with us". We looked at records which showed people were involved with planning and reviewing their care. Where possible people had signed their care plans to confirm the details were in accordance with their wishes.

People were supported with leisure activities if needed. One person said, "They get my shopping for me. They shop every week for me, I give them a list and they get it all for me and bring back any change and receipt". Staff members gave examples of how they supported people with their hobbies. One said, "We make sure people have drinks and are doing something they enjoy before we leave". This showed us, when needed; people were supported to pursue their hobbies and interests.

People and relatives we spoke with told us they knew how to complain. We saw the provider had a complaints policy in place and that the provider had responded to complaints in line with their policy.

Is the service well-led?

Our findings

People and staff spoke positively about the service and the manager. One person said, "Very satisfied. They call and talk to me and I have no complaints at all". Another person told us, "I am happy with all of it. They are all so lovely". A relative commented, "Excellent. Full marks throughout like I said. Always someone at the end of a phone if we need them". A member of staff said, "We are a good team, we all enjoy working here which is really nice".

We saw there was a compliments tree and a celebration board. This had examples of positive feedback the service had received and initiatives the service had been involved with. Comments included, 'Thank you for looking after mum so well' and 'I can never say a bad thing about the management'. Staff confirmed they felt listened to and supported by the registered manager. One staff member said, "We have staff meetings, the manager tells us what we need to know and then we all have a good chat after which is nice". Another staff member said the registered manager was, "Brilliant and approachable". The registered manager understood their responsibilities in relation to their registration with us and had notified us about significant events that occurred within the service. This meant we could check appropriate action had been taken.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would do this if needed. I know the manager would support me and we have to do what's best for the people we support". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and appropriate action would be taken.

Quality checks were completed by the provider. These included checks in relation to safeguarding's, medicines and falls. Where concerns had been identified we saw action had been taken. For example, it was identified that staff needed more information on using equipment in a person's home. The registered manager told us and records confirmed that during a staff meeting they held a session to offer support to staff with this. This demonstrated that when areas for improvement were identified action was taken to bring about these changes.

The provider sought the opinions from people who used the service. We saw quality assurance questionnaires were completed. We saw most of the feedback from people was positive. Where improvements had been identified we saw action had been taken and reported through a 'You say we did' report. Some of the actions the provider had taken following this included, 'An open door policy to allow both customers and care workers to visit their manager' and 'A focus on customer visits template to improve continuity of care' This meant when changes were needed to improve the service for people action was taken.