

Midshires Care Limited

Helping Hands

Northampton

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Helping Hands Northampton is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 32 people were using the service.

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.

Enough staff were employed to meet people's needs though timely calls were not always in place to provide personal care.

Quality assurance systems were not fully in place to ensure people were provided with a quality service.

Staff training was in place but needed to be organised so that new staff have the opportunity to digest new training. Training on all people's health conditions was not yet provided.

Staff were not always well supported with their workload and their concerns about their ability to provide a quality service to people.

People and relatives said their concerns had not always resulted in changes to ensure timely care was provided.

People and their relatives were satisfied with the personal care that staff provided.

People and relatives said safe care was provided, with people protected against abuse, neglect and discrimination.

Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs and preferences.

Safe recruitment practices were in place to ensure only suitable staff worked at 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.

People and relatives told us people were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had good relationships with staff.

Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

The registered manager understood their responsibilities and worked in an open and transparent way.

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

Why we inspected

This service was registered with us in June 2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Helping Hands Northampton

Detailed findings

Background to this 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

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they 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 seven days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 8 November 2021 and ended on 11 November 2021. We visited the office of the service on 11 November 2021.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority commissioning department. The provider sent us a 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with three people who use the service and four relatives about their experience of the care provided. We spoke with three care staff members and the registered manager. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to their recruitment 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 registered manager to validate evidence found, which was sent to us. This included revised quality assurance procedures and staff training information.

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 service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- People were protected from the risk of abuse.
- People told us they felt safe with staff from the service. One person said, "I definitely do feel safe with the care staff. They are gentle and help me enormously."
- Staff understood how to safeguard people. They were confident that management would take action if they had any concerns about people's safety. However, they were not aware of reporting to relevant external agencies if the management of the service had not acted to protect people. The registered manager said staff would be informed of the external agencies they could report to, and this would be added to the procedure in the staff handbook.
- The registered manager had reported safeguarding concerns to the local authority safeguarding team to protect people from abuse.

Assessing risk, safety monitoring and management

- Risk assessments covered potential risks for people, such as the risk of falling, and measures to reduce these risks. This included any risks identified in people's homes.
- Staff were aware of risks to people and how to reduce these risks.

Staffing and recruitment

- Recruitment systems showed evidence of good character and criminal records checks had been completed for all staff before they began working at the service. These checks help prevent unsuitable people from working with people who use the service.
- References had been obtained for staff at the time they commenced work.
- Assessments and support plans identified the number of staff required to deliver care safely.
- Sufficient staffing was in place according to people and relatives.

Using medicines safely

- People were supported to receive their medicines in the way they preferred.
- Medicine audits were completed by the registered manager.
- Staff who administered medicines were trained and staff competency checks were in place to check staff could safely supply people with their medicines.
- Staff were aware of what checks to carry out to ensure medicine was safely supplied to people.

Preventing and controlling infection

- People and relatives told us staff always wore personal protective equipment (PPE) during the COVID-19

pandemic.

- Staff described relevant infection control measures in place to protect people.
- Staff had received training in infection control, including COVID-19 and donning and doffing of PPE. They told us there was always enough PPE available to ensure people were protected from infection.
- Staff carried out weekly testing for COVID-19.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents.
- Lessons had been learnt from incidents and accidents. This included issues relating to medicines safety and for personal care tasks that needed two staff, not providing this care until a second member of staff was present.

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

- People and relatives told us they had their needs assessed before care was provided. This helped to ensure there were sufficiently trained staff to provide the care and support needed.
- People and relatives said there had been no problems in the care provided by staff. They were satisfied care plans included all necessary information to provide effective care. This information was included in people's care plans.

Staff support: induction, training, skills and experience

- People and relatives said staff were aware of what care was needed and staff were trained to meet assessed needs.
- Records showed staff had received induction and training, though staff told us that the training could be more detailed. For example, the induction training was provided in one day, which they said was a lot of information to understand and take in. The registered manager said this timescale would be reviewed so that staff are given the opportunity to understand and retain the information they were provided with.
- The registered manager planned to extend training to end-of-life care and any specific health conditions people had.
- Staff were expected to complete additional training such as the Care Certificate, a nationally recognised comprehensive training programme.
- Staff had been trained in important areas such as infection control, medication and health and safety. They said they were encouraged to keep their training up to date.

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

- A relative told us staff provided their family member with meals. Food of people's choice was provided.
- People said staff always left them with drinks available to hand. This helped to protect them from potential dehydration.

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

- People's assessments and care plans covered their health care needs. A care plan documented a health care professional's involvement in a person's care.
- A relative told us that staff had contacted the ambulance service when their family member needed attention.
- Staff told us they would contact relevant professionals or relatives if people in their care needed health or

social care support.

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 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.

- Staff understood they needed to ask people for consent before providing care. They supported people to make choices.
- One staff member was not fully aware of the MCA. The registered manager said staff would be reminded of this information, as it was part of the staff induction training and included in the staff handbook.
- Information on MCA was documented in the staff handbook so staff could refer to it at any time.
- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- People and relatives confirmed staff always asked for consent before providing care to them.
- People or relatives had signed consent to the care needed to meet people's needs.

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 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 said staff were very friendly and caring. A person said "Staff could not be better. I would give them 10 out of 10."
- Staff had a good knowledge of the people being supported. They were positive about providing quality care to meet people's needs.
- People said staff respected the way they wanted to live their lives.
- The registered manager understood that it was important to respect people and their diversity. There was a section in care plans to recognise people's cultural and religious needs.

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

- People and relatives said that they had been involved in the planning of their care. This was reflected by people's written agreement to their care plans.
- Staff were aware of how people liked to receive their care. For example, people were supplied with choices of what they wanted to eat and choosing what they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff promoted privacy and dignity when providing care. Staff gave good examples of how they would do this such as closing curtains and doors and covering people when they were receiving personal care.
- People and relatives said staff respected people's independence and did not take over and do things that people could do for themselves. One person said, "I cannot do very much but staff know what I can do and I am able to do it." Staff said they always encouraged people to be independent and would only provide support when needed.
- Staff were aware of keeping information safe and confidential.

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 Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A number of people and relatives said calls were not provided at their agreed call times. Staff said call times on their rotas were not always the call times specified in people's care plans.
- A number of people, relatives and staff said people had not been called by office staff if care staff were going to be late.
- People and relatives told us they did not always receive a rota indicating which staff would attend their calls and at what time, which some people said made them feel people anxious. The registered manager said this issue would be followed up with people.
- Care plans detailed people's preferences, however electronic systems did not always reflect people's needs.
- Overall, people felt staff supported them well with their care needs. A person said, "Staff always make sure I am comfortable and they follow what I ask them to do."
- We saw evidence that a staff member attending an evening call recorded that a person wanted a particular breakfast. We saw the next staff member attending the next call in the morning had then provided the person with their choice of meal.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place so complaints could be recorded and dealt with formally. However, the procedure implied that the Care Quality Commission can investigate complaints. This is not the case as CQC cannot, by law, investigate individual complaints. The registered manager said this issue would be followed up and the procedure amended.
- Some people and relatives said that some calls were not timely, and they had contacted office staff. However this issue had not been resolved. The registered manager said any issues of concern raised in the future, following the providers complaints policy, would be recorded and investigated as complaints.
- Complaints that had been recorded had been investigated and followed up appropriately.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection.
- There was no recorded information of people's preferences in the end-of-life section of the care plan, apart from one care plan, which had a record of a person's advance decision resuscitation preference. The registered manager said this issue would be discussed with people and relatives to see whether they had any current end-of-life wishes.

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.

- No one said they needed this assistance. There was evidence in people's care plans to record any communication needs.
- The registered manager was aware of the need to respect people's preferred communication styles.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits and checks had been carried out to check that the service met people's needs. However, some audits were not in place to check issues such as ensuring there were timely calls, assessing whether all necessary staff training was in place and complaints handling.
- People and relatives told us that staff provided care that largely met their needs, except providing timely calls to some people.
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people. However, some staff said they had not had spot checks.
- Two staff said they were not always provided with good support from the management team. This was because communication from office staff was not always good, staff rotas were not always provided in time to allow them to plan their domestic lives and calls were added on to their rotas without consulting them.
- Two staff told us they were not always happy working at the service. One staff member said, "I have told the office about issues but don't always get a good response." The other staff member said office staff always tried to support them with any issues they had. The registered manager said these issues would be followed up.
- We saw evidence of issues raised in supervision had not been actioned. This included a staff member stating they had not received support when commencing providing personal care for a person. The registered manager said this issue would be followed up.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had a good knowledge and understanding of people they supported and knew them well.
- The registered manager said this issue would be followed up.

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

- Feedback had been sought from people through customer reviews, customer telephone calls and customer visits, which were positive. We saw that surveys had also been prepared to give people and their representatives the opportunity to suggest any changes or improvements. Staff will also have this opportunity to complete staff surveys to feedback their thoughts and ideas of service.
- Staff meetings had been held to discuss the service, which the registered manager said staff had been

invited to, though care staff had not recently attended these meetings. The registered manager said there would be more encouragement for staff to attend. Relevant issues were discussed, which had included infection prevention and staff training.

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 registered manager understood information sharing requirements. Notifications, when concerns had been identified, had been sent to the CQC as required by law, and to the local authority. They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- The registered manager understood their role and understood the need to ensure risks to people's personal care were identified and managed.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

Working in partnership with others

- Relatives told us that staff reacted by calling medical services as needed for their family members.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.