

Midshires Care Limited

Helping Hands Lincoln

Inspection report

62 Clasketgate
Lincoln
LN2 1JZ

Tel: 01522449243

Website: www.helpinghands.co.uk

Date of inspection visit:
13 December 2021

Date of publication:
25 January 2022

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 Lincoln is a domiciliary care agency, providing personal care to people in their own homes. The office is in the centre of Lincoln City. At the time of inspection, 67 people were using the service. 50 people were receiving a regulated activity.

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 and their families said they felt safe, having carers supporting them in their own home. People said the service had supported them to be independent and remain living at home.

There were sufficient staff to meet people's needs. People always received their care calls and were contacted if staff were going to be late. Staff had been recruited safely. Staff had received training in safeguarding and was aware of their responsibilities to report concerns to the local authority. Staff ensured they kept people safe from the risk of infection by wearing appropriate PPE and following infection control practices.

People's care needs, risks associated with their care and environmental risks had been assessed and mitigated. Where people needed support with their medicines it was done so safely by suitably trained and competent staff.

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.

New staff to the service received an induction period, with training and shadow shifts with experienced staff.

Where needed staff supported people to maintain a balanced diet. Staff supported people to access health care when required. Including contacting people's GP and district nurses.

People and their families said that they were treated with dignity and respect by friendly caring staff. People said they were involved in the planning of their care, that assessments carried out prior to receiving care were thorough.

At the time of the inspection nobody was receiving end of life care. However, staff are trained to support people when needed.

Staff said that they felt supported by the registered manager and the office team. They received regular supervision. There is a duty on call to support carers out of hours.

People and their relatives knew who the registered manager was, they said that the registered manager was approachable and acted when issues were raised.

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

This service was registered with us on 11/06/2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

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.

The service was well-led.

Good ●

Helping Hands Lincoln

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 care service.

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 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. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 13 December 2021 and ended on 20 December 2021. We visited the office location on 13 December 2021.

What we did before the inspection

We reviewed information we had received about 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 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 11 people who use the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, office support staff and carers.

We reviewed a range of records. This included four people's care records. We looked at three staff files in relation to recruitment and staff 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 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.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to keep people safe, protecting them from the risk of harm and abuse.
- People and their relatives said they felt safe having carers from Helping Hands Lincoln supporting them at home. One person said, "I feel perfectly safe. It means I am able to stay in my own home, which is where I want to be."
- Staff had received training in safeguarding, giving them the knowledge needed to keep people safe from the risk of abuse.
- Staff told us that they would report anything of concern to the registered manager and were confident that action would be taken.
- The registered manager had reported concerns to the local authority safeguarding team, the Care Quality Commission and worked with professionals to protect people from abuse.
- One person's relative told us that the service had suggested and supported them to set up 'the Herbert Protocol'. This is a national scheme that encourages carers, family and friends to provide and put together useful information, which can then be used by the Police in the event of a vulnerable person going missing.

Staffing and recruitment

- There were sufficient numbers of appropriately trained staff to meet the needs of the people using the service. The registered manager told us that they would not take on new care packages unless they had staff availability to support the new person.
- People and their families told us that there were no missed care calls. People said that the service communicated with them if a care staff member was going to be late. One person said, "They are on time and I have never had any missed calls. Regular as clockwork."
- Robust systems and processes were in place to enable the safe recruitment of staff to the service. Ensuring appropriate pre-employment checks were completed and suitable references obtained.
- The provider had taken steps to ensure that all staff had received COVID 19 vaccinations. Pre-empting government restrictions relating to the deployment of staff.

Using medicines safely

- People who required support with their medicines were supported to do so safely by trained competent staff.
- People who had capacity and were able to administer their own medicines are encouraged to do so. One person said, "I do my own medication, but carers make sure I have taken it."
- Peoples medicines were stored safely. Some people required a locked medicines box in their home to

ensure medicines were stored safely.

- Medicines audits were carried out by the registered manager. Any errors found, prompted learning for the service.

Preventing and controlling infection

- People and their relatives told us that staff were always wearing personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff had received training in infection control, including COVID-19 and donning and doffing of personal protective equipment (PPE).

Learning lessons when things go wrong

- Systems and processes were in place for the reporting and follow up of accidents, incidents, safeguarding's and medicines errors. These systems were reviewed and enabled learning to take place and actions to be taken.
- Where medicines errors had happened, the registered manager discussed the error with the staff concerned. If needed further training, took place.

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

- The service carried out robust assessments of people's needs prior to their care packages commencing. Assessments included people's social and health conditions, important relationships, culture, likes, dislikes as well as information on the person's life. This information was used to plan people's individualised care and support. These assessments were updated when people's care needs changed.
- People and their families told us initial assessments were thorough. One person's relative said, "A full risk assessment was done at the outset and clearly outlined what they could do to help [person]. The hours have been increased and decreased in line with their needs and it is working well. The family are very happy and so is [person]. They were afraid of having to go into care."

Staff support: induction, training, skills and experience

- Staff were inducted well into the service. They received an induction and mandatory training. Training took place face to face at the Lincoln office as well as online.
- Staff said that they felt supported by the registered manager and the office staff. They received regular supervision and there was a recognitions scheme in place for acknowledging when staff had gone above and beyond.
- Staff shadowed experienced carers prior to working on their own. However, some people and their families said they had been supported by a carer's who had not been before. They said they had needed to talk the carer through what was needed. The registered manager explained that there had been occasions when staff had covered due to sickness and that it would not be possible for new staff to shadow every call. The registered manager said all the information needed was available on the care app for the staff to read prior to the care call.

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

- The service supported people who had been assessed as needing support to maintain a balanced diet.
- People's care plans reflected if there were any personalised dietary needs. Staff supported and encouraged one person to eat and drink due to needs relating to their dementia. Their food and fluid were documented at the family's request.

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

- The registered manager and the staff worked with other agencies to ensure the health and wellbeing of the people they supported. One person said, "Carers often encourage me to do things I know I should do more often, like ring a friend for a chat."

- People and their families said they were confident that staff would contact their GP if it was needed.
- Staff had supported people to physical health appointments. Including COVID-19 vaccinations.
- Peoples relatives said that the staff worked with them to support their loved ones. One person's relative said, "I give my [relative] their medication, staff always remind me. The carers supported me when I was struggling to cope."

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 registered manager and staff at the service understood their responsibilities under the Mental Capacity Act (2005).
- Where people lacked capacity to consent to receive care and treatment sufficient capacity assessments had been carried out. People were encouraged to make day to day decisions and choices.
- People and their relatives told us that staff asked for consent before providing care.
- People or their relatives had signed to record their consent to receiving care. Where appropriate it was documented if a person had a power of attorney in place. The registered manager informed us that all power of attorney documentation was checked.

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 at the service were supported by caring kind staff who respected their needs and differences.
- People and their families told us that staff were kind, caring and supportive. One person said, "They [carers] make what can be a difficult job look relatively easy and they know how to deal with me if I am feeling grumpy." Another person's relative said, "The carers look after me too. I look forward to them coming."

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

- People and their relatives were involved in the planning and reviewing of their care. The service adapted if people asked for changes in their package of care.
- Peoples care records reflected their views and wishes. People and their relatives told us the service was flexible to meet the needs of the people receiving care. One person's relative said, "When we were unable to be at the initial meeting, they set up a facetime call so that we could join in the conversation. They look for solutions, which is comforting."

Respecting and promoting people's privacy, dignity and independence

- People were treated with privacy and dignity in order to remain as independent as possible within their own homes.
- Staff were knowledgeable of how to maintain people's dignity and respect. Staff said that they would ensure doors and curtains were closed. As well as being aware to keep information confidential.
- People and their relatives told us that staff encouraged people to remain as independent as possible. One person said, "Having carers means I am able to stay in my own home, which is where I want to be." Another person said, "I can still do my own medication, they encourage me to do things for myself."
- The registered manager explained that the app system they use only allowed the carers to access information about a person for a period of time either side of the care call. In order to protect people's privacy.

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

- Care records showed that people's care was personalised to their needs and wishes.
- The registered manager told us that people were asked when they would like their care calls to take place and that the service did their best to achieve these requests.
- People and relatives told us that they always received their care calls. Some people said that on occasions staff were late but that they were always contacted if staff were going to be more than 10 minutes late.
- People told us that they received a rota so that they knew which carer would be supporting them.

Improving care quality in response to complaints or concerns

- The service had an effective complaints policy in place. Complaints were investigated by the registered manager or if needed an area manager.
- People and their relatives told us that they would contact the registered manager if they had anything to complain about.
- People who had raised concerns said that they felt they had been dealt with effectively but that they did not always get told of an outcome. The registered manager said that they would look into this and ensure outcomes were discussed with people.

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's individual communication needs were assessed as part of their initial assessment process.
- One person using the service was hard of hearing. They were finding it difficult to hear what staff were saying whilst wearing masks. The masks also made it difficult for them to lip read. Their relative told us that most staff now wear a clear plastic mask. Making it easier for the person to understand what is being said.
 - During the inspection, we discussed with the registered manager that some of the communication care plans we reviewed would benefit from being more detailed. In order to give the staff clear information on how to support the person. For example, one person's care plan said carers should observe nonverbal cues, but not what these cues might be or what they might mean. The registered manager assured us that these care plans had been reviewed and improved.

End of life care and support

- At the time of the inspection no one was receiving end of life support.

- Staff at the service were trained to deliver end of life support.
- End of life care had been discussed with people using the service. The care records we reviewed, stated people had chosen that they did not wish to discuss the topic at the time of assessment.

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

- The registered manager was passionate about providing good quality care. The registered manager promoted person centred care and an open culture.
- Staff said they enjoyed working for Helping Hands Lincoln and they felt supported by the registered manager and office staff. One staff member said, "The office are welcoming, we are encouraged to come in and talk to the manager if we have any concerns."
- Systems and processes were in place to ensure the people using the service were happy with the care they were receiving.

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 registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the Care Quality Commission (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.
- There was a clear management structure in place. Staff knew who to go to if they needed support. Quality audits took place to ensure the service met the needs of the people.
- People told us they felt confident in the approach of the registered manager and would contact them with any concerns.
- The registered manager demonstrated a good knowledge of regulatory requirements and were open and transparent throughout the inspection.
- People and their relatives said that communication with the service was good. One person said, "Office communications are very good and very professional, and they regularly look for feedback to improve services."

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

- The service sought feedback from people using the service on a regular basis. A centralised customer survey had also been undertaken. Feedback received was positive. One person's relative feedback that communication is very good and clear, they were happy with the regular contact from the branch. Stating the service was very thorough and professional.

- Staff were encouraged to feedback their thoughts of the service, during regular supervisions and team meetings. Staff said there was always someone in the office to talk to should they have any concerns.
- The Lincoln office is in the centre of the city. The office had space and was decorated to make people feel welcome. The registered manager had explained that they had wanted people to be able to come into the office and spend time together. Unfortunately, due to COVID 19 restrictions this had not been possible.

Continuous learning and improving care

- The registered manager shared examples of how they had learned from events to improve care. For example, the service had moved to an electronic app system for recording all care records. Some people had said this had meant they were no longer able to see their care plans. The service addressed this by giving people and relatives access to the app. Where people were not able to access the app, they were given paper records.
- The registered manager had learned from concerns raised by people using the service. Where needed this learning was shared with the wider staff team.
- The registered manager and senior managers met monthly to discuss events at the service. From this they took learning and actions such as reviewing care plans and additional training for staff.

Working in partnership with others

- People and their relatives told us that staff would contact medical services such as the GP when needed.
- People's relatives told us the service worked well with them. Keeping them informed about their relative's care and being flexible when care needs changed.