

Midshires Care Limited

Helping Hands Stroud

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

About the service

Helping Hands Stroud is a domiciliary care agency providing personal care to 24 people at the time of our inspection.

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

We heard positive views about the service from people, their relatives such as, and "Can't fault them" and "Very impressed."

People received care which was safe, and staff understood how to support people to maintain their safety. People's medicines were administered as expected. The provider checked the suitability of new staff through robust recruitment processes. Care staff used personal protective equipment (PPE) and supported people to reduce the risk of infection.

Staff received support to carry out their roles through training and regular meetings with senior staff. People received personalised care and were supported to access healthcare services when the need arose.

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.

Quality assurance systems were in operation with the aim of improving the service in response to people's needs. The registered manager and senior staff visible and approachable for people using the service, their representatives and staff.

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 8 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Stroud

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection the service was not providing personal care to people with a learning disability.

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

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four members of staff including the registered manager, the recruitment coordinator the nominated individual, the branch and two care workers. We spoke with three people who used the service and seven relatives about their experience of the care provided.

We reviewed a range of records. This included three people's care records and medication 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 received comments from a health care professional involved with a person using the service.

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 of 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

- People were protected against abuse. Staff received training on safeguarding adults and were aware of the procedures for reporting any safeguarding concerns. Staff were confident any safeguarding issues they reported would be appropriately responded to.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Care plans described the actions staff would take to ensure people's safety.
- Staff were trained to promote people's safety, for example they received training in moving and assisting people safely and first aid.
- Risk assessments had been completed for identified risks in and outside of people's homes to ensure the safety of people receiving care and the staff who supported them.
- Plans were in place for staff to follow to enter and safely leave people's homes.

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of people using the service. A rota system ensured people received continuity of care from staff who knew them.
- People told us they felt assured that they would receive their care. Telephone calls were made to people and their relatives if staff were running late. One person told us, "They are very rarely late".
- A plan was in place to ensure people with the highest needs were prioritised to receive their care in the event of any disruption to the service provided such as in bad weather.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment, as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable staff from working with people.

Using medicines safely

- People were satisfied with how they were supported with their medicines.
- Electronic records of people's medicines were used which enabled real time audits to be carried out to ensure people were receiving their medicines correctly.
- Staff had received suitable training and competency checks to support people to take their medicines.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place to reduce the risk of spread of infection. The provider ensured staff were regularly testing for COVID-19 in line with current guidance.
- Staff had received training in infection control and COVID-19. People and their relatives told us staff used personal protective equipment (PPE) such as disposable gloves and aprons appropriately.
- Staff we spoke with confirmed they had access to sufficient stocks of PPE and had been supported to work through the COVID-19 pandemic.

Learning lessons when things go wrong

- Accidents and incidents were analysed for any patterns or trends which may require a response to keep people safe. One person was referred to health care professionals following analysis of accidents.

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's needs were assessed to ensure they could be met by the service.
- Technology was used to monitor visit times and provide important information to staff. This supported the registered manager and staff to ensure people received their care as planned.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received induction and training relevant for their role. Staff were positive about their roles and told us they received enough training and support.
- New staff completed the Care certificate as part of their induction training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. In addition, staff received training in clinical subjects through the provider's clinical nursing team relevant to people's individual care such as pressure area care and acquired brain injury.
- Staff benefited from the use of a dedicated training room at the branch office.
- Staff were supported in their role through individual meetings with the registered manager and senior staff.

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

- People and their relatives told us they were satisfied with how staff prepared meals and drinks. One person told us, the meals staff prepared were "Very good".
- Staff had received training in food hygiene to ensure the safety of any meals they prepared for people.

Supporting people to live healthier lives, access healthcare services and support;

- People's health needs were supported through liaison with health care professionals on people's behalf with their permission. A health care professional described a positive working relationship with care staff.
- People were also supported to attend healthcare appointments. A relative told us how one person was supported to attend dental and vaccination appointments.

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.

- People's support plans described if they needed any support with decision making in relation to the care and support they received. People and their relatives confirmed staff asked people for their consent and understanding before starting care. One person told us, "They always ask for my permission before they do anything."
- Staff had received MCA training to enable them to understand how mental capacity may affect people's decision making.
- No people using the service were subject to Court of Protection orders in respect of their liberty.

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 and their relatives confirmed staff treated them respectfully. One person described staff as, "Very kind" and "Very caring". A relative told us how they noticed the person was "comfortable" with having visits from care staff. Other relative told us, "All the staff are lovely with (the person)." and "Staff are polite and respectful".
- People and their relatives had built positive relationships with staff who knew them and their needs. One relative told us how staff had ensured a person was able to speak with their relative on the telephone to receive reassurance when they were emotionally distressed. Another relative told us the arrival of care staff was "A welcome part of everyday life."
- Information about people's religious beliefs and the importance of these to the person was recorded for staff reference.

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

- People and their relatives described frequent contact from the service as part of checks to ensure people received the right care and support and were able to express their views.
- People were able to nominate staff for 'Moments of kindness' awards where they felt staff had acted in a particularly caring way.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People and their relatives confirmed staff worked in a way that ensured people had privacy and dignity when receiving care. Observations of staff on visits to people as part of quality checks included whether staff preserved people's privacy and dignity during personal care.
- Staff worked in a way to promote people's independence. One person told us they had "Gained more independence" since their visits had started. Another person commented, "I am able to stay in my own home because of them." A relative told us how staff would support the person to be involved in preparing their lunch.

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

- People received individualised care and support, regularly reviewed and delivered in response to their needs and wishes. One person told us how staff had enabled them to have their hair washed when their hot water had broken down.
- People had detailed and individualised care plans for staff to follow on how they wished to receive their care and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us they were aware of the AIS and would ensure that if needed, people had access to the information they needed in a format they could understand. Information about the AIS was displayed for staff reference in the branch office training room.

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

- Staff supported some people to avoid social isolation by taking them out in the local area playing board games such as Scrabble.

Improving care quality in response to complaints or concerns

- A pro-active approach was taken to any concerns received about the service. Concerns were investigated and actions taken in response.
- Information was available to people and their relatives on how to raise a concern or complaint.

End of life care and support

- People were cared for at the end of their life through the service working in partnership with health professionals. Staff had received training in end of life care.
- Where people had recorded their wishes for their end of life care this was known by the service.

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; Working in partnership with others

- The registered manager worked to maintain a positive culture in the service and this was reflected in the comments were heard from staff, people using the service and their relatives.
- The registered manager and senior staff carried out care visits often working alongside other staff which enabled them to meet people using the service and their relatives and ensure the values of the service were being upheld.
- A social event had been held for people using the service and their relatives to meet each other in the community for a coffee and chat.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider ensured they met CQC's registration requirements by completing and forwarding all required notifications to support our ongoing monitoring of the service.
- There were effective systems in place to monitor the quality of services and care provided to people. Audits supported the registered manager to meet the regulatory requirements and identify shortfalls in the service.
- Monitoring was in place for the care visits provided to people on a daily basis using an electronic app. This gave real time information about visits planned for the day and staff attendance, enabling any issues to be identified and responded to.
- An on-call system of senior staff operated outside of office hours to respond to any issues raised by staff. One staff member commented positively about how the on-call system had supported them when a person had a fall during a visit.
- Checks through direct observations on staff during care visits were made to ensure standards were being maintained and people were satisfied with the care and support they received.

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 provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

characteristics

- People and their relatives had received a survey questionnaire where they could give their views about the service provided.
- The results of the latest survey had been analysed and a report produced in March 2022. The responses were generally positive. Where areas for improvement had been identified an action plan was put in place to address these areas.