

Midshires Care Limited

Helping Hands Bath

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 Bath is a domiciliary care agency providing personal care to people living in their own homes. The service supports adults who have a range of physical, sensory or mental health needs. At the time of the inspection, 17 people were using the service and receiving personal care.

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 were safeguarded from the risk of abuse and felt safe with the staff who supported them. Systems and processes were in place to keep people safe and staff understood their responsibilities. Risk assessments were in place to help ensure staff kept people safe.

People's support plans helped them get the help they needed because it was easy for staff to access, understand and keep high quality records. Support plans were personalised and reflected people's needs. These were reviewed and updated regularly.

People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Staff received training in relevant mandatory and core topics. Training reflected legislation, guidelines and current standards. Managers checked staff's competency to ensure they understood and applied training and best practice.

People and their relatives were positive about the service and told us about ways in which staff were caring, considerate and supportive. People's individual needs and preferences were identified, and appropriate staff were available to support people.

People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were appropriate staffing levels to meet people's needs and keep them safe. Staff received supervision, informal support and recognition for good practice. Staff were positive about the service and said they felt respected and well supported by managers, who led by example. This encouraged a positive culture.

Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality support. People and their relatives were empowered to make decisions about the service and felt confident to feed back on their care and support. Lessons were learned when things went wrong, and actions taken when necessary.

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

Rating at last inspection

This service was registered with us on 16th May 2019 and this was the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Helping Hands Bath

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

The 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection, a registered manager was in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23rd March 2022 and ended on 29th March 2022. We visited the location's office on 23rd March 2022.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection.

We reviewed CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

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 used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We received feedback from two professionals who had contact with the service. We spoke with 10 members of staff, including the registered manager and care co-ordinator. Their comments have been incorporated into this report.

We looked at a range of records relating to the management of the service. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff support. We read records relating to the management of the service, including policies and procedures and audits.

We considered all this information to help us to make a judgement about 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 and their relatives told us they felt safe with the staff who supported them.
- Systems and processes were in place to help protect people from abuse, neglect, harassment and breaches of their privacy and dignity. Policies and procedures provided staff with guidance.
- When concerns had been raised, these were appropriately reported, investigations carried out and actions were taken if improvements were required.
- Staff received training in safeguarding and understood the importance of reporting and recognising signs of abuse. Staff were clear about the actions they would take and told us about times when they had appropriately raised concerns. They said managers had been helpful and supportive in these situations.
- The registered manager understood their responsibilities to safeguard people, and staff were confident in the registered manager's response when they had raised concerns.

Assessing risk, safety monitoring and management

- Risk assessments and safe practice helped promote people's safety.
- Staff had electronic access to people's risk assessments at any time. Risk assessments reflected people's needs and provided guidance about how to manage identified risks. For example, assessments of the environment and equipment indicated what staff should do to protect people and themselves from unnecessary harm.
- Information was provided about how to safely access people's homes, and personalised plans were in place for managing emergency situations. This helped staff to support people to stay safe.
- People or their relatives were involved in decisions where possible. They said they had choice and control when receiving support. One person told us they had to ask staff to make their bed in a particular way to reduce risk and enable them to transfer onto it safely. Staff listened to the person and met their specific needs when they were made aware.

Staffing and recruitment

- There were enough staff to meet people's needs, and the registered manager was clear that they would only take on new packages of care if they had enough staff and the skills necessary to provide safe, high quality support.
- Most people preferred to be supported by staff they knew, and managers tried to provide regular staff where possible. This was not always possible because of sickness or absence, but new staff were usually introduced to people before supporting them alone.
- The provider had systems in place to ensure recruitment practices were safe. This included criminal and employment checks being carried out to confirm staff were suitable to work with people in their homes.

Using medicines safely

- Systems were in place to support people to take prescribed medicines when needed.
- Staff completed training in the safe management and administration of medicines. Their competency in medicines administration was assessed and managers also reviewed practice by carrying out unannounced spot checks.
- The online recording system supported staff to clearly and accurately record medicines administration in line with best practice.
- When medicines errors or incidents took place, these were promptly reported and managed appropriately to ensure people were safe.
- Medicines audits were carried out each month to ensure good practice and standards were maintained. Actions were taken if necessary to improve practice.

Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured that people were protected by the prevention and control of infection as far as possible.
- Staff received training in infection control and preventing the spread of infection. Managers provided updates when government or local guidance changed.
- Staff were supplied with appropriate personal protective equipment (PPE). The registered manager ensured there was always PPE in stock, and this was easily available to staff. Staff were trained in how to use PPE effectively and safely.
- Infection prevention and control policies and procedures were up to date and reflected current relevant national guidance about coronavirus.

Learning lessons when things go wrong

- The management team were open and willing to learn and take actions when things went wrong.
- Accidents and incidents were recorded and were regularly monitored and analysed. Themes or concerns were highlighted, and changes made where necessary.
- There had not been any recent formal complaints, but there was a clear process for managing these. The registered manager hoped that their regular, open communication with people and their relatives helped to resolve any concerns as soon as they arose.
- Feedback was encouraged, and people and their relatives told us the management team were approachable and responsive.

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 and preferences were assessed and documented before they started to receive support from Helping Hands Bath.
- Assessments included details about people's needs, preferences and protected characteristics under the Equality Act 2010. For example information about religion, sexuality and disability needs were recorded.
- Support plans contained detailed guidance which helped staff to meet people's needs. One person's support plan explained what staff were required to do and what the person could do themselves when showering and using the toilet. This supported staff to meet the person's needs safely whilst ensuring they still had choice, control and independence.
- Support plans were written and reviewed in collaboration with people or their relatives to ensure they were accurate and provided support in the best way for the individual. One relative told us, "Everything's written in the folder. They know how we like things done, but it's all there for new staff anyway".

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to deliver effective care and support.
- Staff received training and regular updates to ensure they continued to work in line with guidelines and best practice. For example, some staff were completing training in dementia awareness. Staff who were new to working in the care sector told us the training and support they received helped give them the skills and knowledge they needed before they supported people in their homes.
- Relatives told us they were confident staff had received training in a range of areas. One relative noted that carrying out training in the person's home for specific tasks (e.g. moving and handling) would be helpful. They had shared this with the registered manager, and said they often gave staff tips and guidance.
- Staff were encouraged to develop their strengths, interests and skills. For example, some staff had undertaken advanced qualifications, and others were supported to take on additional roles which benefitted them and the service.
- Staff felt competent and confident to carry out their job effectively. One staff member said, "I feel incredibly confident and happy working for this company. They treat you like a person, not a number and make sure you're ok".
- Staff received formal supervision, as well as regular informal individual support and contact through team meetings. Staff were all positive about the support they received. Comments included, "They really care about the carers" and "They're really supportive. They always reply and always try to help".

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

- Staff supported some people to prepare meals and drinks.
- People's needs were assessed, and guidance and preferences were documented in support plans. For example, one person sometimes ate with their relative, but staff were prompted to still offer them a small snack to ensure their nutritional needs were consistently met.
- Staff told us they would inform the registered manager if they had any concerns about a person's nutrition, hydration or physical health and they were confident action would be taken.

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

- People usually received support from a consistent team of staff. This meant they were able to notice any changes and alert relatives or professionals to enable referrals to be made to maintain people's health and wellbeing.
- Staff told us they communicated well as a team to ensure people received appropriate care which met their needs.
- Professionals were positive about Helping Hands Bath. One professional told us the service was responsive and open and said staff worked with them to provide consistent, effective, timely care.

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 MCA 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.

- People's rights were protected because staff had received training and were working within the principles of the MCA.
- At the time of our inspection, no applications had been made to the Court of Protection and no-one was deprived of their liberty.
- People were supported to make their own decisions. One person said, "I've got my own ways. I make sure everyone knows what they are".

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 received support from staff who were kind, respectful and compassionate.
- People and their relatives were positive about Helping Hands Bath and the staff team. Comments included, "They've been absolutely amazing", "They're very good at matching staff with the person" and "The communication is open and respectful".
- Staff valued the relationships they built with people and their relatives. One staff member said, "We have great relationships with people. I love that. I miss them when I'm on holiday".
- The staff we spoke with cared about people and knew them well. This helped them to understand and respond to people's needs, wishes and choices and treat them as individuals.
- Staff also told us they were respected and well supported by their colleagues and managers. Some staff described their specific needs and said they were grateful they had received support and flexibility from the team and the provider.

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

- People and their relatives were supported to express their views and be actively involved in making decisions about the support they received where possible. We saw this reflected in support plans which were person centred and individual.
- There were regular opportunities for people to give feedback about the service, as well as ongoing reviews and informal discussions. A recent survey showed people, or their relatives were satisfied with the service they received. All those surveyed said staff were polite, courteous and respected people's wishes and choices.
- The management team and staff emphasised the importance of supporting people to remain independent and make their own choices wherever possible. Comments included, "It's our expectation that we will enable people, not restrict them" and, "People's independence is really important. We just need to encourage them".
- Staff told us they usually had time to spend with people during visits. This meant they were able to listen to people, provide information and work alongside them in a personal way.
- People's communication needs were considered and met. For example, by providing information in different formats or involving relatives in decision making where necessary.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity needs. Guidance was provided to support staff. For example one person's support plan prompted staff to always ask the person if anything

else was needed before they left. This ensured staff took time to provide support which was more compassionate and person centred.

- Support plans guided staff about how to sensitively meet people's personal care needs. One person's support plan explained that they could mostly wash themselves in the shower but needed specific assistance with some tasks. The assistance staff should provide was described in detail.
- People were offered choice and control over their day to day lives. Relatives gave us examples of ways in which individualised care was provided. They also noted that the service responded appropriately and sensitively when people's choices had to be challenged for safety or health reasons.
- One person said, "I fought hard to come back home [from hospital]. It's really important. The girls help me be independent enough to stay here".
- Staff were aware of the importance of protecting records and information and respecting people's confidentiality in line with General Data Protection Regulations.

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 personalised care which met their individual needs and preferences.
- People told us staff supported them in the ways they preferred and encouraged them to make choices about their care.
- Support plans contained detailed information to ensure staff were informed about people's needs. One support plan stated, 'I have adaptive cutlery that I use to make it easier for me to independently eat'. This information helped staff to support the person to have control in meeting their needs.
- Staff said they told managers about changes or concerns they had about people. They said the management team acted swiftly to keep people safe. One staff member described a concern they had raised with the registered manager. They praised the manager's response including the guidance and follow up they had provided.
- Support plans were regularly reviewed and updated to ensure they continued to be accurate.

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.

- People's communication needs were assessed, and it was clear how information should be shared with them. This helped to ensure people received information in a way which was accessible for them.
- Guidance about how to communicate effectively with people was recorded in support plans. For example, staff were advised not to ask one person too many questions at once. This was because they were living with dementia and found it difficult to process or retain new information.
- Information could be made available in different formats when required. The registered manager told us there were no specific needs at the time of our inspection but said they would make reasonable adjustments to remove or reduce any barriers to communication.

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

- Most people had relatives or friends who supported them with social activities or interests. Support plans contained information about people's interests and what they had previously enjoyed doing. This prompted

staff to discuss meaningful activities or encourage people where possible.

Improving care quality in response to complaints or concerns

- There had not been any formal complaints made to the provider recently. The registered manager explained how complaints or concerns would be managed, and a policy was in place to provide guidance. The registered manager was clear that feedback, concerns and complaints provided an opportunity for improvement.
- People and their relatives told us they would feel able to raise concerns if necessary. One person said, "I just talk to the girls if there's a problem, but I'll speak to the managers too. They listen".

End of life care and support

- People had been asked about their end of life care preferences and these were documented in support plans. In the plans we reviewed, these were not detailed, but all stated people's families were aware of their wishes and would make decisions if required.
- No-one was receiving specific end of life care at the time of the inspection.
- The registered manager told us they would seek specialist support on an individual basis if this was required to support people to have a pain free and peaceful death.

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 culture was person-centred and open and aimed to achieve good outcomes for people. Through regular discussion, managers engaged with staff, people who used the service and their relatives to shape the service's culture.
- The values of the organisation and the registered manager prioritised the provision of safe, high quality, compassionate care in people's own homes.
- People and their relatives were all positive about the support they received. Comments from people included, "Very helpful", "I'm well looked after" and, "The girls are very nice. They listen to what I want".
- The registered manager was well known and led by example. Staff told us they felt valued and supported and proud to work for the service. Comments included, "I'm really happy working here. I've already recommended Helping Hands to people", "They're really responsive. It's a great team" and, "I've never been so happy in any job. I feel really, really valued. They're so supportive".
- The management team valued staff and rewarded their efforts with gestures such as having a pleasant seating area with snacks and drinks and providing a range of feminine hygiene products at the office location.
- A 'Moments of Kindness' scheme celebrated achievements and rewarded a member of staff each month who had gone 'above and beyond' the requirements of their role. This reflected the achievement of good outcomes for people.

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 was open and approachable and understood their responsibilities following an incident.
- Systems and processes were in place to monitor the service being provided and performance. Accidents and incidents were recorded, and these were regularly reviewed and analysed.
- People, relatives and staff were involved in discussing incidents and making changes to improve practice or prevent recurrence in the future.

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

- A registered manager was in post and they were clear about the responsibilities of their role. Staff at all

levels understood their responsibilities and the role they played in providing a high quality service.

- The provider had clear expectations about performance and governance. The management team showed us evidence of a robust quality monitoring process for all aspects of the service. For example with regular audits, surveys and spot checks. Topics such as medicines management, daily records, finance and incidents were regularly reviewed. This monitoring helped to manage risks, account for performance and drive improvement within the service.
- Legal requirements were met by the registered manager. For example, keeping up to date with government guidance about coronavirus and sending CQC notifications. Notifications are information about important events the service is legally obliged to send us within required timescales.

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

- Staff aimed to involve people and their relatives in a meaningful way. People were regularly asked for feedback and recent responses to a survey were positive about the service. Challenges were welcomed and actions were taken as required.
- The management team had an open relationship with families. One relative told us the registered manager's open and clear communication had helped ensure their family member's needs and preferences were being met more effectively.
- The registered manager encouraged staff to be actively involved and give feedback to improve and develop all aspects of the service. Staff told us they always felt welcome at the office and were encouraged to give feedback and make suggestions about the service.

Continuous learning and improving care

- The provider was supportive of innovation and development. For example, the registered manager had submitted a proposal to purchase electric bikes which could then be kept by staff after one year. This could reduce travel time for some staff and would provide a better service to people.
- The provider monitored performance and standards to improve care and learn. Quality assurance systems were effective and supported the management team to review current performance and develop the service where necessary.
- Staff told us they would feel confident about reporting concerns or incidents, and that learning points were shared with them.

Working in partnership with others

- Professionals were positive about the quality of the service and the staff team.
- Most people were supported to access health and social care services by their relatives. Where necessary, Helping Hands Bath shared information and provided assistance to ensure care was timely and joined up.