

Midshires Care Limited

Helping Hands Widnes

Inspection report

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Date of inspection visit:

01 April 2022

Date of publication:

05 May 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 - Widnes is a domiciliary care service providing personal care and support to people living in their own homes. At the time of our inspection, there were 14 people receiving personal care.

Not everyone who used the service received personal care. The Care Quality Commission (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 told us they felt safe with staff and had a lot of confidence in them. Risks to people were assessed and their safety was monitored and well managed. People received care and support from a consistent team of staff and their visits were punctual. Staff spent the right amount of time with people and never felt rushed. Safe recruitment processes were followed to make sure the right staff were employed. Management and staff understood how to protect people from abuse. Safe infection prevention and control practices were followed to minimise the spread of infection, including those related to COVID-19.

People's needs and choices were assessed to make sure the service was right for them. Staff were knowledgeable about people and provided them with the care and support they needed in a way they preferred. 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. Staff were inducted into their role and received the ongoing support and training they needed to carry out their role effectively. Where it was required staff supported people's healthcare and nutritional needs.

People were treated well and with respect. People and family members described staff as caring, kind, thoughtful and patient. Positive and trusting relationships had been built between staff, people and family members. Staff respected people's privacy, dignity and independence and their right to confidentiality. People and family members were encouraged to express their views and opinions and make decisions about the care provided.

The service complied with the Accessible Information Standards. People were provided with information in a way they could understand.

Care was planned and delivered in a person-centred way. Staff treated people as individuals and provided their care and support in a way which reflected their needs and preferences. Staff were knowledgeable about people, they knew their likes, dislikes and what was important to them. People and family members were provided with information about how to complain and they were confident about complaining should they need to. Concerns and complaints were responded to in a timely way and improvements were made to the service where needed.

The registered manager and staff were clear about their role and responsibilities. People, family members and staff spoke positively about the way the service was managed, describing managers as supportive and approachable. There were effective systems to monitor the quality and safety of the service which included obtaining the views of people and others. There was good partnership working with others to make sure people received consistent care and support with good outcomes.

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 08 June 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 Widnes

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.

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 there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure registered manager would be in the office to support the inspection.

Inspection activity started on 01 April 2022 and ended on 13 April 2022. We visited the location's office on 01 April 2022.

What we did before the inspection

We used information gathered as part of a monitoring activity that took place on 08 March 2022 to help plan the inspection and inform our judgements.

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 over the telephone with three people who used the service and two family members about their experience of the care provided. We spoke with the registered manager and a total of five staff including office and care staff. We reviewed a range of records. This included three people's care records and medication records and recruitment records for two staff. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to confirm evidence found. We looked at records sent to us after the inspection.

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 from the risk of abuse. Staff completed safeguarding training and had access to guidance about the different types and indicators of abuse and how to report any concerns.
- The registered manager had raised safeguarding concerns with the relevant local authority safeguarding team.
- People told us they felt safe with staff and that staff treated them well. They told us they would let someone know if they had any concerns about their safety or the way they were treated. Family members told us they had no concerns about their relative's safety. Comments included; "They [staff] are very kind to me, I've never worried about how they treat me they are so good," and "I trust them [staff] 110% to keep [Relative name] safe."

Assessing risk, safety monitoring and management

- Risk was assessed and there were clear plans in place for staff to follow on how to minimise the risk of harm to people and others. Regular reviews took place and plans were updated to reflect any changes in people's needs.
- Staff told us care plans provided them with clear information about the risks people faced and how to manage them safely. Staff were confident about reporting any concerns about people's safety.
- Where it was required staff carried out safety checks before leaving people's homes, for example they made sure people had access to devices to alert somebody in the event of an emergency and they secured people's homes.
- The provider had a business contingency plan which provided information and guidance on emergency situations such as staff shortages.

Staffing and recruitment

- People received consistent care and support from the right amount of suitably skilled and experienced staff.
- People told us their visits were mostly carried out by the same staff group. One person told us, "I like having the same girls [staff] I've really got to know and trust them." Staff confirmed they visit mostly the same people. One staff member told us, "My visits are regular, I've really got to know customers."
- Applicants underwent a series of pre-employment checks to make sure they were fit and suitable for their role.

Using medicines safely

- Medicines were managed safely. Staff had access to current guidance on the safe management of

medicines.

- Staff with responsibilities for administering medicines had completed the required training and they underwent regular checks on their knowledge and practice in this area.
- Medication audits were completed each month and included checks on people's medicines and associated records.

Preventing and controlling infection

- Safe practices were followed to help prevent the spread of infection including those related to COVID-19.
- Staff received training in infection prevention and control (IPC) and the use of personal protective equipment (PPE) and they were provided with the most up to date government guidance. Checks were carried out on staff to assess their knowledge and practice in this area.
- Staff were knowledgeable about current good IPC practice, including the safe use of PPE. People and family members told us staff used and disposed of personal protective equipment (PPE) safely. Their comments included; "They [staff] always wear a mask for the time they are here" and "They [staff] use gloves, aprons and masks and they tie them up in a bag when finished and put in the bin."

Learning lessons when things go wrong

- Lessons were learned and shared across the staff team.
- Changes were made to the service based on feedback from people, family members and staff.
- No accidents or incidents had occurred at the service, however there was a system in place for recording, monitoring, managing and learning from any accidents and incidents.

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

- An initial assessment of people's needs, and choices was completed and used to help decide if the service was right for them.
- The outcome of assessments was used to develop a care plan which was unique to the person.
- Managers and staff applied their learning in line with guidance to support a good quality of life for people. This included learning around equality and diversity and people's human rights.

Staff support: induction, training, skills and experience

- Staff were provided with the support and training they needed for their role.
- Training for all staff comprised of an initial induction based around the Care Certificate which lasted for a period of 12 weeks and regular updates in mandatory topics and training in topics specific to people's individual needs.
- People and family members told us they had a lot of confidence in the ability of staff, their comments included; "They [staff] are well trained, very good at their job" and "[Relative] has some quite complex needs and they [staff] manage them very well."
- Staff received regular support through one to one supervisions, team meetings and telephone contact with managers. Staff told us they received a good level of support from their managers. Their comments included; "They are always there if you need them. They call to make sure I'm ok," "Very supportive on a work and personal level" and "They encourage us to call for support and advice and nothing is too much trouble."

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

- Where required people received the support they needed to eat and drink. The level of support people needed was detailed in their care plan.
- Staff followed guidance including prompting people to eat and drink and they maintained records of people's food and fluid intake where this was needed.
- People were happy with the support they received with eating and drinking. One person said, "They [staff] make my dinner and it always tastes nice." Another person told us, "They make me a cup of tea and a little snack before they go."

Staff working with other agencies to provide consistent, effective, timely care

- Staff followed guidance set out by other agencies to make sure people received consistent care and support to meet their needs.

- Care plans included the details of other professionals involved in people's care and any guidance they required staff to follow to make sure people received the care and support they needed.
- Staff shared appropriate information on a need to know basis to make sure people received consistent care, for example when people were taken to hospital.

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.

- The service was working within the principles of the MCA.
- Care plans included information about people's ability to make decisions about their care and welfare. Details of those legally appointed to act in the persons best interest were recorded.
- Staff had completed training and showed a good awareness of the MCA. They supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- People told us staff offered them choices, explained what they were doing and obtained their consent before providing care. Their comments included; "They [staff] never do anything without asking me first" and "They are very good you know; they always explain things."

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 were treated well, and their lifestyle choices were respected.
- People and family members were complementary about the care and support they received from staff. One person told us, "They [staff] are so good to me, they are very kind." A family member told us; "The care they [staff] provide is second to none. [Relative] loves them all."
- Staff knew people well; they were knowledgeable about people's likes, dislikes and preferences and respected what was important to them.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to express their views and make choices and decisions about their care. One person told us, "I'm asked a lot if things are ok and if I'm happy with the girls [Staff]" and a family member told us, "Completely involved."
- Staff respected people's right to privacy and dignity and encouraged them to be as independent as they could be. One person told us, "They [staff] know how much I like to do for myself, they step in if I need them." A family member told us, "They [staff] show [relative] at lot of respect especially when assisting with personal care."
- Staff respected people's right to confidentiality. Staff explained the importance of sharing information on a need to know basis only and making sure records about people are kept secure.

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

- People were encouraged to express their views and make decisions about their care. This was done through regular care reviews, surveys and daily discussions with managers and staff.
- People's wishes and preferences were detailed in their care plans and people and family members confirmed this accurately reflected the information they had shared.
- People told us they were contacted regularly to give feedback about the service they received. One person said, "I get a call most weeks checking things are ok and asking if I want anything else." A family member told us, "I get a weekly call without fail to discuss [relatives] care."

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's care was planned in a personalised way. Care plans were person centred, they focused on people's choice and emphasised the things people could do for themselves to maintain their independence.
- People and relevant others such as family members were fully involved in the development of care plans. People told us; "I was asked how I like things done" and "They [staff] do things just right, just how I like it." A family member told us, "They [manager] spent a lot of time finding out about [relative] we felt completely involved in planning [relatives] care."
- Regular reviews were used as a way of making sure people were happy with the care and support, they received as well as giving them an opportunity to make any changes should they wish to.

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 care plans included how staff were to support people to communicate effectively.
- Where it was required information was made available to people in a way they could understand, such as large print, pictorial and in other languages.

Improving care quality in response to complaints or concerns

- There were processes to respond to people's complaints or concerns. People and family members were provided with information about how to complain should they need to.
- People and family members told us they knew who to speak to if they were unhappy about any aspect of the service and were confident they would be listened to. Their comments included; "I'd call the office and I know for sure [manager] would sort it" and "No complaints whatsoever, I wouldn't be worried telling them if I was unhappy."
- Records were maintained of two complaints made and they showed they were promptly acknowledged, investigated and acted upon. Outcomes were shared with the complainants including any improvements made and lessons learned.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care. However, staff were provided with training in this area should they need to provide end of life care to people.
- People were given the opportunity to discuss their end of life wishes and have them recorded in their care plan.

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 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 promoted a positive culture within the service. People received person centred care with good outcomes.
- Feedback about the registered manager was all positive, comments included; "Very approachable and supportive" "Fantastic manager, cares about everyone" and "So hands on."
- The registered manager and staff team showed a lot of passion and commitment to providing people with the best care and support possible. "Their comments included; "I treat customers the way I would expect to be treated" and "I love my job; I get so much satisfaction out of it."
- People and family members told us this was a good service and would highly recommend it to others. Family members told us, "We've used lots of services and this is by far the best, they provide [relative] with everything they need and more" and "They [manager] phones every week to check on things."
- Staff told us they were listened to and felt well supported, valued and respected by managers. They told us the registered manager gave them the support they needed to do their jobs well.

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 aware of their responsibilities regarding duty of candour. They promoted and encouraged candour through openness.
- Good relationships had been developed between management, staff and people using the service and their representatives. One family member told us, "They [manager] is really honest, we are never left in the dark."

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

- The registered manager was clear about their role and responsibilities. People, family members and staff told us the registered manager was flexible and always made themselves available when needed.
- Staff understood their responsibilities, they were provided with job descriptions and had access to a range of policies and procedures relating to their work.
- Prior to the inspection, we were made aware of several incidents which CQC had not been notified about. We discussed this with the registered manager who explained this was an oversight on their part. The registered manager had reflected on this and was now clear about when to notify CQC about important events which affect the service.

- Quality assurance systems were in place and used effectively to monitor the quality and safety of the service. Regular audits and checks were carried out such as on people's care, records and staff performance. These were used to make improvements where it was required.

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

- People, their representatives and staff were fully involved in the running and delivery of the service. One family member told us, "Communication is excellent."
- Managers involved people and their family members through weekly telephone calls, regular visits to people's homes, care reviews and newsletters. A family member told us; "I feel so involved in [relatives] care, the manager is so hands on. Either the manager or [names of other office staff] call me every week to check on things."
- Staff told us they felt valued and listened to. They told us managers respected their opinions. Team meetings took place regularly and staff told us they felt involved in the service and management were supportive.

Continuous learning and improving care; Working in partnership with others

- Continuous learning was encouraged. Staff training, supervision sessions and meetings were used to share learning and monitor improvements.
- People received co-ordinated care and support through good partnership working with others including family members and health and social care professionals.