

Midshires Care Limited

Helping Hands Mansfield

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 Mansfield is a domiciliary care agency. It provides personal care to people living in their own homes. 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. At the time of this inspection 11 people were receiving support with personal care.

People's experience of using this service and what we found

People's relatives told us that Helping Hands Mansfield delivered a safe service. Risks to people were assessed and measures were put in place to reduce them. There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. There were enough staff to meet the needs of the people using the service and recruitment was ongoing, with all necessary recruitment checks carried out.

People were consulted about their care before the services were provided. Staff received appropriate training for their roles and people felt they had good knowledge and skills. People's care plans included all information needed to support people safely and in accordance with their wishes and preferences. Staff had received an induction into their role and the management team monitored this to ensure training remained up to date.

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.

Relative's told us their family members were treated with kindness and compassion, their privacy was respected. People knew how to make a complaint or raise a concern.

There were robust monitoring processes in place to help ensure a good standard of service. Quality assurance systems identified any areas that needed further development. Staff told us they enjoyed working for the service and told us the culture was to ensure care was person centred.

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 31 March 2021 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

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 Mansfield

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 there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service was small, and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 April 2022 and ended on 28 April 2022. We visited the office location on 22 April 2022.

What we did before the inspection

We reviewed information we had received about the service since their first registration. 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.

During the inspection

We spoke with five relatives of people who used the service about their experience of the care. We spoke with seven members of staff including the registered manager, branch manager, care coordinator and care workers. We reviewed a range of records. This included four people's care records and multiple 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.

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. Relatives told us they felt their family members were safe whilst supported by staff. One relative told us, "I think my [relative] is safe when the carers arrive, [person] would tell me if [person] had any concerns or was not happy with carers."
- Staff received training on safeguarding and understood how to recognise and report abuse. Staff told us they would always report any safeguarding concerns directly to the management team. Staff had access to the safeguarding policy.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety had been assessed before the service agreed to provide care and were regularly reviewed by the management team.
- People's assessments were stored on an electronic system which provided staff with instructions on how to work in a safe way to either reduce or eliminate the risks. For example, the management team had completed environmental risk assessments which considered fire evacuation processes at each person's property.
- Staff were able to tell us how they supported people safely and understood people's risks. One staff member told us, "We have a list of tasks we need to complete when we visit our customers and once we have done it we tick it off. This helps us to make sure all jobs were completed."

Staffing and recruitment

- There were enough staff to meet people's needs and people usually received support from a regular staff team.
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored. Relatives told us staff usually arrived at the agreed times. One relative said, "The carers usually arrive on time, if they are running late, they will let us know."
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Staff received training in medicine administration and their competency assessed. One relative told us that staff were not supporting a person with one of their medicines. The registered manager confirmed that staff were not trained in this particular technique so it would not be safe. The manager had sourced additional training for staff so that the persons medicine needs could be fully met

once training was completed.

- People's care plans highlighted any risk associated with medicines and provided guidance for staff as to how people took their medicines and what support was required.
- Where people took their medicines independently relatives told us staff would usually check to ensure people had taken their medicines as prescribed.

Preventing and controlling infection

- Assessments in relation to the risk of acquiring infections such as COVID-19 had been undertaken for some people and staff where they were at an increased risk.
- Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures had been enhanced following the start of the COVID-19 pandemic.
- Staff had enough supplies of Personal Protective Equipment (PPE) and every relative we spoke with confirmed staff always wore their PPE. A relative told us, "They [staff] always wear the correct PPE."

Learning lessons when things go wrong

- Accidents and incidents were recorded and systems were in place to identify possible themes in order to reduce the chance of a similar incident occurring again.

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 care needs had been assessed by the management team before the service started supporting them.
- Relatives told us they were involved in the assessment process and were consulted on how best to support their family members.
- People's preferences, likes and dislikes, past life histories and background information were recorded in their care documentation. People's care and support was regularly reviewed to ensure staff could provide the right care and support in line with best practice, guidance and people's wishes and preferences.

Staff support: induction, training, skills and experience

- Staff had received an induction and training relevant to their role. The provider had a system in place to monitor when staff had completed their training and when it was due for renewal.
- Staff without prior background in care were required to complete the Care Certificate. This is a nationally recognised training program to ensure that new care staff know how to care for people in the right way.
- Staff working with people were up to date with their training. Staff were encouraged to access additional training to continually develop their knowledge and skills once they had completed their care certificate.
- Staff received a rolling programme of supervisions, direct observations and this was monitored by the registered manager.

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

- People were well supported with food and drinks. People's needs in relation to eating and drinking had been assessed and information available to staff included people's likes and dislikes.

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

- People's care plans detailed their health needs and any support they received from healthcare professionals.
- Where people had a specific health condition for example, diabetes, there was additional information provided for staff to ensure they could meet their needs and were aware about potential risks.
- Staff knew how to respond to people's healthcare needs and had access to information about who and when to contact if they had any concerns.

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.

- Staff told us they always obtained consent for people's care and support where possible. Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.
- People's capacity to make their own decisions had been considered as part of the initial and subsequent assessments. Where people lacked the capacity to make specific decisions, appropriate assessments were carried out by the management team with the involvement of people and their relatives.

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

- Staff treated people well, respecting their equality and diversity.
- The feedback we received from relatives about staff approach was overwhelmingly positive. Comments included, "Some carers are amazing, whoever my [relative] had, [person] absolutely loved them", and "They (carers) treat my [relative] with care and compassion, my [relative] always tells me how the visit went. The carers always treat [person] with respect and [relative] is quite happy with the company."
- Staff had received training in equality and diversity and spoke with kindness about the people they supported. They demonstrated an understanding of people's care needs and the importance of respecting diversity.

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

- People's relatives told us the service and staff considered their views and wishes.
- Relatives told us they were consulted and involved in creating care plans. Relatives told us their family members wishes were taken in to account. For example, one person preferred to be supported by more mature carers and this was arranged by the provider.
- Staff told us they ensured they involved people with making decisions about their care. For example, if their care plan said they needed support with a shower, but declined, staff respected this. Staff told us they always offered alternatives and gave people choices for their support.
- The provider arranged regular telephone calls and visits to people and their relatives to request feedback on their care. The most recent feedback gathered by the provider was mostly positive, however there were some negative comments. The management team were aware about these specific concerns and were already working to make the improvements.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff told us when they were supporting people with personal care, they ensured doors were closed, people were comfortable and covered them with a towel.
- The registered manager told us that they encouraged staff to treat people like they would their own relative or loved one.

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 personalised.
- People's needs assessments were completed in detail with them and their families and were used to inform care plans. People's care plans were reviewed when their needs changed. For example, one relative told us how their family members visits had been reduced because they felt they did not need the support during those times.
- People's relatives told us people were happy with the care they received and felt they were supported in their chosen way. One relative told us, "Some carers are better than others, some are clearly more experienced and know exactly what needs doing, but even with new ones (carers) my [relative] can tell them exactly what [person] needs or wants and they (carers) will do it straight away, so we don't have any issues."

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 provider had considered people's communication needs. People's care plans contained information about how they communicated, and if any communication aids were used.
- All people using the service were able to communicate verbally with staff. Some could also read and understand information given to them by the service. The registered manager told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or in larger print.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. There had been no recorded complaints.
- Relatives told us they would feel comfortable speaking to staff or 'the office' about any concerns and felt confident it would be taken seriously and addressed.

End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection.
- We saw evidence to show some people had been consulted as to their needs, wishes and choices in the event of their death and or the need for resuscitation.

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 feedback about the culture and approach of the service we received from relatives was mostly positive. Relatives told us they were regularly asked for their views on the quality of the services provided. Some relatives told us they were able to raise minor concerns with the provider when issues occurred. Most relatives we spoke were happy with the services they received and would recommend the provider to other people.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples, including meeting people's cultural and religious needs.
- Relatives told us they were kept informed by the office staff on occasions when staff reported any concerns about their relative's health or wellbeing.
- Staff said they felt supported by the management team. Staff told us they felt confident raising concerns and felt listened to. Staff were given the opportunity to take part in a regular team meeting where they were able to discuss any issues or concerns.

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

- There had been some recent changes at the management level. A new branch manager was recently appointed and was being supported by the registered manager in their role. The registered manager told us that the new branch manager had recently applied to register with CQC. Office staff included a care practitioner, a care coordinator and a branch manager. This was to improve the quality of care for people and to ensure further development of the service.
- The provider had a system of audits in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people. The branch manager had an on-going action and development plan to drive further improvements.
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored. Relatives told us staff mostly arrived at their scheduled times.
- There was a whistleblowing policy in place to support staff to report any concerns. Staff told us they felt confident raising any issues or concerns with office staff. One staff member told us, "If I had any concerns I would get in touch with the care-coordinator or the branch manager. During out of office hours, such as evenings or weekends we can phone one of the on-call managers."

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

- People's views were sought about the care and support provided.
- The provider and office staff regularly contacted people after they started using the service to ensure they were happy with the care and support or if any improvements were needed.
- Staff were positive about the service and the management team. One staff member said, "Everything is very organised and the management team are doing things properly."

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 understood their responsibility under the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

Working in partnership with others

- The service worked in partnership with other health and social care professionals to ensure care and supported was provided in a way which met people's needs. For example, staff liaised with hospital discharge coordinators.