

Midshires Care Limited

Helping Hands Oldham

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 Oldham is a domiciliary care service, providing personal care and support to people living in and around Oldham, Rochdale and Middleton. 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. On the day of inspection, 14 people were receiving the regulated activity of personal care.

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

People and their relatives told us they felt safe using the service. There were enough staff available to meet people's needs. People and their relatives told us staff arrived at the scheduled time and stayed for the specified period. The service had a robust recruitment process to ensure suitable staff were employed. People were supported to take their medicines safely. Staff followed the correct infection control practices.

People's needs were assessed before they started using the service and the information was used to inform person-centred risk assessments and care plans. New staff received a comprehensive induction programme and all staff had completed a range of training which gave them the skills and knowledge to care for people in their own homes. 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.

People and their relatives spoke highly of the care provided by Helping Hands Oldham. They told us they were cared for and supported by kind and considerate staff. Staff knew how to maintain people's dignity and privacy and promote their independence.

The service was well managed. The registered manager was knowledgeable and enthusiastic about the service. Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly.

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 10 May 2021. This is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 Oldham

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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 12 May 2022 and ended on 26 May 2022. We visited the office location on 12 May 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the inspection we looked at a variety of records, including multiple electronic care records and risk assessments and two staff recruitment files. We also looked at records relating to the management of the service, including quality assurance tools, policies and staff training records. We talked to the registered manager and three care assistants. The Expert by Experience spoke with one person who used the service and seven family members on the telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at several other documents, including some policies and service user feedback.

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 told us they felt safe when receiving care and support.
- Staff had completed training in safeguarding. Staff we spoke with knew how to recognise signs of abuse or neglect and were knowledgeable about the procedure for reporting safeguarding concerns.
- There was a system in place to document, report and learn from safeguarding incidents. This included reporting to local authority safeguarding teams and the CQC.

Using medicines safely

- People were supported by staff trained in the safe management of medicines.
- People had medicines care plans and risk assessments in place. These provided information which helped staff administer medicines safely.
- Care plans contained body maps which showed staff where to apply topical creams.
- The electronic care planning system did not allow staff to log out until they had given any required medicines. This helped ensure people received their prescribed medicines.

Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Care plans included assessments which identified potential risks and how these should be managed. These covered a range of areas, including medicines management, moving and handling, skin integrity and the use of paraffin-based creams, which are a fire risk.
- Potential environmental risks in people's homes had been checked to ensure staff were safe to work there.
- People had evacuation plans in their care records which described how staff should help them in the event of an emergency.
- The service had a lone working policy which staff followed to ensure their safety at work.

Staffing and recruitment

- The provider's human resources department had a well-organised recruitment process. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people at the times they wished. We were told staff were punctual and stayed for the required length of time.

Preventing and controlling infection

- People and relatives told us staff followed correct infection control procedures, washed their hands and wore personal protective equipment (PPE) when providing personal care. One family member told us, " All staff always wear the full PPE kit."
- Staff had received infection prevention and control training and additional information and guidance about how to protect themselves and service users during the COVID-19 pandemic. Staff completed regular testing for COVID-19 in line with government guidance.
- The service had good stocks of PPE, which were kept at the office. Staff carried PPE with them, so it was always available.

Learning lessons when things go wrong

- Incidents and accidents were reported by staff via an electronic app. This information was then immediately flagged up on the system at the office, so the management team could respond.
- There was a system in place for analysing information from incidents, accidents and complaints so that any trends could be established. Lessons learned from these events were shared with the team to prevent recurrence.

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

- A full assessment was carried out prior to a person being taken on by the service. This ensured staff were able to meet their care and support needs.
- Assessments we looked at were detailed, and contained information about people's physical, emotional, communication and health needs. Care plans and risk assessments had been devised using this information and were regularly reviewed to ensure they were up to date.

Staff support: induction, training, skills and experience

- New staff completed a structured and comprehensive induction and training programme when they joined the service. This included training and orientation days, on-line mandatory training and a period of shadowing until staff were deemed competent to support people unsupervised.
- Care staff were expected to complete the Care Certificate within 12 weeks of commencing employment. 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider's regional clinical lead provided specialised training for staff, where clinical tasks were part of a person's care plan.
- Staff received regular supervision. Staff told us the management team were helpful and supportive.

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

- Staff prepared meals for people when this was part of their care plan. There was currently no one who required help with a special diet or thickened fluids. However, staff could be trained to provide this support if it was required.
- Staff had received training about fluids and nutrition. This ensured they understood the importance of helping people maintain a healthy diet and adequate fluid intake.

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 medical condition there was additional information for staff to ensure they could meet their needs and were aware about potential risks to their health.
- The service had good working relationships with a range of external organisations such as people's GPs and pharmacists.

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.

- Where people had capacity to provide consent, we saw they had signed consent forms and care records to confirm their agreement with the proposed care plan.
- Mental capacity assessments had been completed where required. Where people did not have capacity, staff involved the appropriate people to help make decisions, in their best interest.
- People told us the staff respected their views and asked for their consent. A person told us, "They always say, can we do this for you, can we do that."

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

- The feedback we received from everyone we talked with was very positive. Comments included, "They are punctual, and always laughing and singing."
- Staff treated people with kindness and consideration. A family member told us, "They have a great attitude. They are really patient." Another said, "They are lovely people."
- People and family members told us they received care and support from a consistent and regular team of staff.
- Care plans described people's individual daily routines, cultural needs and any particular preferences, such their preferred name.
- Where people requested only female staff to provide personal care this decision was respected.

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

- People we spoke with confirmed that they were had been involved in devising care plans and they were consulted about any changes.
- People and family members could use the secure electronic customer portal to view care plans, staff rotas and visit notes.
- The provider's customer experience team contacted people regularly to get their feedback and ensure they were happy with the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity.
- Staff encouraged people to be as independent as possible. For example, care assistants taught people how to use electronic tablets during the pandemic, so that they could keep in contact with their friends and relatives.

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 who used the service had care plans which described how they wished to be supported. These had been written using a person-centred approach and included information about what was important to the person.
- Staff accessed care plans on their mobile devices. Confidentiality was ensured, as staff could only access the records and care plans of the people they visited.
- Staff were responsive to people's individual needs and wishes. People and relatives told us they had been consulted about the care they needed and the way they wanted it provided.
- We were told of several examples where staff had responded to people's changing situations during the COVID-19 pandemic. For example, care staff had played board games with people to help prevent loneliness. In addition, the service had collaborated with a local bakery and arranged for meals to be provided for people who were shielding.

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 was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and any support they needed.
- The registered manager told us that information could be provided in alternative formats such as audio recordings, large print or other languages.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process to be followed if a complaint was received. None of the people we spoke with had needed to complain about the service.

End of life care and support

- At the time of the inspection no one supported by the service was receiving end of life care, although this was something staff could provide.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager spoke enthusiastically about wanting to provide a good service and high-quality care. They demonstrated an in-depth knowledge of the service and had a clear vision of how they wanted the company to develop and grow.
- We received very positive comments from staff about the registered manager and office staff. One person said, "They really are a good team." One person told us that the management team were 'family orientated' and accommodating when it came to organising the staff rotas.

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

- The registered manager had the skills and knowledge to manage the service effectively.
- Governance processes, such as audits and checks helped to keep people safe, drive forward improvement and ensure good quality care and support.
- The service used a 'live' call monitoring system which enabled the registered manager and office team to continuously review each visit and check that it had been completed.
- There was an on-call system which enabled people who used the service and staff to access management support outside office hours.
- Policies and procedures were available for staff guidance and were discussed at team meetings. They contained clear and concise information and were reviewed regularly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were fully involved in planning their care.
- Monthly team meetings ensured vital information about the service was communicated to staff.
- The service valued the hard work of its staff and celebrated and rewarded them through the monthly 'Moment of Kindness' award. This award enabled staff to nominate colleagues who they felt had gone 'above and beyond' in their work.
- Where required, the service communicated and worked in partnership with external agencies, which included healthcare professionals.

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 understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.