

Midshires Care Limited

Helping Hands Barnsley

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 Barnsley is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection there were 28 people using the service.

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 our inspection 17 people were receiving personal care.

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

The provider had systems in place to safeguard people from the risk of abuse. Staff told us they received training in safeguarding and would report anything of concern to the management team immediately.

Risks associated with people's care were identified and managed safely. People told us they received their medicines as prescribed.

The provider's recruitment system was robust and ensured suitable staff were employed. People and their relatives told us staff arrived at the expected time and stayed at the call for the allotted time.

The management team ensured staff wore Personal Protective Equipment (PPE), and were mindful about infection prevention and control. People and relatives told us staff wore PPE and left their home clean and tidy. Accidents and incidents were recorded, action was taken to mitigate future incidents.

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 told us they received appropriate training which gave them the skills to carry out their role.

People and relatives were complimentary about the service they received, commenting that the management team were approachable, and the carers were kind and friendly.

Care plans were person centred and offered staff guidance about how to support people. Staff told us they were keen to ensure care was delivered in line with people's preferences.

The management team had an effective system in place to monitor the quality of the service. The registered manager was responsive to comments and feedback and used this to develop the service.

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 18 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service. We inspected to give the provider a 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 Barnsley

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 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 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 May 2022 and ended on 13 May 2022. We visited the location's office on 12 May 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought

feedback from the local authority and professionals who work with the service. 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

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care coordinator and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff told us they received training in safeguarding and knew how to recognise and report any concerns.
- People and relatives told us they felt safe when their care worker visited and delivered personal care. One person said, "I do [feel safe] now with this company. I would speak to the office manager, if I didn't feel safe." A relative said, "Yes [family member] hasn't expressed otherwise. The carers do look after [family member] and they feel very safe. I would contact the office if she was concerned about [family member's] safety."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and action was taken to mitigate risks.
- Risk assessments were in place to ensure any environmental risks had been identified. This ensured staff and people were as safe as possible.

Staffing and recruitment

- The provider had a robust recruitment system in place which helped them employ suitable staff.
- Staff we spoke with told us they had pre-employment checks prior to commencing their role.
- People and relatives told us staff arrived on time and stayed for their allotted time. One relative said, "They [staff] do turn up on time and stay the allotted time. [Family member] is never rushed." One person said, "Yes they [staff] do turn up on time unless there is a problem with the previous visit, but they do stay the correct time and have never rushed me."

Using medicines safely

- People received their medicines as prescribed. Care plans detailed how people liked to receive their medicines.
- People receiving medicines, had a medication administration record in place to record what medicines were given and when. This could also be viewed electronically from the office and highlighted if medicines had not been given. The management team could then take action to address this.
- People and relatives told us they received their medicine on time. One relative said, "Yes carers do give [family member] their medication on time and how they prefer them."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. The management team completed spot checks, part of this was to check PPE and general infection control practices.
- We were assured that the provider was accessing COVID-19 testing for staff.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- The registered manager had a system in place to ensure accidents and incidents were recorded and action taken to mitigate future 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

- People's needs were assessed, and care was delivered in line with current standards and guidance.
- Prior to a care package being delivered, the management team visited the person and recorded their likes and dislikes and gained information about how people wanted their care delivered.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to enable them to carry out their role effectively.
- Staff were supported to complete The Care Certificate. 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.
- Staff felt supported by the management team. One staff member said, "The managers were amazing as I needed a lot of support as I have never done care before."

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

- Some people were supported to maintain a balanced diet and received support with meals.
- People who received this support were complimentary about the staff and told us they offered choices. One relative said, "[Family member] is supported with meals and they have choices of food and drink."

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

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

- The provider took appropriate actions to ensure people received care and support in a timely way.
- The management team took action to refer people to appropriate professionals to ensure their needs were met.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team were knowledgeable about MCA and DoLS and knew what steps to take to ensure they were working in line with the MCA.
- People were involved in their care. Where people lacked capacity, decisions were made in the person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were complimentary about the care and support the service delivered. One person said, "They [staff] are brilliant and always check I'm ok."
- Staff knew people well and knew how to support them in line with their preferences.

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

- People were supported to express their views and be involved in their care. Staff told us they would seek the persons consent prior to delivering personal care and support.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives felt privacy was respected and independence maintained. One relative said, "[Family member] asked if she can have only female carers and this has been respected."
- We spoke with staff and they explained how they ensured people's privacy and dignity were maintained. They said they would treat people with respect and ensure they explain what they are doing. Staff also told us they would always knock on the persons door and shout hello, before entering the persons home. They had respect for people's property and their individual space.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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

- We looked at people's care plans and supporting documentation and found they were person centred and reflected people's needs and preferences.
- People's care records included a life history section which was useful to staff in developing a relationship with people.
- Social, religious and cultural needs were included within assessment and care planning documentation.
- Care records were reviewed regularly to ensure they captured people's changing needs.

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.

- Information was accessible to people and in a format which people understood.
- People's communication needs were identified as part of the initial referral and assessment process and reflected in their care plans.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people told us they knew how to raise a concern.
- People and relatives, we spoke with told us they didn't have any concerns but would ring the office if they had. One relative said, "I have no concerns to raise. All is good."

End of life care and support

- At the time of our inspection the provider was not providing end of life care.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the registered manager, and care co-ordinators. The team worked extremely well together, recognised each other's skills and abilities and understood their legal responsibilities.
- People and their relatives spoke highly of the management team and all staff. One relative said, "Yes they [management team] are lovely, understanding and good listeners."
- Staff felt valued and appreciated by the management team and were complimentary about the support they received. One staff member said, "There is always a manager around to support us and I feel they really listen."

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

- The management team worked alongside staff to ensure people received person-centred care which supported them to achieve good outcomes.
- Staff were committed to providing a good quality service that met people's individual needs.
- We saw evidence of many compliments the service had received for their kindness and person-centred approach. One relative said, "The agency is excellent. I have peace of mind as I feel [family member] is well looked after." Another relative said, "Nothing seems to be any trouble."

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

- Views and opinions were sought from people, relatives, staff and other stakeholders. Feedback was used to develop the service.

Continuous learning and improving care

- The management team had a system in place to ensure the service operated in line with the providers expectations.
- Several audits took place to check the quality of the service. Audits included areas such as medication, care planning, and accidents and incidents. Where issues were identified they were corrected.
- Spot checks were carried out to ensure staff were providing care and support in line with people's needs and preferences.

Working in partnership with others

- The provider could evidence they worked with other professionals to ensure people's needs were appropriately met.