

Midshires Care Limited

Helping Hands Darlington

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 Darlington is a service providing personal care to people living in their own homes. At the time of our inspection there were 22 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.

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

People and relatives, we spoke with gave positive feedback about the service and the staff team. One person told us, "I'm very satisfied with the service. Staff seem capable and caring."

People had person centred care plans which were created from holistic assessments of people's needs. Risks people may face were fully identified and mitigated. Appropriate checks were completed prior to staff being employed to work at the service. Medicines were administered safely. Staff adhered to Covid-19 procedures.

People were supported by a regular staff team who had the relevant training and qualifications to safely support people. People told us having consistent staff meant that they built relationships and staff knew their needs well. There were enough staff to safely support people. People received timely care and were never left without the support they required.

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 received a caring service from staff who respected them as individuals and supported them with dignity. Staff encouraged people's independence and helped people to maintain social relationships. People were involved in planning their care and in decisions about how this should be delivered on a day to day basis.

The service considered people's wishes, preference and life experiences. The service was tailored around these. People and relatives told us they could raise concerns and that the management would resolve any issues.

The registered manager and key staff demonstrated a passion for the service and commitment to the service's ethos of 'Kindness'. Staff spoke positively about the level of support and recognition they received and told us they felt valued in their work. The quality and assurance systems in place allowed for effective monitoring of the service by the registered manager and provider. There was a drive to continually improve and robust systems to collect information and learn from feedback.

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 March 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

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 Darlington

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

This inspection was announced. We gave the service 24 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 31 May 2022 and ended on 9 June 2022. We visited the location's office on 31 May 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used all this information to plan our inspection.

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 the registered manager, care co-ordinator and a care and training practitioner during our visit to the office. We reviewed records including four people's care records, three staff files in relation to recruitment and staff supervision, staff training matrix, complaints and compliments, quality monitoring audits and surveys.

Following our visit to the office we spoke with three people who used the service and two relatives by telephone. We received feedback about the service from four care assistants by e-mail.

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

- There were clear processes for people and staff to report any concerns about potential abuse and to respond to safeguarding concerns.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and well managed. People were supported to reduce the risk of avoidable harm by staff who understood their needs. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Care plans and risk assessments were reviewed to ensure they reflected current needs. Staff completing reviews visited people regularly to build a relationship and better understand the service that person needed.

Staffing and recruitment

- Recruitment was safe and there were enough staff to meet people's needs. There were processes in place and recruitment checks were carried out before staff were appointed.
- People were supported by a consistent team of staff who knew the person's needs. People were matched with staff who had skills and experience in relation to their specific care needs.
- Staffing was managed safely and there were clear processes in place to monitor staff performance and adherence with allocated tasks. The service ensured that no visits were missed, and all identified tasks were completed on each visit. One relative told us, "Their timekeeping is very particular. They are quite good at contacting us with any changes."

Using medicines safely

- Medicines were safely managed. Staff received appropriate training and protocols were in place for administering medicines.
- Staff had regular checks of their competency to manage and administer medicines.
- When someone using the service had a new need that required a different type of administration, such as eye drops, all staff were trained on this. Staff continued to have training and checks until they were confident with the new tasks.

Preventing and controlling infection

- Staff had received infection control training and had plenty of PPE such as masks, gloves and aprons.

- People told us PPE was used appropriately and they had no concerns about infection control.

Learning lessons when things go wrong

- The service was continually seeking to improve and learn when things went wrong.
- There had been very few incidents for the service to reflect on but wherever possible learning had been shared with staff.

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 had their needs and choices holistically assessed and regularly reviewed in line with best practice guidance.
- People and relatives told us their needs and choices were fully considered and care planned around these. A relative told us, "We were part of the assessment, they [staff] were brilliant."

Staff support: induction, training, skills and experience

- Staff had regular formal support meetings with a senior staff member and support from office staff when needed.
- Staff were supported to take on new roles to develop their existing skills. For example, some staff had mentored other staff at new services within the organisation.
- Training was comprehensive and adapted to meet the needs of people using the service. One staff member told us, 'Training is ongoing all the time... Things change all the time, so I feel it's good practice to continue with training. We also have team meetings where the manager gives us updates on things and also hands out information that we may require to help our clients.'

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

- People were supported to eat and drink to maintain a balanced diet when they had needs in this area.
- Staff supported people following advice from relevant professionals such as dietitians and speech and language therapists.
- People were supported with meal preparation and eating and drinking in line with their preferences.

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

- The service worked with other agencies, identifying and reporting changes in need or potential risk, for example contacting people's social workers or GPs.
- The service worked closely with partners around transitions between care services. For example, one person had been supported to leave hospital after a prolonged stay and staff had worked closely with the professionals involved to make this a smooth process.

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

- People were supported to access other health care professionals, for example the dentist, physiotherapist and GP.
- Guidance from these professionals was incorporated into care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's care was delivered in line with MCA and best practice guidance.
- Staff had received training around MCA and DoLS and were able to tell us how they would respond if they had concerns about people's capacity.

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

- Everyone we spoke with told us that staff were kind and caring.
- Care plans contained information about personal choices and preferences. Choices were respected. For example, it was respected if people only wanted to be supported by staff of a certain gender.
- People were treated with respect and their individual needs supported. People and relatives told us that they built relationships with staff which meant staff had a better understanding of them as a person and their needs. One person told us, "Staff know if I'm having a good or bad day before I do." A relative told us, "They treat [person] like a person, like a human being. They've built a relationship."

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

- People were supported to express their views about the care they received.
- People said they had been consulted about their care. They told us they were regularly asked if care was being delivered as they would like it.
- People were involved in regular reviews of their care and knew the staff completing the reviews. They told us they felt confident to express their views at these meetings.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their individual needs supported. People told us they were offered support to do things themselves and given as much assistance as they needed.
- Care plans contained information about how staff should support people in a respectful way and with consideration of the person's skills and abilities.
- Staff told us they took care over people's privacy and dignity. For example, ensuring doors were closed when completing personal care tasks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. Care plans included bespoke information for each person which supported staff to care for people in a way which met their needs and preferences. This included information about people's routines, how they liked their meals prepared or what they chose to wear.
- Care plans were reviewed on a regular basis and were updated as and when people's needs changed.
- The service was very flexible and had changed visit times at very short notice to accommodate when people had professional visitors or appointments.

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 service was aware of and acting on the requirements of the Accessible Information Standard.
- Key information about the service could be made available in different formats to meet people's communication needs.
- People told us staff had strong communication skills. One relative told us, "They [staff] communicate really well, they know what to say and how to keep [person] calm." Another relative told us, "They [staff] really understand [person]. They take the time to understand."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service asked people who was important to them and supported them to maintain links with family members.
- Assessments included people's life histories as well as the current interests people had.
- Staff had taken time to understand people's cultures and beliefs and respected these.

Improving care quality in response to complaints or concerns

- The service had received no formal complaints and very few concerns.
- People told us they felt confident raising issues and satisfied the service would try to address these.
- The service used concerns reported to them to improve and develop the service.

End of life care and support

- No one was receiving end of life care. This aspect of people's needs was considered as part of the assessment process.

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 service was person centred and had a positive culture. People and relatives told us the service was planned around them and their needs.
- The registered manager and staff told us that one of the best things about the service was their commitment to the service's ethos of kindness. One staff member said, "When they say the foundation is kindness it's not just a word."
- This ethos was supported through regular awards given to staff who demonstrated kindness. A staff member told us, 'They show their staff respect and acknowledge their good work.'
- People, relatives and staff told us they would recommend the service to others. One staff member told us, 'I would definitely recommend Helping Hands to my own family. Everyone there is lovely, kind and friendly and will do anything possible to help clients and staff.'

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

- Quality assurance systems and governance arrangements were in place to identify areas for improvement and the actions needed to address them. Checks were made on the service to monitor standards of care.
- Staff understood their roles and the provider's expectations of them. Staff received guidance on the care tasks they were required to complete and had immediate support from staff at the office if they had any queries or any issues arose.
- The registered manager understood their duty of candour and the need to be open and honest if things went wrong.

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

- People who used the service told us they were asked about their experience of the service and they could influence how the service was delivered. The service gathered feedback using spot checks, telephone calls and surveys.
- Feedback on the service was mainly positive but any issues raised were acted on.
- People and relatives told us communication was good and they were informed of changes to their service. The service had live systems for monitoring visits and communicating any changes, this was manned by dedicated staff.

Continuous learning and improving care

- The service had a strong focus on continuous learning and a genuine drive to make the service better.
- Learning was shared with staff and they were given opportunities to suggest ways the service could improve. Staff felt this feedback was valued and used to develop the service. One staff member told us, 'The management are always approachable and listen to any suggestions, especially in team meetings which we have every month, where we are asked our opinions or if we have feedback etc to share.'

Working in partnership with others

- Staff and management worked collaboratively with partner agencies and health care colleagues to deliver joined up care. This included reporting concerns about individuals care and signposting people to other organisations for support.