

Midshires Care Limited

# Helping Hands Richmond

## Inspection report

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09 June 2022

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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 Richmond is a domiciliary care agency providing personal care to 20 people. The service provides support to older people and those with dementia.

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

People felt safe and that they were well cared for by the staff that visited them. Effective measures were in place for infection prevention and control. Any potential risks to people were reviewed, and the clinical team ensured there was clear guidance for staff.

Staff were recruited safely and received regular training and competency assessments. People were supported to access healthcare professionals when they needed to. Where people needed support with eating, drinking or meal preparation the service supported this.

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 respected people's diverse needs and treated them with privacy and dignity. People spoke highly of the care they received.

People received care that met their preferences and supported them to be independent where possible. Complaints were promptly responded to.

The service was well managed by a registered manager who took a person-centred approach. Staff worked together as a team and their development was encouraged by the provider. Quality assurance systems effectively monitored the running of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 November 2018)

### 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 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 Richmond

## 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

This 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 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 08 June 2022 and ended on 10 June 2022. We visited the location's office on 09 June 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 also analysed the provider electronic call monitoring system. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, a care co-ordinator and two care assistants. We reviewed five people's care records and two people's medicine administration records. We reviewed a range of documentation in relation to the service.

Following the inspection, we spoke with four people and/or their relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to help safeguard people from the risk of abuse. Staff understood their responsibilities. Comment included, "We would immediately report it to my manager, to see what they can help me to do." Staff were also aware of how to whistle blow. This enables staff to disclose and wrongdoings or concerns.
- Records showed that there were no open safeguarding concerns at the time of inspection. Any previous cases clearly detailed the action the provider had taken.

Assessing risk, safety monitoring and management

- Risk assessments were clear in guiding staff as to how to minimise the likelihood of risk occurrence. For example, pressure sore risk assessments clearly defined repositioning requirements and the impact should these not be followed.
- One person's risk assessment contained detailed steps as to how one person should be moved safely when transferring from their bed.
- Upon commencement of service the provider carried out health and safety risk assessments to review any potential risks when staff entered people's homes to deliver care.

Staffing and recruitment

- Staff were safely recruited. This included previous employment references, employment history and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People or their relatives told us that staff arrived on time for calls, or updated them with any lateness. One person said, "The staff are good and if they are running late they let me know" and "They turn up on time and stay the full duration."

Using medicines safely

- People received their medicines at the times they needed them. The medicines administration records (MAR) we reviewed were correctly completed. Medicines assessments detailed for staff what people's medicines were prescribed for and any potential side effects. Body maps were completed to show staff where creams needed to be applied.
- Staff understood their responsibilities in administering medicines safely. Staff told us and records confirmed that regular competency assessments reviewed staff abilities to administer medicines to people.

### Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The provider took clear and timely action to record, report and investigate any incidents or accidents. Any lessons learned were shared with staff through team meetings and briefings.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 prior to the commencement of service delivery. A clinical district nurse supported a review of people's clinical needs and ensured appropriate support guidelines were in place for staff.
- Assessments were carried out in line with best practice, such as the use of the waterlow score to assess the risk of pressure sores.

Staff support: induction, training, skills and experience

- Staff were regularly supported to receive the training required to carry out their roles. This was a combination of both online and classroom-based learning. Specific training was tailored to meet the needs of people they supported; such as the use of specialist equipment.
- Staff received Care Certificate applicable training. 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.
- Management ensured that staff received regular supervision to review and improve their care delivery. This incorporated spot checks to review staff competency.

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

- People were supported to maintain a balanced diet. Care records reflected any support people needed to eat and drink. One person said, "Basically, they make my breakfast and prepare my lunch. They will help with any preparation."
- Care plans specified people's meal choices and preferences as well as any support needs; such as the use of adapted cutlery.

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

- People were supported to access healthcare. Staff understood their responsibility in highlighting care people's care needs so that they received treatment in a timely manner. One staff member spoke to us about the use of the NHS 111 support phone line to query an issue with someone's medicines.
- People told us, "If I needed an [medical] appointment made, they would make one for me" and "We never have had to have a GP called, but I'm sure the staff would call for help if needed."
- People's care records clearly highlighted their healthcare needs and detailed how staff needed to support them with any changes. We saw that for one person a joint welfare meeting had been held with the

occupational therapist.

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 followed the MCA principles. People's consent to care was recorded within their care files. Staff knew the importance of supporting people to make choices.
- Staff told us, "It's protecting the customers, those who have capacity. To help them to make decisions." Records showed that best interests discussions were recorded where necessary.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 well cared for by the staff that supported them. They told us, ""The carers are very caring people; they do take pride in their work and they are very considerate" and "They are friendly, very good at their job and I cannot fault them."
- Where people had any religious or cultural needs staff supported them with these. Care records confirmed any religious beliefs and whether people were practising their faith.

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

- People and those important to them were consulted in the development and review of their support needs. On a day-to-day basis staff asked people to make choices, such as what they wanted to wear or to eat.
- A relative told us, "We had a meeting a while ago and we have changed the care package, which was easily done. I have nothing but praise."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They told us, "Any care in intimate areas, always ask, reassure them of what we're doing" and "When giving them [people] a shower I have to keep them covered and not expose them, close the door. Close the curtains."
- People were supported to be as independent as they could be in their day-to-day living tasks. Care plans detailed the tasks they were able to carry out themselves and where they needed additional support.
- A staff member said, "If a client tells us they can go to the toilet, trust they can but be around for support. Let them do the things they want to do. Some can get dressed without my help, most of the time I'll be at the side of the door and let them call me when they need me. Use their own will to decide if they want me to help."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 were involved in planning their care so that it reflected their choices. This included a person's life and background so that staff could be familiar with their family life and history.
- The registered manager told us, 'It's a person-centred approach and meeting needs from the care plan with customer at the centre. Always give them opportunity to decide for themselves, make sure we are involving families.'
- The people we spoke with knew they had a care plan, and told us that if their needs changed the service ensured these records were updated.

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 assessed people's communication needs to ensure they were able to fully support them.
- Where people required the use of interpreters the provider utilised a phone or text service. People had access to easy read information, braille, audio & video devices.

Improving care quality in response to complaints or concerns

- An appropriate process was in place to manage and concerns or complaints. People told us, "Yes, I do know how to make a complaint, I can ring the office and speak to someone there" and "I'm aware of how to raise a complaint with the service."
- Complaints were appropriately responded to and the provider ensured their response was recorded and any learning was shared.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 culture of the service was empowering. Staff were positive about the support they received from the management team. Comments included, "Very good, very supportive" and "Amazing, I feel supported with everything. It's great to know if something's not right or you need help with anything you have someone right next to you."
- People and their relatives told us they knew management and that they were approachable. The staff spoke positively of how they worked as a team.
- The provider was inclusive of their staff across the company. This included regular staff awards, a monthly newsletter and career development training.

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

- The registered manager understood how to monitor quality performance. They told us, "I have to ensure my service is safe, that compliance is up to date, not only the system but that customers are satisfied. A person-centred approach and meeting needs from care plan with customer at the centre."
- Regular audits were conducted to review records and ensure any errors were promptly rectified. We reviewed any action plans and found that these were effective in improving service delivery.
- The Care Quality Commission was informed of any important events as they occurred.

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 how to manage their response under the duty of candour. Where mistakes occurred, the registered manager knew to apologise, as well as to investigate and respond.

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

- People and their relatives were invited to share views on their care. This took place through telephone calls as well as through regular surveys.
- Staff had access to webinars and wellbeing support. In addition to this the provider utilised electronic device applications to provide guidance.

Continuous learning and improving care; Working in partnership with others

- The provider utilised opportunities to develop and improve the service. This included regular review of staff skill set to ensure they were competent and able to support the evolving needs of people using the service.
- The provider worked alongside healthcare professionals and local agencies to ensure continuity of care.