

Midshires Care Limited

Helping Hands Sunderland

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 Sunderland is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 30 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 their relatives were overwhelmingly positive about the care they received. One person said, "I have every confidence in the ability of the staff who come, and I trust them."

Care plans were detailed and included risks assessments. Medicines were managed safely. People were safeguarded from abuse. Effective infection prevention and control systems were in place.

Care was personalised and responsive to people's needs. 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 received regular training, supervision and appraisal. Staff worked with external professionals to ensure people received the support they needed. The registered manager and provider had effective governance systems in place. Feedback was regularly sought and acted on. Lessons were learnt and shared with staff.

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 21 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by the length of time the service had been 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 Sunderland

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of 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 homes.

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 announced the inspection. This was because the inspection took place remotely.

Inspection activity started on 10 June 2022 and ended 5 July 2022.

What we did before the inspection

We reviewed the information we had received about the provider since it registered with CQC. We sought feedback from the local authority. 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 service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We requested and reviewed care records remotely. We interviewed the registered manager and contacted three staff members by email and telephone. We spoke to seven people who use the service and three relatives of people who use the service.

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 safe. The provider had policies in place to help keep people safe from abuse. One person said, "Of course I feel very safe with the [staff] who come to see me."
- Safeguarding concerns were recorded, reported and investigated appropriately. Staff were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff. One staff member said, "The office staff are really helpful and will email you policies when needed, or we can go to the training room to get them."
- Staff had completed safeguarding training.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks were thoroughly assessed, and actions were put in place to keep people safe. Care plans included information about risks such as nutrition, pressure care, and medication and how they should be managed.
- Systems and processes were in place to learn from accidents and incidents. Lessons learnt were shared with staff to reduce the risk of reoccurrence.

Staffing and recruitment

- Staff had been recruited safely, in line with best practice guidance. Disclosure and Barring Service (DBS) checks had been carried out on all staff. 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 suitably trained staff to provide support to people who use the service. Sometimes staff absence put pressure on staffing, however there was a team spirit and staff covered each other to ensure people still received care.

Using medicines safely

- Medicines were managed safely. Medicine records were electronic and clearly detailed what medicines people needed to take and when they needed to take them. 'As and when required' medicines were administered safely.
- Medicines audits were carried out regularly. Where issues were identified they were rectified quickly.

Preventing and controlling infection

- The provider had procedures to promote safe infection control practices. Staff had received training.
- The management team carried out spot checks on staff. Quality assurance surveys carried out with people and their relatives showed staff wore PPE correctly.

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 and their relatives were involved in assessing their needs and deciding how their care was provided. People's social, religious and cultural preferences were included in their care records.

Staff support: induction, training, skills and experience

- Staff were suitably supported and trained. They had the skills and experience needed to provide good quality care to people.
- One person said, "The two carers who come to help me certainly know what they are doing, particularly when they move me. They are very professional." Another person said, "I have every confidence in the ability of the staff who come, and I trust them."

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

- People were supported to eat and drink enough, where required. People's care plans described the support they required and included risk assessments for nutrition and hydration if needed.
- One person said, "[Staff] always ask me if I want an extra cup of tea before they leave."

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

- Staff worked well with other health and social care professionals involved in people's care such as district nurses.
- One person said, "If [staff] think I need to see the GP they will discuss it with me and phone my daughter to organise the appointment."

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

- There were no people who were deprived of their liberty using the service at this time.
- The provider followed the requirements of the MCA. Staff asked people for consent before providing care.
- One person said, "[Staff] put me at ease ... [staff] always listen to what I have to say." Another person said, "[Staff] help me out of bed so carefully and always ask if I am comfortable with what they are doing."

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

- Care staff treated people well and respected them. All relatives and people we spoke to were complimentary about the carers, office staff and managers.
- People and relatives told us care staff knew them well. One person said, "I would say the care is excellent. [Staff] make sure that you feel you are the most important person they care for." Another person said, "The carers are all very polite and we have some good laughs which brightens my day."

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

- People and their relatives were supported to make decisions about their care. The management team undertook regular reviews to check people's care and support still met their needs.
- One person said, "The girls understand how I like things done." A relative said, "The carers do understand what makes [person] tick. They have a really good relationship."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Care staff supported people to maintain and improve their independence.
- One person said, "I'm limited because of my condition but the carers have done much to help me improve." Another person said, "[Staff] treat me with the utmost respect." Another person said, "[Staff] are more like friends to me."

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 had been planned around their individual needs and preferences. The management team undertook regular reviews of care records. Care packages had been adapted as people's needs changed.
- One person said, "I get regular visits from the manager or her assistant to make sure everything is working for me."

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 made information available in different formats when needed. One person didn't speak English and staff used technology to communicate with them when carrying out care.
- People's communication needs were discussed and recorded in their care plan. This was available for staff at all times

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

- People were supported to follow their interests and take part in activities. Activities included doing crosswords, going to the hairdressers and have a chat.
- One person said, "[Staff] take me out for a walk or they help me with my shopping."

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy in place. Complaints were acted upon quickly and effectively.
- None of the people we spoke to had made a formal complaint. One person said, "The office is very helpful. I said I would prefer mornings and [staff] made it happen."

End of life care and support

- People received compassionate care at the end of their lives. Detailed documentation and support was in place for people. This included information about who they wanted present at the end.

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; working in partnership with others

- The service had a very positive culture. One person said, "It is a well-managed operation." A staff member said, "We have an amazing team here."
- The management team were passionate about person-centred care. One of the management team said, "I always ensure new staff know the importance of personal centred care."
- The registered manager and staff worked effectively with other healthcare organisations when needed. A number of people said staff would contact other health professionals for them whenever needed.

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

- Staff understood their roles. Staff all said they enjoyed working for the service and providing good quality care.
- The registered manager and provider carried out a range of quality assurance audits to monitor and improve standards at the service. Where issues were identified, prompt action was taken to address them.
- Staff understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

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

- The management team engaged with people and staff to gather their views. Quality assurance calls were made to people and their relatives to ensure the care they received was appropriate and effective.
- People's equality characteristics were considered in care planning and in regular care plan reviews.
- One person said, "The manager has been round to check that I am happy with the care."

Continuous learning and improving care

- The provider had systems and processes in place to monitor the care people received. Audits and quality assurance checks were carried out on care planning, medicines and spot-checks on staff. Issues identified were shared with staff, to reduce the risk of reoccurrence in the future.
- A trend was identified in medicines recording errors, staff were brought in for a training day and the errors have not reoccurred.

