Midshires Care Limited

Helping Hands Maidstone

Inspection report

2 Royal Star Arcade
High Street
Maidstone
ME14 1JL

Tel: 01789762121

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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 Maidstone is a domiciliary care service registered to provide personal care for older people, people who live with dementia, people who have learning disabilities or autistic spectrum disorder and people who misuse drugs and alcohol. Not everyone who used the service received personal care. The Care Quality Commission (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 28 people were receiving personal care.

People's experience of using this service and what we found
People and their relatives were positive in their feedback about the service and said they would recommend them to others. Comments from people included, "The best I've had, have confidence the agency will deal with issues", "So friendly, they are my mates [staff]. They help make me look gorgeous, we have a laugh" and, "I find them brilliant." A relative said, "So far, nothing they could do better, much better than the previous agency."

People felt safe receiving support from staff they knew well. People's needs were assessed prior to receiving care and, this information was transferred into their care plan. Staff understood the importance of meeting people's needs, wishes and preferences. People were involved in the development and review of their care plan.

People were supported to manage their medicines safely with support from trained and competent staff. Potential risks posed to people and staff had been monitored and minimised. Internal and external risks within people's properties had been assessed. Action was taken to reduce the reoccurrence of accidents.

Staff followed guidance from healthcare professionals to ensure people remained as healthy as possible. Staff were knowledgeable about people's specific health needs. People, if required, were supported to maintain their nutrition and hydration.

People's likes, dislikes and personal histories were recorded within their care plan. People's privacy and dignity was protected whilst encouraging people to be as independent as possible.

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 felt supported in their role by the management team and were given the training, support and guidance they required, to fulfil their role. Staff had been recruited safely with checks in place reduce the risk of unsafe staff working with people.

People's feedback, concerns and complaints were listened to and acted on. There were a range of checks and audits in place to promote a high-quality service and continuously improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 18 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Helping Hands Maidstone

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an assistant inspector who made telephone calls.

Service and service type
Helping Hands Maidstone is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission (CQC), the previous registered manager left in December 2019. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been recruited and had applied to the CQC to become the registered manager.

Notice of inspection
This inspection was announced. We gave the service five days' notice of the inspection. This was because we needed to be sure that the manager would be in the office to support the inspection. We also needed to gain people's consent to being contacted for their feedback.

Inspection activity started on 10 February 2020 and ended on 18 February 2020. We visited the office location on 13 February 2020.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the agency. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the manager, two care staff and a care co-ordinator.

We reviewed a range of records. This included six people's care plans, risk assessments, daily care records. We looked at three staff files in relation to recruitment and staff support and supervision. We also saw a variety of records relating to the management of the service, including a sample of audits, quality assurance surveys, accidents and policies and procedures.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe with the care staff who they knew well. People said staff always wore a uniform and carried an identification badge which made them feel safer. Comments from people included, "I feel very safe yes. I have a key safe in case I can't answer the door" and "I feel completely safe."
- Staff had been trained and understood the importance of raising any concerns or suspicions they had. Staff followed the provider's policy and procedure and had access to a confidential whistleblowing number should they wish to raise any concerns anonymously.
- The management team were aware of when and how to raise concerns with the local authority. Records showed a safeguarding had been raised when concerns had been identified regarding self-neglect.

Assessing risk, safety monitoring and management

- Potential risks posed to people had been assessed, monitored and recorded. Risk assessments were linked to care plans and detailed the support required from staff to reduce the risk. For example, risks relating to mobility, medicine support and keeping the person's skin healthy. A relative said, "They watch him carefully when walking as he can be a bit wobbly."
- People's home environments had been assessed for potential risks such as, potential trip hazards. People and relatives told us that at the start of the service a member of the management team completed an assessment of their living area and any external risks such as, lighting or uneven surfaces.
- A record was kept of any equipment people used such as, a hoist for moving and when this had been serviced, to ensure it was in good working order.

Staffing and recruitment

- People told us they were given copies of the staff rota so they knew who would be supporting them. People said they received a reliable service and they would be informed if the care staff would be late.
- People's care calls were allocated in advance to enable consistency with the same carers. Systems were in place to cover any emergencies such as staff sickness to ensure people that required care, still received it.
- Staff were recruited safely, completing checks to minimise the risk of unsuitable staff being employed. Staff completed an application form giving a full work history, references were obtained, identity checks and Disclosure and Barring Service (DBS) background check. DBS checks help employers to make safer recruitment decisions. Checks were made to ensure care staff had the correct car insurance and driving licence.

Using medicines safely

- People received their medicines safely from trained staff whose competency had been assessed by a

member of the management team. Staff followed specific guidance in relation to each person's support required with their medicines.

● Relatives told us staff administered their loved one's medicine on time and appropriately; completing the appropriate paperwork. One relative told us their loved one's medicine was time specific and that the care staff were aware of this and ensured the medicine was given on time.

● People's medicine administration records were audited by a member of the management team on a regular basis. Staff were observed through spot checks when administering people's medicines to make sure they were following best practice.

Preventing and controlling infection

● People confirmed that care staff always washed their hands, wore gloves and aprons when supporting them with personal care and when preparing food. Relatives said they observed care staff using aprons and gloves and disposed of any continence aids appropriately.

● Staff had been trained and understood the importance of reducing the risk of cross contamination and reducing the spread of infection.

Learning lessons when things go wrong

● Incidents and accidents involving people and staff were monitored and recorded. Investigations took place to identify any patterns or trends; action was then taken to prevent a reoccurrence. An example of this was the corner of a vanity unit being sanded down when a person caught their arm on it.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 with them, their relatives and a member of the management team prior to receiving any care from the service. This was to ensure their needs could be met by the care staff. Assessments were detailed and included both people's needs and their preferences. One person said, "The agency asked what was important to me and this was reflected in my care plan. For example, my interests in playing and watching tennis and fashion."

● People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs, expressing sexuality and emotional support. This information was transferred to the care plan which outlined the support required from staff. People were treated as individuals with their needs and wishes were respected by staff.

Staff support: induction, training, skills and experience

● People and relatives said staff knew how to meet their needs and felt they were well trained. Comments from people included, "I have confidence in staff skills and level of training" and "I feel staff are trained and new carers are 'kept up to speed'."

● Staff said they received the training, support and guidance needed to fulfil their role and meet people's needs. This was through a variety of methods including regular training and refresher training, supervisions, spot checks and annual appraisals. One member of staff told us they had requested additional training using a piece of equipment; this had been actioned and the member of staff felt confident using the equipment.

● New staff completed an induction which included time to read people's care records and working alongside experienced members of the team. 'Assessment days' were held within the registered office and included completion of the provider's mandatory training, policies and procedures and the contract of employment.

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

● People's needs were assessed in relation to the support they required from staff to maintain their nutrition and hydration. Care plans contained detailed guidance of the support people required with their meals. Some people required jugs of drinks to be left within their reach at the end of their call. Other people required staff to prepare breakfast, lunch and dinner of their choice. People told us this happened.

● People said they were happy with the meals prepared by staff; and staff offered them a choice of their meals depending on what was available within their house. One person said, "They get my breakfast and give me a choice."

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

● People said staff looked after their health and contacted relevant health care professionals to ensure they remained as healthy as possible. One person told us staff arranged for them to attend the hospital for an appointment when they needed to. Relatives said they were kept informed if their loved one was unwell or not their usual self.

● People's health needs were identified in the initial assessment. Staff worked alongside and followed guidance from health care professionals to improve people's health, mobility and well-being. For example, guidance from an occupational therapist detailing how to support a person when they were mobilising.

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 Act 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People told us, and relatives confirmed, staff asked for consent prior to any care or support. One person said, "They ask my permission and explain what they are doing." A relative told us staff respected their loved one's choice when they refused personal care however, it was recorded in their care plan to try again later during the call; this was followed by staff.

● Staff understood the MCA and DoLS and confirmed they had received adequate training. Staff understood that people had the right to make decisions and were supported to make what people felt maybe unwise decisions. Staff said they supported people to make daily choices such as, what they wanted to eat and wear.

● Records were kept of directives by the Court of Protection when appointees were responsible for making decisions about people's health, welfare or finances. Best interest meetings had taken place involving people, their loved ones and health professionals when specific decisions had to be made.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 spoke highly of their care staff. Comments included, "All carers are very nice. I find them brilliant", "I am very pleased, they are all nice and kind, very satisfied with the care" and, "They are pleasant and chatty, we talk about families together."
- Relatives said the staff were kind, caring and knew their loved one well. Comments included, "Really lovely carers, [loved one] has always been more than happy" and, "The carers are respectful and quite fond of him. He always has a big smile on his face when they come."
- People's care plans included information about their life history, likes and dislikes and staff were knowledgeable about these. A relative said their loved one had an interesting life and repeats stories of this; they said, the care staff always listen and show an interest.

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

- People were supported to be actively involved in the development of their care plan and how their care needs were met. Information gathered at the initial assessment was transferred into the person's care plan.
- People's views continued to be sought through care review meetings and quality assurance reviews. Any changes that were required were made immediately through the electronic system to ensure the person's care plan had instantly been updated.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their privacy and dignity. Staff gave examples of how they achieved this during personal care such as, closing door, curtains and covering people with towels as much as possible. Relatives confirmed this was common practice for staff supporting their loved one.
- People said staff encouraged them to do as much for themselves as possible. One person said, "They do not rush, they are always very careful and respect that I can do things for myself." People's care plans promoted their independence and informed staff what people could do for themselves and the support they required from staff.
- Staff understood the need for confidentiality and understood the importance of keeping people's personal information confidential. Information about people was stored electronically and kept confidential. Electronic records were password protected which meant only people that were authorised could access them.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 told us staff were responsive to their needs and provided them with person-centred care. Care plans were individualised to the person's needs and wishes. For example, people were asked for the gender preference for their care staff; this was respected by the care coordinators. People told us, they felt fully involved with planning care and support with support from their loved ones.

● People's care plans were reviewed with them and their relatives to ensure they continued to meet their needs. One person told us that during their review they had set goals to become more mobile with support from staff. A relative said, "We had a recent review and checked everything was in order in the folder; we updated details such as, a telephone number."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were assessed, and action was taken to provide information in an accessible way. Documents were available in larger print and an easy read pictorial format.

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

● Some people's care package included staff support with activities in the local community. One person told us staff had supported them to attend an exercise class, they said, "It has made a massive difference having their support when travelling."

Improving care quality in response to complaints or concerns

● People told us they knew how to make a complaint and information about this had been included in the customer folder, kept in their home. People felt confident any complaints they raised would be taken seriously. Some people said informal concerns they had raised had been dealt with promptly by the office staff.

● A policy and procedure were followed when any concerns or complaints were made; this included an investigation and a conclusion with any actions. Records showed people's complaints had been listened to and acted on. For example, one person had raised a concern about staff training; a letter was sent to reassure the person that staff had been trained and were completing another refresher course.

End of life care and support

● At the time of our inspection no one was receiving care at the end of their life. The service had previously supported a person who wished to remain in their own home. Staff worked alongside the district nursing and local hospice team. Care staff attended end of life care training to further develop their knowledge and skills.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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; Continuous learning and improving care

- The new manager had transferred from another of the organisation's branches, where they were the registered manager. They had applied to the the Care Quality Commission (CQC) to become the registered manager of this branch. The manager was supported by a management team within the registered office including, a care coordinator and an area care manager.
- Each role had an individual job description and contract of employment informing staff of their role and its responsibilities. Staff were clear about their responsibilities and who they were accountable to.
- Systems were in place to monitor and improve the quality of the service people received. The management team completed a range of audits which included, people's log books, people's care records, staff files and incidents and accidents. This was recorded on a live working document that was accessible to the senior management team as well as the branch management team. Any shortfalls were acted on and rectified promptly to improve the service people received.
- The management team had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as a serious injury or allegations of abuse.
- It is a legal requirement that an agencies latest CQC inspection report rating is displayed at the registered office where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered provider had clearly displayed their rating within the registered office and on the organisation's website.

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

- People and relatives told us they had been advised of the recent changes in management and that the new manager had written a letter to introduce themselves. The new manager had planned to go out into the community to meet people in person and introduce themselves face to face. One person said, "I feel the agency would be managed well with the new manager." A relative commented, that communication had improved since the new manager had started.
- Staff spoke highly of the new manager and felt there was an open culture where they were kept informed about what was going on. The new manager had started monthly team meetings to get to know the staff and provide them with any updates or guidance that was required.

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

characteristics

● People and their relatives were involved in the development and review of the service and the quality of service they received. Regular telephone surveys and spot checks were completed by the management team; these gave people the opportunity to raise any concerns they had or make suggestions for improvements.

● Annual surveys were sent out to people from the organisations head office. These anonymous questionnaires enabled people to give feedback about the service they received and individual staff. Staff were individually written to if they received a compliment following the questionnaires.

● The branch organised events where people were invited giving them the opportunity to meet the office team and other people receiving support. These events included, a Christmas meal and an afternoon tea.

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 manager and senior management team understood their responsibility in line with the duty of candour. There was a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.

● Systems were in place to ensure that any accidents or incidents were investigated to see if any lessons could be learnt to prevent a reoccurrence.

Working in partnership with others

● The management team recognised the importance of working in partnership with other agencies. This was to ensure people received 'joined up' support. This included liaising with the local authority, healthcare professionals and commissioners who purchased some of the care people received.