

Midshires Care Limited

Helping Hands Southport

Inspection report

139 Eastbank Street
Southport
PR8 1DQ

Date of publication:
23 August 2022

Tel: 01704339073

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 Southport is a domiciliary care agency that provides personal care to people in their own homes. At the time of the inspection 37 people were 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 confirmed they received their medications and calls on time. Staff knew how to report safeguarding concerns and staff were recruited safely. People told us they felt safe receiving care from Helping Hands Southport. Comments included, "They are ten out of ten" and "I feel safe knowing my relative is well looked after." There were comprehensive risk assessments in place which were tailored to reflect each person's assessed need.

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 were supported to eat and drink where needed. Staff were trained, supervised and appraised in line with the providers policies.

Care plans were person centred and reflected the needs of each person. Routines were discussed with people, and they had been involved in completing their care plans. People's diverse needs were catered for. Staff treated people with kindness, compassion and dignity." People confirmed they were involved with decisions regarding their care and support, including a choice of which staff would support them.

Relatives confirmed communication from staff was good, and staff supported people to make healthcare appointments where needed. There was a process in place to respond to complaints. Staff were trained in end of life care.

There were audits and quality checks in place, complete with action plans when improvement was identified.

The registered manager understood their role and responsibilities and had reported all notifiable incidents to CQC as required.

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 6 May 2020 and this is the first inspection.

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 good

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 Southport

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 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 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 gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 30 June 2022 and ended 1 July 2022.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since it registered with us. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We reviewed this information on 30 June 2022.

We spoke with three people using the service and two relatives about their experience of care by telephone. We also spoke with the registered manager and gathered information from three members of staff by telephone.

We looked at four people's care records and a selection of other records including quality monitoring records, recruitment and training records for three staff members.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff recruitment procedures were safely managed and all the required pre-employment checks were completed.
- Staff said rotas were well organised and their call times were evenly spaced so they did not have to 'cram calls in'.
- There were enough staff to provide a safe and consistent service.

Using medicines safely

- Medication processes and systems were in place to ensure people received their medications safely.
- When people needed medication as and when required, often referred to as PRN medication, there was a separate plan in place to guide staff.
- Medication was stored in a designated area of the person's choice. We saw that, if the person lacked capacity to make the decision about where their medications were stored, this was made on their behalf following a best interest processes in line with the Mental Capacity Act 2005.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse..
- Safeguarding referrals had been made by the registered manager when required and investigated where appropriate.
- Staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse.

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

- The registered manager had concise, detailed and clear risk assessments in place for each person.
- People and relatives told us they felt safe using the service. Comments included, "Staff are very kind and caring, they make [relative] feel safe" and, "They are very caring, and I feel safe knowing my relative is well looked after."
- There was an electronic call monitoring system (ECM) in place where staff were required to 'log in' to visits using a smart phone. This system worked effectively to ensure visits were not missed.
- Each person's care plan had an environmental risk assessment which had been completed at their homes before the care staff attended. This focused on risks in the environment, such as smoking, poor lighting and flooring.
- There were clear processes in place to ensure lessons were learnt following accidents and incidents.

Preventing and controlling infection

- Infection control procedures were well managed.
- Staff had received training around COVID-19 as well as additional preventing and controlling infection training.
- People told us that staff wore appropriate PPE when carrying out hygiene and personal care duties and had good hand washing techniques to minimise the spread of infection. One person told us, "They come in wearing their PPE."
- Staff took part in routine COVID-19 testing in line with current national guidance.

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.

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

- People's care records contained detailed information about the level of support they needed with food and drink preparation. This varied from staff making people snacks and sandwiches, to bringing them roast dinners on a Sunday.

Staff support: induction, training, skills and experience

- Staff had completed training courses to enable them to fulfil their roles effectively.
- The completion of training was monitored by the registered manager, and staff were booked onto refresher courses when needed.
- People we spoke with confirmed the staff had good skills, knowledge and experience. We saw how staff were trained to be able to support a person to manage their percutaneous endoscopic gastrostomy [PEG] care. A PEG is a flexible feeding tube which allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one subject to deprivations on their liberty. The provider demonstrated they knew how to assess people's capacity if they lacked capacity to make certain decisions.
- Capacity assessments had been undertaken as part of the assessment process and this was documented

in people's care plans, including what choices they could make, and where they required additional support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were well assessed, and their support preferences were reflected in the records we viewed.

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 by staff to access healthcare services and seek out support if they needed it.
- People told us staff would always offer to come back to see them or call their relative if they did not feel well during a visit. One relative said, "I would call the office for help."
- There was information recorded in people's care records to show staff had contacted district nurses and GP's on people's behalf when they felt unwell or required further advice and support.

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 ; Respecting and promoting people's privacy, dignity and independence

- Care plans reflected people's choices and their diverse needs.
- People provided positive feedback about the caring nature of the staff. One person told us how the service was "by far the best" they had been involved with. They commented on the caring and professional nature of the staff and the registered manager and told us "They just have it right." Other comments included, "They are ten out of ten", "I cannot fault them" and "They are just lovely people."
- One relative told us how the service had respected their family members choices around their care and support, and understood they sometimes had 'bad days' and respected this giving them much needed space.
- Care plans were written in a way which highly respected people's physical and mental health needs. There was emphasis on encouraging people to do tasks for themselves where able.

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

- People had signed their own care plans where they were able to, and told us they had been involved in the completion of their care plan. For some people, family has signed on their behalf if they were legally allowed to do so.
- People and relatives had access to care plans. One person said, "I can view my relative's information anytime I want to."

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.

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 contact their relatives and friends if this was something they wanted to do.
- People told us staff happily supported them to attend appointments if they needed to. People also said the registered manager would visit them at home while they were ill to ensure they felt reassured.
- The registered manager had invited people to the office to attend a party to celebrate the Jubilee, this included networking with others to prevent social isolation.

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.

- Information, such as the service user guide, was available in different formats to support people's understanding.
- Some people's care plans were written in a way which they could understand.

Improving care quality in response to complaints or concerns

- There was a complaints procedure, however no complaints had been recorded. There was a system in place to ensure improvements were implemented as part of learning after a complaint.
- Everyone we spoke with said they knew how to complain.
- There was a complaints policy in place which was available in different formats to support people's understanding.

End of life care and support

- Staff had undergone training in end of life care.
- People's end of life wishes were discussed with them as part of their care plan. There service was not providing end of life care at time of our inspection.

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

- Each person's care plan was written in a way which was meaningful for them.
- There was attention to detail recorded within the care plans that reflected people's preferences and routines. For example, what clothes they like to wear, how they like to be supported, if they needed glasses

or hearing aids.

- Information was recorded about people's likes, dislikes and their backgrounds, such as what they liked to talk about during their care call, and what they liked to watch on TV or listen to on the radio.

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

- Managers were clear about their roles and responsibilities in accordance with reporting notifiable incidents to CQC.
- Incidents and accidents had been promptly reported to CQC when required, and the incident log showed that remedial action was taken to help mitigate re-occurrence and how learning had been implemented across the service.

Continuous learning and improving care

- The registered provider was committed to ongoing investment to achieve continual improvement.
- A recent full audit of the service had identified the need for more information to be added to care plans, this had been actioned and updated accordingly.
- Inspections at other locations had been used to drive improvement to quality and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others ; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People confirmed they knew who the registered manager was, and felt the service was well led. One person said, "The manager is nice."
 - The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.
 - When referrals to other services were needed, such as the GP, we saw these referrals were made in a timely way.
 - The registered manager and registered provider ensured people's views and opinions of the service and the support they received was sought and obtained.
- 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 was aware of their responsibilities around Duty of Candour legislation. There had been no specific incidents which required them to act on that duty.