

Midshires Care Limited

# Helping Hands Cosham

## 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 - Cosham is a domiciliary care agency registered to provide personal care for people due to old age, illness or disability. At the time of inspection, the agency was providing care to 11 people living in Portsmouth and surrounding areas of Hampshire.

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 told us staff cared for them with kindness and compassion. People were supported by a team that were passionate about providing person centred care, using person centred information. People and their families spoke positively about the care they received, and the competence of the staff employed by the service. People felt safe while being cared for and spoke of being involved in creating their care packages. People were supported to meet their nutritional and medication needs where appropriate and infection prevention and control procedures were followed.

People's support plans reflected their individual needs and preferences, while any risks had been identified and managed. Staff were supported by an experienced management team, who were committed to identifying and meeting staff's training needs. This helped reduce risks to people while maintaining their independence and diversity.

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.

Safe recruitment practices were followed and appropriate checks were performed. This ensured that only appropriate staff were employed to provide care in people's own homes. There were enough staff to provide care to people and plans were in place to recruit alongside supporting new people, to grow the service. Staff told us they received regular supervision and training, which supported them to provide care.

People and staff were able to contact the management team and were happy with their response in the event of raising concerns. Appropriate systems were in place for investigations to be performed when necessary and staff had the relevant knowledge to learn lessons and identify trends and patterns.

There was a passionate team, led by the registered manager, whose aim was to provide person centred care to people in a dignified and respectful way. There were quality assurance systems in place to obtain feedback and make necessary improvements.

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

#### Rating at last inspection

This was the first inspection at this service. The service registered with us on 29 June 2020 and went into voluntary dormancy on 23 September 2021. The service resumed following dormancy on 26 April 2022.

#### 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 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 Cosham

## 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 completed by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 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 4 July 2022 and ended on 25 July 2022. We visited the location's office on 7 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 used all this information to plan our inspection.

During the inspection

We spoke with two family members of people who received care and support. We spoke with the registered manager, care co-ordinator, two care training practitioners and one care staff. We reviewed a range of records including daily care records, support plans and risk assessments. We also reviewed a variety of records relating to the management of the service, including recruitment records, quality assurance records, training and supervision information, along with policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 told us they felt safe being supported by staff at Helping Hands Cosham. One family member told us, "I feel they [people] are safe with staff, I don't worry when I go out."
- Appropriate systems and processes were in place to protect people from the risk of abuse. For example, the provider had a robust safeguarding policy in place and staff confirmed they were aware of this and had access to it.
- The registered manager was aware of their responsibilities to safeguard people from harm and abuse.
- Since returning from dormancy, there had been no safeguarding concerns raised. We spoke with the registered manager about this, they were able to describe the correct processes and procedures to follow in the event of a safeguarding concern.
- The registered manager had oversight of tasks completed during care calls. Allocated tasks were documented for staff to follow, if not completed the office had a system in place to identify this and - act on it.
- People were supported by trained staff who described being confident with identifying and reporting abuse. One staff member told us, "We have a duty of care to keep people safe. We would gather evidence, investigate and refer as necessary." Another staff member told us, "If I'm ever not sure, I can talk to colleagues or my manager for guidance."

Assessing risk, safety monitoring and management

- Risks to people with specific medical conditions were not always identified. There was information in people's support plans which identified medical conditions, however, there was not always enough detail in care plan to reduce risks to people. We discussed this with the registered manager who took action to update care plans where necessary to keep people safe.
- There were systems and processes in place to mitigate risks to people. Support plans identified risks to people and had information for staff on how to mitigate these risks. The risks identified included falls, skin integrity, nutritional needs and environmental risks. Staff told us they had access to information which enabled them to safely manage risks to people.
- The registered manager understood people's individual risks. Regular reviews of the information recorded took place. Because the service had recently returned from dormancy, minimal reviews had been completed at the time of inspection, however, there were systems in place to ensure this occurred on a regular basis going forward.
- Business continuity plans were in place to ensure smooth running of the service in the event of any incidents or strains on the service. When necessary, the service had identified people who had a high level of

need, so required priority care.

- Staff were aware of how to support people with positive risk taking. There were examples of care staff supporting people to take positive risks which could improve their quality of life and independence. For example, one person enjoyed alcohol with their meal, there was a risk assessment in place, which enabled them to safely manage their choices.

#### Staffing and recruitment

- Recruitment practices were not always safe and effective. We reviewed four recruitment records and found the necessary recruitment checks were completed, however, one record had gaps in the employment history. We spoke with the registered manager, who escalated this to the relevant department. Since the inspection, the internal system has been updated to ensure all gaps in employment history are explored.
- The service had a comprehensive induction programme for new staff. This included face to face training, online training and shadowing senior care staff before working alone in the community.
- Enough appropriately skilled staff were on shift to provide care to people safely. There was a small team due to recently returning from dormancy, however, the registered manager described plans to expand the staff team and was actively recruiting. The registered manager had a system in place to ensure the service only took new care packages if there were enough suitably qualified staff to safely provide support.
- People were cared for by trained staff who had completed mandatory training. The care training practitioners and care co-ordinator worked alongside care staff and completed regular assessments to ensure competence of staff to enable them to keep people safe. If any concerns were raised there were systems in place to follow to ensure practice improved.

#### Using medicines safely

- PRN protocols were in place where appropriate, however, did not always include instructions for staff to follow to administer varying doses of medicines. For example, where instructions read 5-10mls, there was no clarity for how staff were to decide if 5 or 10mls should be administered. We spoke with the registered manager, about this, who took immediate action to include the required information.
- Systems and policies were in place to ensure safe administration of medication where required. Staff confirmed they had access to these policies.
- Staff received medication training before administering medicine support to people. There was also a system in place for competency assessments to be carried out regularly with staff. Staff confirmed this.
- Medication records were completed on the online recording system. This allowed oversight to highlight if any medicines were late or missed, which helped to keep people safe. The service had identified all time specific medications, and these were recognised on the task allocation and online MAR system. If a task was not completed on the MAR system, office staff would be aware and able to follow up.
- Staff told us how they would manage a medication error. Staff were aware of their responsibilities with medication administration and were able to describe the actions they would take in the event of an error.
- There were people being supported who required additional support with medicines for specific medical conditions. The service had identified this and ensured support was in place.

#### Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection and staff had received appropriate training around this.
- There were adequate supplies of PPE in the service and staff knew when and how to use this from the training they had received.
- People told us staff wore PPE when providing care.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing lateral flow device testing for people using the service

and staff. The management team had a system in place to collate and record staff test results.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Concerns were identified during the audit process and the registered manager was able to describe the investigation, actions taken and outcomes. There was not however, a clear documentation trail reflecting this. We discussed this with the registered manager who advised they would implement this going forward.
- There were formal procedures in place to record and investigate any incidents, accidents or complaints. The registered manager was able to demonstrate robust systems and explained how this helped to identify trends across the service. This information was then used for ongoing learning.
- The registered manager knew how to access support from external professionals when additional guidance was required.
- When lessons were learnt, they were shared with staff. There were regular staff meetings which enabled open communication. One staff member told us, "It's a good time to talk about what's working and not working for staff and customers." This supported continued learning on how to improve care to people.

# 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 was 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

- Peoples needs were holistically assessed and reviewed regularly in line with best practice guidance and the law.
- People's protected characteristics were explored during the assessment process for example, there were questions in relation to protected characteristics such as religion, gender and disability.
- Prior to accepting a care package, an assessment ensured people's needs could be met. At the time of inspection, the service was restricted with new care packages due to staffing levels. This had been recognised by the registered manager and a plan was in place to recruit more staff alongside people, so additional packages of care could be taken on safely.
- Peoples support plans reflected their individual needs and choices. There was evidence in the support plans of peoples input into their care. One family member told us, "[Person] doesn't really understand, I understand and am involved."
- Staff told us that the support plans were detailed enough to enable them to provide care to people. All information was available to staff electronically, with tasks attached to each visit, which reflected people's individual needs and choices. For example, one staff member said, "When I go in to see someone, I can access all their records, even the entries for the visits before me, so I know exactly what has been going on."

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training to enable them to carry out their roles and responsibilities. One family member told us, "There's often two carers, one would be learning. It's good to see because they are getting to know [person's] personal needs."
- Staff received a comprehensive induction training programme. This included face to face and online training, with practical equipment available for staff to use for self-led practice sessions and a space for studying also available. Staff were also supported to complete The Care Certificate. 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. One staff member told us, "It helps with practical training. To have a room set up with actual equipment, to practice in, that really helps."
- Staff told us they had enough time to give people care and support in a compassionate and personal way. Staff rotas showed timings between calls had been considered and there were contingency plans in the event of staff needing to stay longer at a call. Staff told us "if something happens, I would stay and help the person, the office would cover me so I could do that."
- The management team had oversight over staff training. There was a system in place to highlight when staff training was due which was monitored regularly. The registered manager told us there was regular,

mandatory training for staff, along with additional training if required in response to people's individual needs.

- There was a system in place to ensure staff were offered one to one supervision on a regular basis. Due to being, a newly returned from dormancy service, this had not yet been completed, however the registered manager was knowledgeable of the importance of regular supervisions and was committed to completing these on a regular basis.
- Staff told us they felt the management team were approachable and supported staff in their roles in the event of any concerns or incidents.
- There were comprehensive competency assessments in place, which were completed by senior staff.

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

- Peoples support plans contained information on people's needs and preferences regarding the food they ate. Care plans were available for staff to refer to and reflected people's preferences.
- Systems were in place to identify risks around eating and drinking, although there were no current identified risks, the registered manager was able to describe the actions to take if they had any concerns.
- People told us they were happy with the support given by carers around eating and drinking. One family member told us "staff used to prompt a meal once a day, but things have changed and now they prompt twice a day. It reassuring to know."
- Person centred nutritional assessments were in place for people. Staff told us they were updated regularly and reflected specific, personalised information about people. One staff member told us, "[Person] didn't eat a lot, that's now improving, it's documented in the plan for guidance for staff."
- Staff demonstrated a good understanding of people's individual dietary needs. Staff were able to explain how they supported people and where they gained the information they needed to do so.

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

- There were plans in place to support people to access services in the wider community. The service was in the process of establishing themselves as a new branch, with currently limited contact with external agencies. The registered manager described the plans to grow the service and understood the benefit of this way of working.
- People had support plans in place that identified their needs for support to access health professionals. There was a system in place to provide this support when required and staff confirmed they had received practical guidance on how to do this.
- Staff had access to daily records and tasks completed. This enabled staff to be aware of any recent concerns or care provided to individuals and tasks ensured people's needs were met.
- The service was compiling a community folder to signpost people to external services. This was in the process of being created at the time of inspection but did include information about local advocacy services for people to access if needed.

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

- Peoples consent was obtained for the care they received. There was evidence in support plans that people were consulted when their plans were created.
- Staff were aware of their obligation to gain consent from people. Staff were able to describe how and when they would need to gain peoples consent.
- The service used the MCA appropriately. At the time of inspection, there were no people being deprived of their liberty, however the registered manager demonstrated an understanding of the MCA and how to implement this when required.
- Where people were able to, consent forms had been signed and recorded in their support plans.
- All staff had completed training to support their awareness of the MCA, capacity assessments and best interest decisions, which enabled them to provide person centred care.

# 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

- People and their family members told us staff were kind and caring and understood their individual needs. A family member told us, "The carers are fantastic, they definitely have the caring gene, it's not just a job to them." Another family member told us, "They are really kind and caring."
- Staff were passionate about their work and the people they cared for. Staff spoke about people positively and respectfully and were able to talk about people's individual needs. One staff member told us, "We had a staff member who played the guitar and a person who wanted to learn the guitar. We matched them and they built a really great relationship."
- There were person centred support plans in place for people. The information included personal history and preferences for people and there was evidence they were involved in creating their support plans.
- The culture within the service, was inclusive and welcoming. The inspection followed pride month which the service had celebrated and promoted. Staff spoke positively of the impact of this on their wellbeing at work.

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

- People were involved in creating their support plans which meant they were person centred and detailed. We saw evidence of people's involvement and input.
- There were actions being taken to enhance access to external services for people. At the time of inspection, the service was collating information for people and directing them to advocacy services if needed. This had been communicated to staff, who confirmed they would be using this information to help support the people they cared for.
- Support plans included information about people's food and drink preferences, life histories and health needs for example. This meant that staff had the information about equality and diversity and protected characteristics prior to meeting them, so they were able to meet their specific needs.
- The registered manager was arranging to put surveys in place to give people a formal route to give feedback.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People and their family told us that staff were considerate and understood this was important when caring for people. One staff member told us, "I interact with them [people] and ask about their hobbies and interests, they all like different things and this helps me to be respectful."
- Staff promoted people's independence. Staff were able to explain how they maintained people's independence and people and their families confirmed this. One family member told us, "They help [person] to do what they can for themselves."

- There were systems in place to monitor staff's interactions with people and ensure independence was promoted. The registered manager told us, "This starts at the assessment stage by communicating with people, so everyone is aware of the agreed plan in place."

# 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 told us staff provided care in a person-centred way. One person told us since Helping Hands Cosham had reopened, continuity of care had improved. One family member told us, "They [person] used to refuse support. as staff didn't know them well, but now they accept more as the staff know them and how to approach them. "This had a positive impact on people and supported person centred care.
- Peoples support plans were person centred and included information about their preferences, health and care needs and personal history's. This meant staff had the information needed to be able to support people in a person-centred way.
- Staff supported people to go out and maintain relationships with others. One person had been supported to renew an old friendship. This led to plans for a regular meeting which improved the person's life.

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.

- There were systems in place to identify people's communication needs. When identified, people would be supported by knowledgeable staff to meet this need. The registered manager had developed information for people in line with the Accessible Information Standards (AIS).
- The management team understood their responsibilities under the AIS. People or family members could be provided with large print documents if needed to meet communication requirements.
- People had their communication needs assessed at the initial meeting, these needs were reviewed regularly so care staff had accurate, up to date information.

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 had support to access the community and socialise with others. This was supported by staff who knew people and their preferences well. One person was supported to attend a craft workshop that had been promoted by staff and another had been matched with a staff member who shared an interest in music. Staff told us this had a positive impact on the people's wellbeing.

Improving care quality in response to complaints or concerns

- There had been no complaints reported since the service returned from dormancy, however, there were systems and processes in place to investigate and learn from complaints if they were received.
- Staff understood the procedure for complaints and were aware of the information and robust policies and procedures were available for them to refer to.
- People told us they were aware of how to make a complaint and felt they would be listened to if they did. People told us they had spoken with staff in the office and felt they could approach them to raise any concerns.

#### End of life care and support

- Staff had not completed end of life training at the time of inspection. We discussed this with the manager who said they would look into arranging training for staff to enable them to be confident and trained when the situation arises. One staff member told us, "I would like to do end of life training, I think it would make it easier for all of us when the time comes."
- At the time of inspection, nobody was receiving end of life care. There were systems and processes in place for staff to follow when providing end of life care. The registered manager told us if any additional training was identified, specific training for staff would be organised.
- The registered manager was aware of services in the community which could be accessed when end of life was approaching and described how and when this would be necessary.

# 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

- There was an inclusive culture within the service. This was demonstrated by the registered manager and adopted by staff. Staff were proud of their team and felt valued by the registered manager. One staff told us about the registered manager, "They give everything 100% and will always do everything they possibly can for everybody. I do count myself lucky to have such an amazing manager."
- There was an open-door policy for staff. Staff could drop into the office regularly and felt encouraged to do so. Staff told us they were also encouraged to bring up any concerns they may have at the time and not wait for organised meetings. Staff told us this culture positively impacted on their work. One staff told us, "I have never worked for a manager who is so supportive and so on it and gets things done in a very timely manner as well."
- There was a clear vision and strategy in place for growing the service, including commencing more complex packages of care. The registered manager had identified the risks of taking on these packages too soon and was following the recruitment plan to enable additional packages to be taken on safely. The registered manager had also identified additional training may be required and told us they would organise it in response to individual people's needs.

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 their responsibilities under the duty of candour. Systems were in place to identify and investigate any concerns when necessary.
- When a concern arose, the registered manager took appropriate action and was transparent about this with people and their families.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- People were not always clear who the registered manager was. When asked, people had a phone number for the office and were able to contact staff, though stated they were not aware of the name of the registered manager or how to contact them directly. People told us they were satisfied with the outcome when contact with the office had been required.
- There was a clear management structure in place. Staff knew their roles and responsibilities. The team consisted of registered manager, care coordinator and two Care Training Practitioners (CTP). The CTP staff worked a split role between the office and in the community, which enabled them to support quality

performance. This meant people received care from staff who knew their roles and worked as a team.

- Quality assurance systems were in place to facilitate continual learning and improvement. This included regular audits and communication with staff and people. This enabled the service to learn and implement any changes necessary.
- The registered manager was aware of how and when to notify CQC about incidents within the service, and when required, had done so.
- The service had implemented the CTP roles to support staff and perform practical oversight. This enabled CTP to highlight any areas for service wide or individual training as required.
- When incidents happened, investigations were carried out and learning had been shared. Documentation was reviewed which showed on one occasion, following a medication error, appropriate actions had been taken, and changes were made for the person concerned which led to adjustments of their care plan. This had been communicated to staff and the registered manager was transparent with people, their families and healthcare professionals.

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

- The service maintained an inclusive, welcoming working environment, which supported all staff, regardless of their diverse needs. This was demonstrated through the recent Pride month celebrations, which were evident in the office and staff had talked about positively.
- The registered manager led a team that were committed to providing good care and support. The registered manager said, "I have the right team around me who share my values and ethos. Recruitment is not just about qualifications, it's about the person."
- There were systems in place to ensure staff received training to enable them to meet people's needs with regard to equality and diversity.
- The registered manager actively encouraged staff to drop into the office and utilise the open door policy that was promoted within the service. Staff confirmed that they do drop in and this was observed during the inspection.

Working in partnership with others

- The service worked with external health professionals when required and were able to demonstrate an understanding of how to refer people when required.
- As the service had recently returned from dormancy, there had been no contact with key organisations, however, the registered manager was following the action plan to recruit more staff so additional care packages could be supported safely. They told us this would lead to working with other key organisations, which the service is working towards.