

Midshires Care Limited

Helping Hands Wilmslow

Inspection report

Suite 1 Wilmslow House
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Date of inspection visit:
14 March 2018
15 March 2018

Date of publication:
14 May 2018

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

This inspection took place on 15 and 16 March, 2018 and was announced.

Helping Hands Wilmslow is a large domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to young and older adults. At the time of the inspection the registered provider was providing support to 55 people.

Not everyone being supported by Helping Hands Wilmslow received personal care. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was no registered manager in post at the time of the inspection however an application had been submitted by the interim manager who was awaiting approval from CQC.

A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider ensured that the quality and standard of the care being provided was being continuously monitored and assessed. People were receiving safe, compassionate and effective care and expressed that the quality and standard of care was that of good standard.

During the inspection we reviewed four care plans and risk assessments. Records contained up to date and relevant information, and were regularly reviewed. Appropriate assessments were conducted, care plans were devised and risks were assessed, monitored, and safely managed.

Care plans were individually tailored and people expressed that staff were familiar with their individual support needs.

We reviewed medication management processes during the inspection. People had the relevant medication care plan and risk assessment in place. There was medication 'consent' form which had been signed by each person who was being supported and staff had received the necessary medication training and competency assessments.

The registered provider's recruitment processes were reviewed during the inspection. Personnel records were organised and comprehensive. All staff had suitable references and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed are suitable to work within a health and social care setting. This enables the registered manager to assess level of suitability for working with

vulnerable adults.

Staff received regular supervisions and annual appraisals. There was a thorough induction package in place, training was regularly provided and staff expressed that they were supported with their learning and development.

Accidents and incidents were recorded, monitored and trends were being analysed by the registered provider. All staff explained how they would report accidents/incidents and the processes they had to follow.

Health and safety policies and procedures were reviewed during the inspection. There was a health and safety policy that staff were complying with, staff were provided with personal protective equipment (PPE) and they were aware of the different infection prevention control measures.

People and relatives we spoke with during the inspection expressed that they were treated with dignity and respect and all staff were equipped to provide the support which was required. People expressed that staff were kind, compassionate and caring.

The day to day support needs of people was well managed by the registered provider. We saw evidence of support being provided by external healthcare professionals such as GP, district nurses, occupational therapists and dieticians.

Quality assurance processes were reviewed during the inspection. Such audits, checks and assessments included 'spot checks', medication and care plan audits, 'client review meetings', 'client surveys' and environmental checks. The registered provider ensured that the quality and standard of care was being assessed and improved upon. We saw evidence of care plan and risk assessment audits, medication audits, 'spot checks', new employee 'competency assessments', accident and incident analysis, 'client reviews' as well as there being a 'live' annual action plan.

A number of policies and procedures were reviewed during the inspection. Policies contained up to date information and were accessible to all staff as and when they needed them. All staff expressed their understanding of 'safeguarding' and 'whistleblowing' procedures. Staff knew how to report any concerns and had completed the necessary safeguarding training. This meant that people who were being supported were protected from harm and abuse.

The interim manager was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures. Statutory notifications were being appropriately submitted in a timely manner.

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.

Risk assessments were regularly reviewed and contained up to date and relevant information.

Accident and incidents were recorded, monitored and trends were established.

Infection prevention control measures were in place and all staff were provided with Personal Protective Equipment (PPE)

The registered provider had safe recruitment processes in place.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act, 2005 were being followed accordingly.

Supervision and appraisals were routinely taking place and staff expressed that they were fully supported.

Staff received regular training and were supported with their professional learning and development.

People's nutritional and hydration needs were supported.

Is the service caring?

Good ●

The service was caring.

People expressed that the staff provided kind, compassionate and caring support.

People expressed that they were treated with dignity and respect.

Equality and diversity support needs were assessed and supported from the outset.

Confidential and sensitive information was well protected.

Is the service responsive?

The service was responsive.

Care records were person centred and were tailored to the individual.

People expressed that staff were responsive to their needs.

There was a formal complaints policy in place and people expressed they were familiar with the complaints process

Good ●

Is the service well-led?

The service was well-led.

Quality assurance systems were in place and helped to monitor and assess the provision and quality of care being provided.

The registered provider ensured the views and opinions of the people who were being supported were gathered.

Staff had a good understanding of 'whistleblowing' and 'safeguarding' procedures.

Good ●

Helping Hands Wilmslow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 and 16 March 2018 and was announced.

The provider was given 48 hours' notice prior to the inspection visit. Prior notice is provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care 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.

Before the inspection visit we reviewed the information which was held on Helping Hands Wilmslow. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the Interim Manager, quality partner, Head of Region, Area Manager, five members of staff, one person who was being supported and five relatives. We also spent time reviewing specific records and documents, including four care records of people who were receiving support, six staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents, health and safety records, action plans, policies and procedures and other documentation

relating to the overall management of the service.

Is the service safe?

Our findings

We received positive comments from people and relatives about the level of safe care and support they received from staff. Comments received from relatives included "Very happy with them [staff], I know [person] is safe". "The carer who comes knows [person], there's a connection and trust, [person] feels safe and will listen. It's the best care we have had." One person also expressed "I like who looks after me".

People had the appropriate risk assessments and tools in place. Each care record contained 'My support plan, risk and care needs assessment' document. This identified each person's support need and level of risk from the outset. There was a detailed schedule of support which needed to be provided; staff were informed of the risks which needed to be managed and the safest way to provide the support which was required. For example, in one care record we reviewed specific detail about specialist support which needed to be provided throughout the night. This meant that people were receiving tailored support in relation to their health and well-being needs.

Each record contained information about the person's general health and well-being. Information included medical conditions and support needs, mental health status, moving and handling support, nutrition and dietary needs, communication, skin integrity and continence support. The level of risk was appropriately assessed and support measures had been put in place to mitigate risk. Risk assessments were regularly reviewed and updated. Staff expressed that records contained the most up to date information which then enabled them to provide the required amount of support.

Medication management processes were safely in place. Each person had a medication risk assessment and medication consent form in place. The risk assessment outlined whether the medication each person was prescribed, over the counter medication, storage of medication, professional healthcare support being provided and detailed scheduled of the support staff needed to provide in relation to medication administration.

Medication administration records (MARs) were appropriately completed by staff. There was an up to date medication policy in place which contained important information such administration of prescribed medication, topical cream (medicated creams), over the counter medications, storage and disposal of medication, PRN protocols (as and when medication) and medication error procedures.

'Medication error' forms were completed by staff when a medication error became apparent. Staff had to complete an 'on-line' medication error form which was then assessed and monitored by the interim manager. The interim manager explained that monthly medication audits were completed and an analysis of the medication errors took place. This meant that medication processes were being routinely assessed and lessons were being learnt from errors which were occurring.

Recruitment practices were reviewed. We review the area of 'recruitment' to ensure that staff who are recruited are suitable to work with vulnerable people. Six personnel files were reviewed and we found them to be comprehensive and well maintained. Records included application forms complete with employment

history, at least two suitable references, identification and proof of right to work in the UK, terms and conditions of employment, as well as the appropriate Disclosure and Barring Service (DBS) checks.

Accidents and incidents were reported and recorded as and when they occurred. Staff recorded accidents/incidents on to an internal database. The accident/incident was then recorded on to the person's individual profile and data was then analysed by managers across the organisation. This process enabled the registered provider to identify the nature of the incident, person involved, outcome/actions taken and if any lessons could be learnt. The processes which were in place enabled the registered provider to safely manage any trends and ensured that risks were being managed.

Individual environmental risk assessments were in place for each person who was being supported. Risk assessments identified potential hazards which needed to be taken into account such as access into the persons home, security concerns, mobility risks and there was also an individual evacuation procedure in place. The fire evacuation document provided staff with the procedure which needed to be followed in the event of an emergency situation. This meant that all potential hazards/risks had been assessed and staff were familiar with the different risks which needed to be mitigated when providing support.

We reviewed whether the registered provider employed a sufficient number of staff to provide a safe level of support people needed. There was a dependency assessment tool in place which determined the level of staff support needed in relation to the number of people who were being supported. People and expressed that staffing levels were safe and support was always provided as and when it was due to take place.

Infection prevention control procedures were reviewed during this inspection. It is essential that there are robust systems in place to ensure people are protected from avoidable and preventable infections. There was a health and safety policy in place, staff were provided with uniforms and personal protective equipment (PPE) and all staff were aware of the different health and safety procedures which needed to be followed.

Staff were familiar with 'Safeguarding' and 'whistleblowing' procedures Staff explained their understanding of 'safeguarding' and how and why they would raise any concerns Staff explained their understanding of 'whistleblowing' in relation to raising concerns regarding inappropriate practice. There was an up to date adult safeguarding policy in place and staff had received the necessary training in relation to the protection of vulnerable adults. This meant that people who were being supported were protected from harm and abuse.

Is the service effective?

Our findings

We received positive comments from relatives. Comments we received included "When we turned to this service, they [staff] came out, talked to [person], talked to us, listened, and involved us 100%, we drive they support", "When getting [person] used to new carers, they introduced two new people over several weeks, this allowed [person] to remember names, and build a rapport with each of them. It was really sensitively handled, and showed me how professional and caring they are" and "It's easy to trust them when they are open and frank."

During the inspection we reviewed if the registered provider was complying with the Mental Capacity Act (2005). The Mental Capacity Act 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.

Care files we reviewed demonstrated that 'consent' had been sought from each person receiving care and staff were familiar with the principles of the MCA, 2005. This meant that the registered provider was complying with the principles of the MCA and ensuring that people were involved in the decisions being made in relation to their day to day support needs. Where legally able to do so family members were involved in 'Best Interest' decisions in relation to the care and support which was being provided.

Staff expressed that they felt supported by the registered provider; staff received regular supervisions and annual appraisals. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. Comments we received from staff included, "We're definitely supported, properly trained, there's lots of shadowing and refresher training" and "There's constant training", "There was two days training, definitely well supported."

All new members of staff were expected to complete 'Helping Hands Induction Training' which was in line with 'The Care Certificate'. The 'care certificate' was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers.

The induction checklist contained modules such as understanding your role, equality and diversity, communication, fluids and nutrition, safeguarding of adults and children, infection prevention control, personal care, continuity of care, privacy and dignity and medication administration. The registered provider also ensured that staff were supported with specialist training. Specialist training was provided by clinical nursing staff who offered training in areas such as catheter care (urinary incontinence), percutaneous endoscopic gastronomy (PEG- nutritional support when there are concerns with oral intake and swallowing) and pressure care. Such specialist training provided staff with the necessary skills which were required from time to time.

During the inspection we saw evidence of support being provided from external healthcare professionals.

This meant the people were receiving holistic level of safe care and support which could help with their overall quality of life. Necessary guidance was being followed and the relevant information could be found in care plans and risk assessments.

People were supported with their nutrition and hydration. People's nutrition and hydration support needs were assessed from the outset. The relevant risk assessments were in place and staff were familiar with the specialist dietary needs which needed to be managed.

Is the service caring?

Our findings

We received positive comments from the relatives we spoke with during the inspection about the care which was provided. Comments we received from people who were being supported included "I know [person] is happy with the service, and as a family we are also", "Staff are very caring, they help in every way they can" and "I no longer worry that [person] is okay with carers now as I know [person] is fine."

Care plans were person centred and ensured that they were tailored to the needs of the person being supported. They promoted dignity, respect and 'choice'. For example, care records contained information such as 'I want to be able to be at home and remain involved', 'I will ask for assistance when required but I like to do things for myself and to keep my independence as much as possible' and 'Please ask me what items I may require and leave them with me'. This level of information provided staff with specific information about how the person wished to be supported.

Staff expressed how they provided dignified and respectful care. Comments we received included "It's about going in with a smile, building relationships, being respectful, providing good care, always listen to the person no matter what" and "It's their choice-it's about their independence and choosing what they want to do. It's about being professional at all times, building trust, talking to them, taking the edge away."

Staff were familiar with the support needs of the people they were supporting and people expressed that they received the care and support which was required. People felt the staff who were providing the care did so in a considerate and respectful manner.

Reviews' took place every six months. People who were receiving support were asked about their experiences of the quality of care being provided. People were asked about their views and opinions on service which was being provided feedback on the staff who providing support and if any changes needed to be made to their care plans. Comments which were recorded included 'Carers are all very good', 'Carers do everything I need them to do' and 'Smashing, brilliant and attentive, excellent; don't have to worry about anything when they're here'.

For people who did not have any family or friends to represent them, contact details for a local advocacy service were provided from the outset. An advocate is someone who can support vulnerable people with day to day decisions which need to be made in relation to their health and well-being. At the time of the inspection there was nobody being supported by a local advocate.

During the inspection we reviewed how confidential information was protected. All sensitive information was safely secured at the registered address. The 'registered address' is the address which has been registered with CQC. This meant that all sensitive and confidential information was being protected and not being unnecessarily shared with others.

Each person was provided with a 'Service User' Guide. The guide contained information about Helping Hands and what they could expect from the organisation, the vision of organisation, core values of care,

'dignity pledge', the staffing structure, confidentiality information, advocacy information, policy information and the complaints process. This meant that people were provided with important and significant information from the outset.

Is the service responsive?

Our findings

People and relatives we spoke with throughout the course of the inspection informed us that staff provided a responsive level of care and support which was needed. Comments we received included "We are always kept in the loop on everything", "When I've made a suggestion, or asked for something, it's always been accommodated", "They do very well, and are always consistent" and "Pretty happy with everything, very good at keeping you informed."

Records were person centred and tailored to each person who was being supported. Support needs were assessed from the outset and records demonstrated the level of person centred support which was expected. For example, care records we reviewed contained person centred information such as 'I love cars, I like to go on holiday and I like to go out for meals', 'Please apply my face cream', 'I am an early riser, I will wake up around 6am, when I have showered I will go into my bedroom, I can dress myself but I like to know someone is available', 'I like to have a bath on a Friday' and 'I will be upstairs when you arrive, I would like the carers to come upstairs to me'. The level of information which was recorded provided staff with a good level of detail in relation to the care which was required.

All staff explained that they completed 'shadow' shifts as part of their induction; they were familiar with people's support needs before providing personal care and were able to develop positive, caring relationships. Staff members expressed 'We get to know them [people], continuity of care is important, become very familiar' and '[Person] likes a cup of tea, I've had to learn exactly how [person] likes it, [persons] tastes it, lets you know if they like it then you can put the rest of the hot water in.'

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage and included age, medical conditions/disabilities and religious/cultural support needs.

'My support plan, risk and care needs assessment' that each person had in place contained significant information in relation to 'what is important' to the person. Some of the comments we reviewed included 'Having a good carer with good communication who will listen and respond to my needs', 'My independence' and 'Being comfy overnight'. People were also asked about what they hoped to achieve from the support being provided. Comments we reviewed included 'To be able to remain at home and the support I need overnight' and 'Being in control of my care'.

We reviewed the processes which were in place for people and relatives to make complaints. The procedure for making a complaint was clear and people and relatives we spoke with were familiar with the process. At the time of the inspection there was one formal complaint which was being addressed. The area manager confirmed that the complaint had been acknowledged and investigated in accordance with the complaints policy and lessons had also been learnt.

We asked the registered provider if 'End of Life' care was being provided to people they were supporting. We were informed that there was nobody being supported with 'End of Life' care at the time of the inspection.

End of Life' care is provided in a specialist way, to people who are at the end stages of life.

Is the service well-led?

Our findings

People and relatives we spoke with were complimentary about the registered provider. Comments we received included "Overall it's a lovely service, very happy, its taken months to build this very deep trust that [person] has with the carers", "Excellent", "Overall, we couldn't ask for anything better" and "I'm so happy that we have found them."

There was no registered manager at the time of the inspection. The interim manager had submitted the relevant registered manager application and was awaiting confirmation from the Care Quality Commission of their registration.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. As this inspection was the first inspection since provider registered with CQC there were no ratings to display. Following the receipt of the final inspection report the registered provider will be required to display their ratings at the registered address as well as on the registered provider's website.

During the inspection we found the interim manager to be approachable and responsive to the feedback we provided. Staff also expressed that they felt supported by the management team, comments we received "Absolutely brilliant, I love it here", "The support is always there whenever you need it", "It's just so rewarding", "I love working here, definitely supported", "They're [managers] always on the end of the phone", "It's very good here, well supported" and "The doors always open if you need to raise anything sensitive."

There was a variety of different audits, tools and quality assurance checks in place to monitor and assess the provision of care being provided. Different quality measures which were in place included care plan and risk assessment reviews, medication audits, accident/incident analysis, staff 'spot checks' and direct observations, induction competency checklists, 'customer feedback surveys' and 'live' action plans.

The 'live' action plan which had been devised in April 2017 identified areas of improvement which needed to be addressed. Areas of improvement which had been identified and completed included the review of all risk assessments, supervision to be completed in line with the supervision policy and the completion of medication audits. The interim manager explained that they were committed to reviewing the quality and standard of care being provided and every effort was always made to address the identified areas of improvement.

'Client Surveys' were regularly circulated and enabled the registered provider to gauge the thoughts, views and opinion of people who were being supported. Positive feedback was received in relation to the quality and standard of care being provided. 100 per cent of people who completed the surveys agreed that they were treated with dignity and respect, 100 per cent of people said that they were free from harm and abuse, 98 per cent of people agreed that the support they received helped them to remain as independent as

possible and 96 per cent of people agreed they would recommend Helping Hands to a member of their own family.

Employee Satisfaction surveys were also circulated amongst the staff team. The registered provider reviewed the feedback which was returned and developed 'You said, we did' posters. The posters identified areas of development and how the registered provider was committed to making improvements. For example, staff members expressed that 'communication and organisation of work could be poor'. The registered provider therefore introduced 'carer' team meetings and newsletters which contained significant information. For example, one newsletter we reviewed provided staff and people who were being supported with information and guidance in relation to carbon monoxide.

Staff expressed that regular team meetings were taking place and communication systems had improved. Team meetings were happening on a monthly basis and discussions which were taking place included confidentiality procedures, carer of the month, new people who were being supported, staff appearance and hygiene. One staff member expressed "Team meetings are very informative, always discuss things like new policies and new information we need to know about."

There was also a 'Branch Managers' meetings which took place every other month. This was where all registered managers would meet to discuss a variety of different agenda items such as quality assurance, audits, medication, recruitment, staff training and general data protection regulation (GDPR) The Head of Region for Helping Hands Wilmslow, explained that such meetings enabled registered managers to share any incidents/events which had occurred, lessons which could be learnt across the region and how to improve the quality and standard of care being provided.

As part of the 'Health and Safety' management systems, there was a review of all accidents, incidents and near misses across the organisation. Organisational 'memos' were circulated in relation to 'lessons learnt' and how risks could be mitigated. We reviewed a number of different memos which had been circulated that contained information in relation to slips, trips and falls, the prevention of slips, trips and falls, facts and statistics, wheelchair accidents, risk assessments which are in place and the prevention of wheelchair accidents. The health and safety information which was promoted amongst the staff team enabled staff to develop a greater level of awareness and how people could be further protected against hazards and risks.

We reviewed the range of different policies and procedures. All policies had recently been reviewed, contained relevant guidance and information and knew where to access them. Staff were familiar with different policies such as medication administration, infection prevention control, complaints and concerns, confidentiality, equal opportunities and safeguarding and whistleblowing.

The registered provider had an up to date 'Business Continuity Plan' (BCP) in place. This is a plan which had been devised to help ensure emergency procedures were in place in the event of an emergency situation. The BCP contained information and guidance in relation to emergency plans, actions for staff to follow and contact details of people/services to contact in the event of an emergency.