Midshires Care Limited

Helping Hands Sutton Coldfield

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

This inspection took place on the 7 and 8 November 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Helping Hands is a community based adult social care service supporting people with personal care in their own homes. They currently support 53 people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. People were kept safe by staff that were able to recognise the signs of abuse and raise concerns if needed. Staff were provided with sufficient guidance on how to support people's medical care and support needs if required.

People were supported by staff that had been safely recruited People and relatives felt that they were being supported by staff with the appropriate skills and knowledge to provide good care and support for them. Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences.

Where people required support at meal times, staff provided meals to their specific needs and understood the benefits of a healthy diet.

People were supported to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS) and how to support people with their best interests at heart.

Staff were caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People and their relatives felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

Staff spoke positively about the provider and the supportive culture they had established.
The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective.

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.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed.

People were supported by sufficient numbers of staff that was effectively recruited to ensure they were suitable to work with people in their own homes.

People were kept safe as staff knew how to support them in cases of an emergency.

Is the service effective?

Good

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were supported by staff with healthy meals where appropriate.

People were involved in deciding how they received care and support.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

Staff were responsive when supporting people's changing needs.

Is the service well-led?

Good

The service was well-led.

Systems were in place to assess and monitor the quality of the service.

Relatives and people knew the registered manager and had a positive relationship.

Staff were happy working for the provider and felt valued.

Helping Hands Sutton Coldfield

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.

This inspection took place on the 7 and 8 November 2016 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider had not completed a Provider Information Return (PIR), as they had only recently registered with CQC. The period between them registering and the inspection visit was too short to provide PIR information. The PIR is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We contacted the NHS Commissioning department and the local authority commissioning team to identify any information that might support our inspection.

The provider had only registered in October 2016. However, they did have historical connections with their service users, relatives and staff that preceded this date as their new registration date status was a result of having moved to a different location and not that they were a completely new provider.

During our inspection we spoke with five people who used the service, three relatives, four care staff members, the registered manager, the deputy manager and the quality manager. We reviewed the care records of four people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe with the service provided and that staff supported them with their care needs. A person we spoke with said, "I feel very safe when they're [staff] around, there's no problems at all". Another person told us, "They're [staff] only young girls but I feel safe enough when they are around. I'm not really worried or concerned about anything". A relative we spoke with said, "We've no concerns about the staff, they look after mum and they keep her safe". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. Staff were knowledgeable about recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff we spoke with were able to explain the range of different types of abuse to look out for when supporting people. A member of staff we spoke with gave us an example, "If they [person using the service] had bruises or cuts, or if they were withdrawn and flinched when you approached them". Staff knew how to escalate concerns about people's safety to the provider and other external agencies if required. A staff member we spoke with told us, "I'd contact the manager and they would raise an alert with the local authority".

Staff we spoke with to us they understood how to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "We [staff] work to the risk assessment in their [person using the service] care plan". They told us how they ensured that people's homes were clear of trip hazards and that doors were shut properly when leaving the premises. Another staff member told us how on the first visit to a person, they would familiarise themselves with their home, identifying any potential risks, they would read the risk assessment in the care plan and look at information provided by relatives. People and relatives told us that the provider carried out and reviewed risk assessments on a regular basis which involved the person, their family and staff. Any changes that were required to maintain a person's safety were discussed and recorded to ensure that potential risks were minimised. A member of staff we spoke with gave us an example of when a person's risk assessment was altered to minimise risk. They told us how they had identified that the person required an extra member of staff and a 'slide sheet' to support them to get out of bed, and that the registered manager responded quickly to the request.

Staff were able to explain what action they should take in the event of an emergency. A staff member we spoke with gave an example of an incident they encountered when a person they were caring for had fallen and injured them self, they told us, "I phoned for an ambulance, I contacted [registered manager's name] and their family. I kept calm until the ambulance arrived and [registered manager's name] made sure there was someone [staff] to cover my next call". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency. We saw that incidents and accidents were reported and used by the provider to improve practice and to reduce the risk of harm.

People we spoke with felt there were sufficient numbers of staff to meet people's needs. The provider had systems in place to ensure that there were enough staff to carry out care calls, who had the appropriate skills and knowledge to ensure that people were cared for safely. A person we spoke with told us, "They [staff] come and see me in the morning and the evening. They're never late, in fact sometimes they have to wait for me to get home, but they're happy to do it". Another person said, "There've been no issues with late or missed calls, but they [staff] said they'd let us know if they were going to be late". A staff member told us,

"There's enough staff and enough time between calls, it's fine". Another staff member said, "Time between journeys can be a bit tight at times, but generally it's okay".

The provider had a recruitment policy in place and staff we spoke with told us that the provider had recruited them appropriately. A staff member we spoke with told us how they had completed telephone and face to face selection interviews with the provider, and that both professional, and personal references had been taken as well as requesting Disclosure and Barring Service {DBS} checks as part of the recruitment process. Records we looked at showed that the provider had requested references and that checks had been made through the DBS. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People we spoke with told us they had no concerns regarding how their medicines were administered and managed by staff. A person we spoke with said, "They [staff] help me with my medicines. They bring them to me in the packs and put them in a cup in front of me to take. Everything goes smoothly, it's fine". Another person told us, "I do them [medicines] myself, but they [staff] are there to help me if I need them". Staff we spoke with told us that they had received training on handling and administering medicines. A staff member we spoke with told us, "I support people with their 'blister packs'. 'Pill to pot to person'. We also had MAR Sheet training and I used to practice it at home". Blister packs are sealed packs of individual, daily doses of medicines prescribed and provided by a pharmacist. We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that Medicine Administration Records (MAR Sheets) were maintained by staff showing when people had received their medicines as prescribed.

Good

Is the service effective?

Our findings

People and relatives told us that they felt confident that staff had the correct training and knowledge to meet their needs. A person we spoke with said, "They [staff] are very good at what they do for me, so I'd say yes, they're well trained at what they do". Another person told us, "They're [staff] good. I think they're trained well enough really, I can't really fault them on anything". Staff told us they received induction and on- going training to enable them to support people effectively and that the training was appropriate to meeting the needs of the people they supported. A relative we spoke with told us, "All the staff seem skilled and well trained at what we need them to do for him [person using the service]". A staff member told us, "I'm happy with the training and the manager's very responsive if we ask for anything specific". Another staff member told us, "We [staff] have regular refresher training and the trainer will come out on site if we need extra support". We saw that new staff were trained in accordance with the Care Certificate. The Care Certificate offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that they had regular supervision, conducted by their manager. A staff member we spoke with said, "I find them [supervision] beneficial. I can get points across that don't happen on a day to day basis. It's an opportunity for airing views". The registered manager explained that staff supervision is carried out every six months along with annual staff appraisals, although they were in contact with all staff on a daily basis, should they require additional support. We saw evidence that the provider had supervision and annual appraisal processes in place to support staff.

We saw that the provider had processes in place that involved people and relatives in how people received personalised care and support. People and relative's we spoke with told us they felt that care needs were supported and that they were involved in decisions made about care. A person we spoke with told us, "They [staff] ask me all the time about how I like things doing. They're very good like that". Another person told us, "They [staff] are very considerate and respectful, they listen to my needs". A relative told us, "They [staff] talk to us [relatives] and mum a lot, they're always checking that things are okay". Another relative we spoke with said, "Yes, we've talked a lot about what [person's name] needs, they [staff] are very attentive". Staff were able to explain to us about people's needs and how they supported them. People told us that staff gained their consent when supporting their care needs. A person we spoke with said, "They [staff] always ask permission before doing anything around here, they're very respectful like that". A staff member told us, "It's important for them [people using the service] to have their own say". Another staff member we spoke with explained, "I always ask [person using the service] if what I'm doing is okay, if not, then what is the best option for them?"

Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support. They explained to us how they offered people choices, gained consent and encouraged people to make decisions about their care and support needs. 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. There was no one whose liberty was being restricted and systems were in place to ensure people's rights were protected

People and relatives we spoke with were happy with how they were supported at meal times. One person we spoke with told us, "They [staff] help me with my breakfast, but that's all really, I've got no issues or complaints. I've always got a drink, a cup of tea or some juice". A relative we spoke with said, "We get 'ready meals' for mum so they've [staff] only got to put them in the microwave, although they did cook bacon and eggs for her yesterday which was nice of them". A member of staff we spoke with told us, "I check meal charts and notes from previous carers [staff] and I always leave snacks; drinks, fruit for them [people using the service] when I leave". Some of the people using the service were on special diets and staff were aware of the importance supporting them and promoting a healthy diet. A staff member we spoke with told us, "One lady has a nut allergy, so I observe what she's eats, I make sure she's okay and I record it in her daily notes".

People told us that their relatives supported them to attend medical appointments. We saw care records that provided information about regular appointments to doctors, opticians and dentists and staff told us they were aware of how to contact health care professionals if they needed to.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us they were pleased with the care and support provided by Helping Hands. A person we spoke with told us, "They're [staff] very kind and considerate people. I had to spend the night in hospital a while back and one of them stayed with me all night. Every time I moved they were there to help me". Another person told us, "I find them [staff] to be very caring girls, they're like my daughters really, we've got a really good relationship". A third person we spoke with said, "They [provider] are really good and the carers [staff] are really nice. We get on like a house on fire and always have a good old chat when they come round". A relative we spoke with said, "When she [staff] found out she [person using the service] wasn't well today, she reported it to the office [provider] and said she'd pop back later to see how she is, which is above and beyond really because she doesn't have to". A staff member told us how they 'got to know' the people they were caring for; "We have a 'meet and greet' session with new clients [people using the service]. We sit and talk to them about their past history and family, we look at old photos and talk about their likes and dislikes". Another staff member told us, "We chat and I listen to what they've [person using the service] got to say, it's the best part of my job, getting to know people".

People and their relatives told us that they were involved in care planning to ensure that their individual support needs were met. A person we spoke with told us, "We've done a care plan and they make sure that everything's done properly, as I like it". A relative told us, "Yes, we're involved in the care plan. Us [relatives], mum [person using the service] and the manager [provider] got together to discuss what it should look like". We saw from people's care plans that people and relatives were supported to express their views and to be involved in making decisions about care and support.

People we spoke with told us that staff treated people with dignity, respect and upheld their rights to privacy at all times. A person we spoke with told us, "Yes, they [staff] do respect my dignity". Another person we spoke with said, "They [staff] help me to have a shower and a wash but they make sure I get as much privacy as I can under the circumstances". A relative told us, "Oh yes, they [staff] do respect his [person using the service] privacy and dignity, especially when washing and doing his personal care". A staff member told us that they maintained people's dignity and privacy by ensuring that they [person using the service] remained covered as much as possible when being supported with personal care. They also told us, "I talk to them, reassuring them to make them feel comfortable". Staff told us that they received guidance during their induction in relation to treating people with dignity and respect.

Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. A person we spoke with told us, "I'm trying to be more independent. I've started doing my own breakfast and that's a big step forward for me". A relative said, "They [staff] encourage her [person using the service] to walk using an aid. She's getting much better and they encourage and praise her when she does well". A member of staff told us, "I give people choices, for example, if they'd like to do their own personal care, then I encourage it".

Good

Is the service responsive?

Our findings

People told us that they felt that the provider was responsive to their care and support needs. A person we spoke with told us, "I've always been given choices about my care, they [staff] always ask me how I'd like things done. They [staff] should be here soon and as it's a nice day I'll probably go out shopping with them in the car. If it's too cold I may just sit in the car and wait while they do the shopping, then we might go for a coffee, I'll see how I feel". Another person said, "The manager's lovely. One day I had to go to the doctors, but there was no one to take me so she came out herself and got me there. She's a lovely woman". A staff member we spoke with told us, "It's about person centred care, base the care around them [person using the service], not as you [staff] want to do it". From talking to staff we could see that they were aware of people's individual needs and how to respond and support people's personal wishes.

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. Care plans were reviewed on a regular basis and any significant changes were documented. A person we spoke with told us, "I think we have review meetings? They [provider] always ask me if things are okay, and I'd tell them if they weren't" A relative we spoke with said, "We do have regular review meetings, in fact we had one last week. Everything's going just fine". People and relatives we spoke with told us that care and support review meetings had taken place that involved the person using the service and their family members.

We saw that the provider had a complaints and compliments policy in place. People and relatives were aware of how to raise any complaints if they needed to. A person we spoke with told us, "If I had any complaints, and I don't, I'd talk directly to my carer [staff] or go to the manager if need be". Another person said, "I've never had to complain about anything, they're [provider] great. I know I could call the office though, if I needed to". A relative we spoke with told us about a complaint they made regarding food hygiene, they said, "We [relatives] got on to the manager and they made sure it didn't happen again. They sorted it out pretty quickly". Staff were aware of the importance of supporting people to raise complaints with the provider if they were asked to. We saw that the provider monitored compliments and complaints and used them to support staff and organisational development.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. People and relatives told us that they had regular contact with the registered manager to discuss the care and support they received. A person we spoke with told us, "We [people and relatives] know we can talk to [managers name] at any time". Another person we spoke with said, "Yes, I do recall sending a questionnaire in, in the past". We saw that the provider regularly sought feedback from people using the service and their relatives on the service being provided. We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a quality service to people. People we spoke with told us they were satisfied with the service they received from the provider.

Good

Is the service well-led?

Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. A staff member told us "I'm happy here and they're [provider] building up my hours. Morale's good, [manager's name] is super-friendly and we all get on well". Another staff member told us, "There's been a lot of changes since we've [staff] been here [new location], but they [provider] include us in all the changes that have happened".

A staff member told us that the registered manager or senior staff members completed spot checks to ensure consistency and quality of care was being provided. A spot check is quality assurance exercise, where a senior member of staff carries out an unannounced visit on a staff member in their place of work, to observe and monitor their work based practice. Staff told us they felt supported and valued by the management team. A staff member told us, "It's pretty good, the best care company I've worked for".

At the time of our inspection there was a registered manager in post and they understood the responsibilities and requirements of their registration. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. A staff member we spoke with told us, "If I see any problems with colleagues or the company [provider] I'd report them to the manager or CQC". Prior to our visit there had been no whistle blowing notifications raised at the location.

We saw that the provider had systems in place for when the registered manager was unavailable to ensure that quality of service was maintained. Staff we spoke with told us that they knew who to contact in the registered manager's absence. A member of staff we spoke with told us, "[Managers name] is always contactable if we [staff] have any problems or concerns. There are three managers I can contact if I need to, or other colleagues, it's a very supportive team".

People, relatives and staff that we spoke with told us that the registered manager was very approachable. A person we spoke with said, "Yes, I can talk to the manager, she's really easy to get hold of, but generally I just speak to one of the girls [staff]. We get on well and everything's running smoothly". A relative told us, "[Manager's name] is in regular contact to make sure everything's going to plan. No problems". Staff told us they would have no concerns about raising anything they were worried about with the registered manager. A staff member we spoke with said, "If I have any problems, I can speak to them [management]".

We saw that quality assurance systems were in place for monitoring the service provision. People and

relatives were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, including; staff spot checks, accidents and incident reporting, and complaints to ensure that people received a consistent quality service. The provider worked closely with other branches of their wider organisation to identify service provision themes and trends that may need addressing. The provider was operating a Digital Support Plan [DSP} system, which recorded care plans digitally, via a digital pen and stored information in a secure and downloadable format. However, it was unable to record people and relatives signatures on care plans. We discussed this with the manager who assured us that they were aware of the issue and would be re-visiting people and relatives to re-sign their care plans using a non-digital method. We spoke to people and relatives who confirmed that they had been involved in the care planning process. We also noted that there were numerous spelling errors on care plans, including people's names. The registered manager agreed to review the care plans and correct the issues.