

Midshires Care Limited

Helping Hands Leicester

Inspection report

107 Sibson Road
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Leicester
Leicestershire
LE4 4NB

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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 was our first inspection of Helping Hands Leicester. The visit was announced and was carried out on 8 January 2018. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that someone would be in the office.

Helping Hands Leicester provided domiciliary care and support to people living in and around the town of Birstall, Leicestershire. At the time of our inspection there were 57 people, known as customers, using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (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.

People told us they felt safe using Helping Hands Leicester and felt safe with the support workers who supported them. Their relatives agreed with what they told us.

The staff team knew what to look out for and the procedure to follow if they felt someone was at risk of avoidable harm or abuse. A safeguarding procedure was in place and training in the safeguarding of adults had been provided.

The management team were aware of their responsibilities for keeping people safe from harm and knew to report any concerns to the local authority and CQC.

Risks associated with peoples care and support had been identified and appropriately managed.

Plans of care had been developed for the people using the service and these included their likes and dislikes and personal preferences. The staff team knew the needs of the people they were supporting.

Checks had been carried out for people wishing to join the staff team. Once employed, support workers had been provided with an induction into the service and appropriate training had been completed.

People told us there were enough staff members to meet their current needs. However some people experienced calls that were not carried out at the times agreed with themselves and the management team. The registered manager was in the process of streamlining the calls to address this issue.

The staff team had received training in the management of medicines and people were supported with their medicines as prescribed by their doctor and in line with the provider's medicines policy.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible. The policies and systems in the service supported this practice.

The staff team had received training on the Mental Capacity Act 2005 (MCA) and always obtained people's consent before they provided their care and support. The management team and the support workers we spoke with understood the principles of the MCA.

The staff team felt supported by the registered manager and the management team. They explained they were given the opportunity to meet with them regularly and there was always someone available to talk to if they had any concerns or suggestions of any kind.

The staff team were kind and caring. People told us they were treated with respect and their dignity maintained when receiving their care and support.

People using the service and their relatives told us they knew what to do if they were unhappy with the service they received. People had received a copy of the provider's complaints process when they had first started using the service.

People using the service and their relatives had the opportunity to share their views on the service they received. This was through visits to people's homes, telephone conversations and through the use of annual surveys. The staff team also had an opportunity to share their thoughts of the service. This was through attendance at team meetings and individual supervision meetings with a member of the management team.

The registered manager and the management team monitored the service being provided on an on-going basis. This was to make sure people received the care and support they required.

The registered manager and management team were aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

Further information is in the detailed findings below.

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.

The staff team kept people safe from abuse and avoidable harm.

Risks associated with people's care and support were assessed and managed.

Appropriate recruitment procedures were followed when new staff members were employed.

Suitable numbers of staff were available to meet people's needs, though calls were not always carried out at agreed times.

Is the service effective?

Good ●

The service was effective.

The staff team were appropriately trained and felt supported by the management team.

The staff team understood the principles of the Mental Capacity Act 2005 and people's consent was obtained before their care and support was provided.

People's health and wellbeing was monitored daily by support workers and they were supported with their nutritional needs.

Is the service caring?

Good ●

The service was caring.

The staff team were kind and caring and people were treated with respect.

Support workers offered people choices on a daily basis and involved them in making decisions about their care.

Support workers knew the people they were supporting. They knew their likes and dislikes and their personal preferences.

Information about people was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and they were involved in developing their plan of care.

Plans of care were in place and these reflected the care and support people required.

People using the service and their relatives knew what to do and who to go to if they had a concern of any kind.

People were supported appropriately when coming to the end of their life.

Is the service well-led?

Good ●

The service was well led.

The service was appropriately managed and the management team were open and approachable.

People were given the opportunity to provide feedback on the service they received.

Monitoring systems were in place to check the quality of the service being provided.

Helping Hands Leicester

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 8 January 2018 and was announced. We gave the provider notice of the inspection. This was because the location provides a personal care service to people living in their own homes. We needed to be sure someone would be available at the office from which the service is managed.

The inspection was carried out by one 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.

Prior to our inspection, the provider had completed a Provider Information Return [PIR]. This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR before our visit and took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also sent questionnaires to the people using the service, their relatives and staff members.

We contacted the local authority to see if they had any information about the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service. At the point of our visit neither had any information to inform our inspection planning.

At the time of our inspection there were 57 people using the service. We spoke with three people using the service and with nine relatives of other people using the service.

During our visit to the office we spoke with the registered manager, the head of care for the east region, the quality and risk officer, a field care supervisor and two support workers. We also contacted a further three support workers after our visit to gather their views of the service.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality checking processes that the management team completed.

Is the service safe?

Our findings

People told us they felt safe and secure with the support workers who provided their care and support. Relatives agreed with what they told us. One explained, "They administer [relative] medication efficiently and on time. This is all fully recorded in the personal file completed by the carers at the end of each visit. I know that [relative] is in very safe hands."

The staff team had received training on the safeguarding of adults and had access to the provider's safeguarding procedure. They knew what to look out for and what to do if they were concerned about someone's welfare or felt people were at risk of abuse. One support worker told us, "You can have physical, mental, verbal and emotional abuse. I would contact my line manager, she would act. I wouldn't be afraid to whistle blow." (Report a colleague to the management team if they were concerned about their actions). Another explained, "The main priority is the person using the service and making sure they are safe. I would contact my manager to inform them of my concerns."

The registered manager and management team were aware of their responsibilities for keeping people safe from harm. They told us that any allegation of abuse would be referred to the local safeguarding authority who have responsibility for investigating such concerns and CQC. This showed us they followed their own safeguarding processes when concerns were raised.

Risks associated with people's care and support had been assessed. The registered manager explained, and records seen confirmed that a visit was carried out before people's care and support packages commenced. This visit provided the registered manager with the opportunity to identify any risks or hazards that could affect either the person using the service or the support workers providing their care. Assessments had been carried out on the environment in which the care and support was to be provided and on any equipment to be used. Personal risk assessment's including assessments for moving and handling, medicine support and care needs had also been completed. This meant the risks related to people's care and support were where ever possible, minimised and properly managed.

Appropriate recruitment processes had been followed when new members of staff had been employed. Previous employment had been identified, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provides information as to whether someone was suitable to work at this service.) The people using the service were protected by the pre-employment checks that were in place. During their interview, prospective members of staff were asked standard interview questions to ensure they were treated fairly and equally. An equal opportunities policy was in place to make sure there was an absence of discrimination in the work place.

People felt there were currently sufficient numbers of staff employed to meet their needs. However, it was identified that agreed times of calls were not always adhered to. One person told us, "The long distances the carers travel explains why they do not keep to the agreed visiting times laid out in the care plan. The carer was 45 minutes late this morning. Fortunately this hasn't caused a problem with [relative] medication as yet, but it could become an issue." Another explained, "I think the way the carers' rotas are planned is not well

thought out. I know the carers travel long distances to make their calls instead of focussing on one locality. They always turn up, but their lateness can be very disruptive to the family routine. For example we have had our 8am morning visit at 10am. This makes planning appointments tricky if carers do not keep to the agreed times. I know it is not their fault if they are delayed by traffic, but it happens too often." The registered manager had identified this concern. They explained they were in the process of revising the call schedules to make them more permanent. This meant staff members would have set runs in set areas and not have to travel long distances. Once this change is implemented, call times would improve and enable support workers to arrive at the agreed times. In this way, people would be provided with a more consistent service.

For people who needed support to take their medicines, a medicines risk assessment had been completed. The information gathered during this assessment had then been included in the person's plan of care. This provided the support workers with the guidance they needed to support people in line with the provider's medicine policy and with people's preferences. Medicine administration records (MAR) were monitored on a monthly basis to ensure people had been supported with their medicines in line with their plan of care.

Support workers had received training in the safe handling of medicines. Those we spoke with were aware of what they could and could not do when supporting people with their medicines. One told us, "Medicines are in dosette boxes (containers used by pharmacists to store people's daily medicines) I follow the MAR and if I'm not sure about something, I ring my line manager for advice." Another explained, "I have had training in what to do. The MAR sheet needs to be completed and we can only go by the MAR."

People were protected from risks to their health and well-being by the prevention and control of infection. The staff team had completed training in infection control and protective personal equipment (PPE) was readily available. Though one person told us, "I want carers to put on the shoe covers that I provide to protect my carpets. They are reluctant to do this." We shared this with the registered manager for their information and action. The staff team had received training in food hygiene and were aware of the correct procedures to follow whenever food was prepared and stored. People who were supported with their meals were always given a choice of what to eat and drink and everyone was offered a drink during their visits. One of the people using the service told us, "We chat about what ready meals I want them to prepare and how I like things to be tidied up afterwards."

The staff team understood their responsibilities for raising concerns around safety and reporting any issues to the management team. Evidence was seen of improvements being made to the service when shortfalls had been identified. This included making improvements to the on call process, when a person had complained that the on call had failed to respond to their request for a call back.

Is the service effective?

Our findings

People using the service had their care and support needs assessed. The registered manager explained people's individual care and support needs were always assessed prior to their care and support package commencing. This was so the person's physical needs, mental health and social needs could be identified and the registered manager could satisfy themselves that these could be met by the support workers working for the service.

A relative explained how the staff team promoted their relatives independence by encouraging them to use technology supplied. They told us "The carers take a great deal of time and show much interest in meeting the needs of [relative] very rare condition. They are fascinated by the use of the eye laser operated computer system, which [relative] uses to communicate with the world. They encourage [relative] to use it as much as possible. They are now becoming very proficient thanks partly to their interest."

People told us they felt the staff team were appropriately trained to meet their care and support needs. A relative told us, "We think the carers are well trained. In the early days they used a hoist expertly to move [relative]. They have now made real progress. They have got stronger, so the carers now use a rotunda. During their lunchtime visit the carers help [relative] with their exercises. This has been a real benefit to their progress." Another explained, "The staff know that [relative] has mild seizures. They have been trained to manage that situation should it arise. On one occasion [relative] was having a strong seizure. They made them safe and remained with them well beyond their visiting time until I arrived. That is excellent care in my book." A third stated, "Most of the carers have a very good understanding of how to work with people that have dementia. I feel staff have received specialist training to do this."

New staff members were required to complete a three day induction when the necessary training was completed. This included training on the safeguarding of adults and moving and handling. One support worker told us, "I had a three day induction, it pretty much covered everything." Another explained, "I had a three day induction. It involved training, videos, power points and practical work and there were questions online."

The staff team had been given the opportunity to meet with a member of the management team on a regular basis and spot checks on their work had been carried out. This enabled the management team to check the support workers were carrying out the care and support they were required to do. One explained, "I had a spot check recently [name] came to do mine, I have had supervisions as well."

The staff team monitored people's health and wellbeing and when concerns about people's welfare had been identified, these had been reported and acted on. One person told us, "I live in sheltered accommodation and the carers have called the warden to support me whilst they called for a doctor. I know they have my welfare at heart."

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No one had an authorisation under the Court of Protection at the time of our visit. The management and staff team understood their responsibility around the MCA. A member of the management team explained, "It's about people having the capacity to make their own decisions. If they can't you report it to the office and they report it to their GP so they can carry out an assessment." A support worker told us, "Its making sure who can and who cannot make decisions. You can't assume people cannot make a decision for themselves."

People told us the staff team always obtained their consent before they carried out their care and support and choices were always offered. A relative explained, "[Relative] likes to be dressed in a particular way and the carers always ask them what they want to wear each day. We are very happy with the care they provide and they keep us in touch with the outside world. We all have plenty of chats, which we look forward to. The carers know us so well they get on with their jobs very well indeed. They always ask us if there is anything else we want doing before they go."

Is the service caring?

Our findings

People told us the support workers were kind and caring and they looked after them well. One told us, "I have made genuine friendships with most of my carers. Sometimes new carers take a bit of getting used to, but that's natural." Another explained, "The carers treat us with the utmost respect."

Relatives spoken with felt the staff team were thoughtful and kind. One told us, "The staff listen very carefully to my father's needs – they are respectful and friendly. They treat him with dignity." Another explained, "Staff are very kind, very helpful and cooperative. They treat [relative] with dignity and respect." A third stated, "They are paid to look after [relative], but they are also concerned with my well being too. We really look forward to the carers coming. We wouldn't be without them. They have made such a difference to our lives."

The staff team gave examples of how they preserved people's dignity when supporting them. One explained, "I always put a towel over the bottom half when I'm assisting with the top half. I also offer them the chance to wash themselves." Another told us, "When someone is having a strip wash, I always put a towel over their private parts. I never open the curtains until they are fully dressed and if they can help themselves, I ask them if they want me to leave the room whilst they are doing it."

People confirmed their privacy and dignity were promoted when being assisted with personal care. A relative told us, "We have a very, very good rapport with all the carers. Our privacy is well respected and everyone is very good in what they do." Another explained, "[Relative] did not really want carers to be looking after his personal hygiene, but he desperately needed this support. He refused to cooperate at first. But [name] has been superb. She has won him round. He now has no problems being washed and dressed by any of the carers, but he has a particularly good relationship with [name]. All the carers are very pleasant, they provide exactly what he asks for in terms of washes and meals. He is comfortable with the whole team."

People were supported to be as independent as they could be. One person told us, "I am very comfortable with all my carers. I'm pretty independent so what I really enjoy is the social contact and chatter with my carers." A relative explained, "We have a live in carer from Helping Hands called [name] She is outstanding in every way. In addition Helping Hands send carers four times a day to supplement the support we need. They are all superb. They work so efficiently together. When [name] has to take a week off the 'substitute' live in carers come for two days in rotation. They are always carers that know the needs of [relative] really well. They are so responsive and supportive, but also give [relative] as much independence as they can cope with."

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. Computers which stored personal information were password protected and people's care records were kept secure. People's personal information was safely stored and held in line with the provider's confidentiality policy.

Is the service responsive?

Our findings

People had been visited prior to their care package starting to determine what help and support they needed. The registered manager explained people's care and support needs were always assessed. This was so they could assure themselves people's needs could be met by the staff team. Records we checked confirmed this. From the original assessment, a plan of care had been developed.

The plans of care included people's care and support needs and how they wanted those needs to be met. They included people's likes and dislikes and personal preferences with regard to how they wanted to be supported. For example, one person's plan of care told the reader, 'Would like a glass of orange and coffee and would like to be asked what I want for breakfast. Also check I have my lifeline on.' Entries in the daily records confirmed this took place.

People told us the support workers knew them well. One person told us, "I think my carers are really good they know me and they do exactly what I ask of them." A relative explained, "The carers know the needs of [relative] and listen carefully to how we like tasks to be done."

People told us the carers use their allocated time to the full. They told us the staff team worked efficiently and used their time properly. They did not rush people. One person told us, "It is swings and roundabouts. Sometimes the carers go over their 60 minute time slot to complete a task thoroughly. On other occasions they do their jobs and then sit and chat which is very nice."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they could provide literature in large print and braille if it was required. Their Information leaflet had also recently been translated into Gujarati to enable people who only spoke Gujarati to access this information.

There was a formal complaints process in place and people and their relatives knew who to contact if they were unhappy or unsure about anything. One person told us, "We know how to complain to the office staff because this procedure is clearly stated in our personal file." Another explained, "We have never had the need to complain. The only time I contact the office is to re-arrange visiting times. They are very cooperative with this, even at short notice."

When a complaint had been received, this had been handled appropriately and investigated thoroughly.

The staff team had received training on end of life care during their induction into the service and a procedure to follow was in place. Comments received from a relative included, "Thank you, we couldn't have wished for more gentle and considerate carers who were present as [relative] passed away. They couldn't have dealt with it in a more thoughtful and professional manner."

Is the service well-led?

Our findings

There was a registered manager in place. 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 told us the service was well managed and the registered manager and management team were open and approachable. One person told us, "I think the office staff are very approachable. I cannot fault them or the care team." Another explained, "The office team are very efficient at re-arranging visiting times if we have to be out of the house."

Relatives told us they felt the service was properly managed and the management team were friendly and welcoming. One told us, "I would have no hesitation in recommending this firm to anyone. They are excellent." Another explained, "I have already given their contact details to another family in similar circumstances to ours."

People and their relatives, told us they felt comfortable contacting the management team if they had an issues to raise. One person told us, "I really like the way I can contact the office staff by text and know that I will get a quick response if we have to urgently alter our visiting arrangements."

Staff members felt supported by the management team. They told us there was always someone available they could talk to if needed. One explained, "If there are any issues they [management team] are great. You can always approach them. I can go any time and have a chat. [Member of the management team] is very supportive." Another explained, "If I have any problems I can always ring up [registered manager] and she is happy to help. I feel really supported because there is always someone available."

The staff team understood the provider's vision and values. A support worker told us, "Our aim is to provide the best care possible and to make sure people are safe and their needs are met." Another explained, "It is about promoting people's independence, providing freedom of choice and keeping them safe."

Regular staff meetings had taken place. These provided the staff team with the opportunity to have their say and to be involved in how the service was run. Subjects discussed at the last team meeting included MCA and the correct completion of MAR charts. Information on the uniform dress code and the personal appearance policy was also provided. Support workers told us they were happy and comfortable to speak at staff meetings.

The registered manager was in the process of developing a newsletter for the staff team. They planned to include information on different health conditions and on a different policy each month. January's newsletter included information regarding Dementia and the missed calls policy. We were told each staff member would be given a copy for their information.

People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through visits and the use of surveys. Though not everyone spoken with could remember completing a survey. The registered manager had also commenced monthly communication via telephone to gather people's thoughts of the service they received. One person told us, "The office staff have carried out telephone reviews asking us what we think of the service." Another explained, "I appreciated the face-to-face review with [member of management team]. They listened very carefully and acted on the issues I raised."

Monitoring systems were in place to check the quality and safety of the service being provided. Audits were being carried out on a weekly and monthly basis. These covered areas such as medicines management, incidents and accidents, daily records and complaints. Members of the provider's management team also visited regularly to monitor the service being provided.

People's calls were being monitored on a regular basis and this had identified that a number of people were experiencing late calls. This happened particularly in the evenings resulting in one person cancelling their calls. We discussed this with the registered manager. They explained they were in the process of realigning people's calls to make sure their agreed times were to be met moving forward. A forum meeting was being arranged for the beginning of February. This meeting would provide people with the opportunity to discuss their care packages and the registered manager the opportunity to discuss the improvements to call times being made. This included staff members having set runs in set locations, reducing the need to travel long distances.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

This was a first ratings inspection of the service. The provider understood their responsibilities for ensuring that once rated, this rating would be displayed. The display of the ratings poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and other interested parties.