

Midshires Care Limited

Helping Hands Stoke

Inspection report

8 King Street
Newcastle
Staffordshire
ST5 1EL

Date of inspection visit:
28 February 2019
01 March 2019

Date of publication:
03 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Helping Hands Stoke is a domiciliary care service that was providing support to 80 people in their own homes.

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

People's experience of using this service:

People were supported by staff, who were recruited safely and had the knowledge and skills to provide effective support. Staffing levels were reviewed to ensure there were enough staff to meet people's needs. Infection control procedures were followed and Medicines were managed safely.

Care plans and risk assessments were in place which enabled staff to provide support that met people's needs whilst respecting their preferences.

Staff used care plans to ensure they provided support in line with people's wishes. This ensured people received personalised care in line with their preferences and diverse needs. People were involved in the planning and review of their care.

People were supported by staff who were caring and promoted choices in a way that people understood, this meant people had control and choice over their lives. Staff respected people's privacy and provided dignified care.

Systems were in place to monitor the service. People's risks were mitigated and lessons were learnt when things went wrong. People and staff could approach the registered manager who acted on concerns raised to make improvements to the quality of the care delivered.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:

The service has not been previously inspected.

Why we inspected:

This was a planned inspection. This was the first inspection for this service following registration.

Follow up:

We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Good ●

Helping Hands Stoke

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

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.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults. At the time of the inspection there were 38 people receiving the regulated activity of personal care using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

Inspection site visit activity started on 28 February 2019 and ended on 1 March 2019. This included telephone calls to people and relatives to gain feedback about the service. We visited the office location on 28 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

We used the information we held about the service to formulate our planning tool. This included notifications about any events that had happened at the service, which the provider was required to send us by law.

We spoke with four people who used the service and two relatives to gain their experiences of the service provided. We spoke with four staff, the registered manager, the Head of Home Care North and the quality partner.

We viewed four people's care records to confirm what people and staff had told us. We also looked at documents relating to the management of the service including rotas, accident reports, monthly audits, and medicine administration records. We also looked at training and induction records for staff employed at the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People told us they felt safe when staff supported them. One relative said, "I am happy with everything that the girls do for [relative] each time they come."
- People's known risks had been assessed and detailed care plans were in place to ensure staff had guidance to support people safely whilst promoting their independence. Staff had a good knowledge of people's risks and were able to explain how they supported people to remain safe in their own homes.

Systems and processes

- People were safeguarded from the risk of abuse because staff understood how to recognise the signs of abuse. Staff explained how they would report suspected abuse in line with the provider's policies.
- The registered manager understood their responsibilities to act on reports of suspected abuse. Where there had been concerns with regards to alleged abuse the registered manager was able to explain their actions and evidence the alert to the local safeguarding authority.

Staffing levels

- People told us that staff arrived on time, stayed the full amount of time allocated and they were informed if a visit was going to be delayed. One person said, "Its early days but it all seems to be working well with the service the girls are cheerful, they know what they are doing and the care is never rushed"
- The provider had safe recruitment practices in place, which were followed to ensure people were supported by suitable staff. The provider had a system in place to monitor staffing levels to ensure people received the support they needed.

Using medicines safely

- People told us staff supported them with their medicines where needed, one person said, "Because they come on time I get my tablets when I need them".
- Medicine Administration Records (MARs) were used to show staff had supported people with their medicines. Staff told us they were trained in the administration of medicines, and records we checked confirmed this.

Preventing and controlling infection

- Staff followed infection control guidance and ensured personal protective equipment (PPE) was used when

they supported people such as gloves and aprons. This meant people were protected from the spread of infection.

Learning lessons when things go wrong

- The registered manager had systems in place to learn when things went wrong. Issues that were raised by people, staff or other professionals were dealt with by the registered manager. We saw that following any issues the registered manager discussed the issue with the staff member concerned and if needed with the whole staff team to ensure improvements were made to people's care.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed, planned and reviewed to ensure they received care that met their changing needs. One relative told us, "Before we started with Helping hands someone came from the office and we went through and discussed all my [relatives] needs and they wrote it in their care plan and every time the carers come, its filled in".
- Care plans had been developed with people, their relatives and anyone else relevant in their care and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as disability and religion.

Staff skills, knowledge and experience

- People told us they felt confident staff were trained. One person said, "We have never been sent a carer who hasn't at least shadowed another member of staff before".
- Staff told us they had received training to carry out their role and shadowed an experienced member of staff before they provided support to people. One staff member said, "I had face to face training and some online. I did 6 hours shadowing, and was told if I needed more I could have it. The manager really did make sure I was comfortable with everything before I was sent out alone."
- Staff felt supported in their role and received supervision from the registered manager. One staff member told us, "I come into the office regularly and they are always welcoming and the manager always gives me a chance to talk anything through if I'm worried".

Supporting people to eat and drink enough with choice in a balanced diet

- People were happy with the way staff supported them to eat and drink sufficient amounts. One person said, "One of my regular girls makes me a casserole twice a week and we freeze it so I have that when I want it; works well for me".
- Staff understood how to support people to ensure their preferences were met. One relative told us, "I worry that they are getting enough to eat so we have agreed that if [relative] says they are not hungry the girls make them something anyway and leave it with them. They usually then at least eat something". Staff confirmed that this is the process they follow and it works well.

Staff providing consistent, effective, timely care

- People told us they were supported by the same staff who they knew well where possible. This helped staff

build relationships with people and ensured people received consistent care.

People are supported to have healthier lives and have access to healthcare services

- People were supported to have access to relevant healthcare professionals when they needed them. Staff told us that if they were supporting someone and realised their needs may have changed they would immediately raise this with the manager and they would arrange for a health professional to re-assess the person.
- Staff understood the procedures to follow if people were unwell and needed medical assistance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People told us their consent was gained prior to using the service, and staff asked them what help they needed before supporting them.
- Where people were unable to consent to aspects of their care, mental capacity assessments had been completed with input from family member and professionals. This ensured people's care was provided in their best interests.
- Staff had a good understanding of the principles of the MCA and explained how they supported people to have choice and control of their lives.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives told us staff were kind and caring. One person said, "I can't fault any of the girls they really do care about me I am sure nothing is a trouble to them at all". One relative said, "the girls are a real support to us both I don't know how we managed before."
- Staff told us they were given enough time in-between calls so they could spend time chatting with people and the care provided wasn't rushed. One staff member said, "That's' why I like working here, it's about what's best for the people and not what suits us or the company".

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

- People were encouraged to make choices about how they wanted their care provided and were involved in their care. One person said, "I let them know what care I want."
- Staff were able to explain how they supported people who had problems expressing themselves. One staff member told us, "We give people two choices of clothes for example, so that they can easily understand what's been asked".
- Care plans contained individual guidance for staff to follow when supporting people to express their views.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person said, "The girls keep the parts covered for me when they are working on my other bits to maintain my dignity".
- People's dignity was maintained when staff provided personal care. Staff told us how they ensured people were comfortable with the care provided. One staff member told us, "You just need to talk to people and explain what you're doing then there is nothing for them to worry about".

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs were met:

People received personalised care from a consistent group of staff that knew people well. Care plans were developed with people and their relatives which ensured people received care in line with their preferences and needs.

Personalised care

- People and their relatives told us they were involved in the planning of their care. One person said, "They know me, and know how I like things."
- People told us they received care in line with their preferences. For example; people received their care at a time they requested and where a preference for male or female carers was specified this was planned for on rotas.
- Staff knew people well and could explain how they supported people, and people we spoke to corroborated this.
- The registered manager was responsive to people's needs and staff were made aware when people's care changed.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain. One person told us, "If I need to get hold of the office I just ring and someone always answers the phone and they try to sort me out"
- The provider had a procedure in place to investigate and act on written complaints received at the service. We saw that complaints were tracked on an electronic system that prompted the registered manager to follow the timescales set out in the providers' policy.

End of life care and support

- At the time of the inspection there was no one who needed end of life support.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. The management promoted high-quality, person-centred care.

Leadership and management; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Systems were in place to monitor the quality of the service and mitigate risks to people. The registered manager had a system of audits in place which included care plans, daily records, accidents and incidents and MARs to ensure people received their care as planned.
- The registered manager carried out unannounced spot checks on staff. This ensured staff understood how to support people effectively.
- The registered manager was aware of their legal responsibilities in relation to making notifications to CQC and appropriate notifications had been made when required.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, relatives and staff told us the registered manager was approachable and supportive. One person said, "I don't have a problem with how the service is managed it's all working well for me." One relative said, "If it's not broke why fix it I say; let's hope they carry on like they are now."
- Staff we spoke with were positive about the registered manager and the provider. One staff member said, "[Registered manager's name] is very supportive. They are fantastic and very caring. You can talk to them whenever you like; they are very approachable and friendly".

Engaging and involving people using the service, the public and staff

- People and relatives were encouraged to share their feedback about the service. We saw surveys were completed and people told us they were asked for their feedback on the service they received. •The registered manager visited or called people to ask if they were happy with the care provided. The feedback gained was used to identify any areas of improvement.
- Staff told us they were encouraged to be involved in the service. One staff member said, "We have monthly staff meetings where we discuss everything about the service, and the manager likes everyone to be involved and have their say and suggest ideas on how we could improve".

Continuous learning and improving care

- Staff told us they completed training and had regular refresher sessions. One member of staff said, "We

have training every year and can ask for other things if we think we need it. The medication training was brilliant".

The Head of Care North showed us they had a new electronic system that would be fully implemented by April 2019 and would help ensure that people continued to receive good care going forward as it would log call times and enable staff to access information about people's care quickly.

Working in partnership with others

- The registered manager told us the service had good relationships with relevant health and social care professionals and sought their advice when needed.
- The registered manager passed on updates and shared good practice through supervisions with staff and staff meetings