Midshires Care Limited

Helping Hands Sheffield

Inspection report

4 Hutcliffe Wood Road
Sheffield
South Yorkshire
S8 0EX

Date of inspection visit:
19 July 2018
20 July 2018
23 July 2018

Date of publication:
23 August 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this inspection on 19, 20 and 23 July 2018. This inspection was announced, which meant the manager was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us. This was our first inspection of the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of this inspection Helping Hands, Sheffield was supporting 35 people.

Not everyone using Helping Hands, Sheffield necessarily receives support with the regulated activity; 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.

The manager had been at Helping Hands, Sheffield for approximately two months at the time of this inspection. They were in the process of registration with CQC. 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.

The registered provider had a compliments and complaints policy and procedure in place and people told us they were aware of how to make a complaint if they needed to. However, some people and their relatives told us of occasions when they had tried to complain and they did not receive a satisfactory response.

Not everyone we spoke with thought there were enough staff available to ensure their care and support needs were met in a timely way. Some people and their relatives told us sometimes calls were missed or late. Not everyone had a regular group of the same care workers visiting them.

The registered provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the manager.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through regular supervisions.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People told us they were treated with dignity and respect.

People received personalised care. People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments.

Staff told us they felt supported by the manager and were comfortable raising any concerns or queries.

People, their relatives and staff were regularly asked for their views of the service.

There were effective systems in place to monitor and improve the quality of the service provided.

The registered provider had up to date policies and procedures which reflected current legislation and good practice guidance.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 16, Receiving and acting on complaints.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There weren't always enough staff employed to meet people's needs in a timely way. People and their relatives told us they didn't always know in advance which member of care staff would be visiting and it wasn't always the same group of care staff they saw.

There were clear policies and procedures in place for staff to recognise and respond to any allegations of abuse. Staff had received training in this area and understood how to keep people safe.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction, relevant training and regular supervision to make sure they had the right skills and knowledge to support people.

The manager and care staff had an understanding of the Mental Capacity Act 2005 and understood what this meant in practice.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring.

Staff understood what it meant to treat people with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People and their relatives told us they had not always received a response when they had complained.

People's care records were person-centred, they reflected the person's current health and social care support needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People, relatives and staff spoke positively about the manager. We saw systems were in place to improve the quality of the service. However, these needed to be fully implemented and then sustained over time.

People, relatives and staff were regularly asked for their views of the service.

The registered provider had up to date policies and procedures which reflected current legislation and good practice guidance.

Helping Hands Sheffield

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 19, 20 and 23 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure the manager would be available. The inspection team was made up of one adult social care inspector and one assistant adult social care inspector.

The inspection activity started on 19 July 2018 and ended on 23 July 2018. We visited the office location on 19 July 2018 to see the manager, office staff, and to review care records and policies and procedures. On 20 July 2018 we visited people and their relatives at home. On 20 and 23 July we spoke with people who received a service from Helping Hands, Sheffield and their relatives over the telephone.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The previous manager completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

Prior to this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

Prior to this inspection we contacted staff at Healthwatch, Sheffield and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke to three people to gain their views on the service they received. We spoke to

four relatives. We spoke with the manager, the head of home care (North), the quality partner, the area manager and five members of care staff. We spent time looking at written records, which included four people's care records, four staff personnel files and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We checked to see whether there were enough staff to meet people's care and support needs. We asked people and their relatives if staff turned up on time and stayed the full amount of time allocated to each visit. People and relatives we spoke with confirmed care staff could be relied on to stay the allocated amount of time. However, we had mixed responses as to whether care staff turned up on time. Comments included, "Usually they [staff] are on time, but on the odd occasion they're late, I don't mind though" and "We're happy with the carers who assist. We've had problems with carers turning up late or not turning up at all, we never even got told they weren't coming. I think when they're late they give [name of relative] a call." One person regularly attended a day centre and told us they were often late themselves as a result of late calls. This meant they had missed out on social opportunities at the beginning of the day.

We asked care staff if they had enough time allocated to travel between visits safely. Their responses included, "I sometimes feel like I'm rushing, some calls we only have 15 minutes [allocated] to do a 25 minute journey. I have raised this with the manager and she sorted it", "90% of the time [there is enough travel time], recently however I've had to travel very far from my house. But that's because of leave and sickness so it's not permanent but sometimes they [office staff] don't think about the distance and taking traffic into account" and "I have 15 minutes to do 18 miles sometimes which is a struggle. I did raise this and my rota was changed but obviously that threw my schedule out."

Some people and relatives told us they didn't see the same care staff all the time and they didn't always know in advance which members of staff would be coming to their home. Comments included "They are different staff every time really, I don't get the same" and "I do feel safe, they [staff] do sort issues but it just annoys me when I get different people [care workers] who ring in sick and I don't get the same people."

The manager told us the rota was produced a week in advance and people were given a copy of this. However, not everyone we spoke with was getting a copy of the staff rota for their visits in advance, but everyone said they would like to. Staff told us they got their rotas the Thursday before the start of the next working week, however, this was liable to change.

We spoke with the manager and head of home care regarding this and they explained there had been recent difficulties with staff shortages and sickness. This had impacted on the times of some calls and which staff were available to complete the calls. We were told nine new members of care staff had been recruited and were due to start work the week following this inspection.

We checked four staff personnel files to see if the process of recruiting staff was safe. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity and a Disclosure and Barring Service (DBS) check. This helped to ensure people employed were of good character. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to keep people safe.

Some people required support with managing their medicines and this was recorded in their care records, alongside the level of support needed, from prompting through to administering. Where appropriate, we saw there were medication administration records (MAR) in place. Care staff were expected to sign the person's MAR chart to confirm they had given the person their medicines or record a reason why it had been declined.

The registered provider had an up to date medicines policy and procedure. People's care records contained fact sheets about their medicines, including what it was prescribed for and possible side effects. Staff we spoke with told us they received training in supporting people with their medicines and their competencies in this area were observed to make sure they had the necessary skills to manage medicines safely.

The quality partner told us completed MAR charts were audited every month when they were returned to the office. We saw evidence of these audits taking place on people's care records. We were told if there were any concerns identified as a result they would be discussed with staff. On one person's care record we saw significant gaps and errors had been identified when their MAR chart was audited the previous month. However, the audit for this month did show improvements had been made as there were considerably few gaps and errors in recording.

We saw the registered provider had an up to date whistleblowing policy and procedure. Whistleblowing is one way in which a worker can report concerns by telling their manager or someone they trust. We saw there was clear information displayed throughout the office premises on who staff could contact if they had any concerns.

We saw the registered provider had an up to date safeguarding vulnerable adults policy and procedure. Staff we spoke with were able to describe what abuse could look like, such as unexplained bruising, and what action they would take if they thought abuse had taken place. All were confident managers would take their concerns seriously and respond appropriately.

The manager kept a record of safeguarding concerns they had referred to the local authority. There had been two in total. One was regarding alleged abuse of a person who used the service by someone they knew and the other was regarding a medicines error by a member of care staff. We saw these were recorded alongside the action taken to resolve the issues.

The registered provider had systems in place to record any accident and incidents and the action taken in response. At the time of this inspection there were no accidents or incidents recorded. Our conversations with people and care staff confirmed this was likely to be the case.

We saw people had up to date risk assessments on their care records. Every person had a risk assessment linked to each of their assessed care and support needs where a medium to high level of risk had been identified. For example, where a person was at high risk of falls the risk assessment gave directions to staff on how to reduce the level of risk.

In addition we saw on people's care records the manager had undertaken an environment risk assessment of each person's home. This was to identify any risk to care workers such as steep stairs. Where a risk was identified this was recorded alongside any actions required to reduce the risk.

We saw the registered provider published 'learning lessons' for all their branches. The manager told us these could be shared with staff via email and/or discussed at team meetings. These publications gave real life examples of accidents, incidents and near misses experienced by staff and the lessons learnt from them. For

example, there was an incident where a care worker fell down the stairs in a person's home. Lessons learnt from this to reduce the risk of falling again included, 'make sure area is well lit, don't rush and if appropriate, request a hand rail is fitted'.

This meant the registered provider had effective systems and processes in place to help keep people safe.

The registered provider had an up to date policy and procedure regarding infection control. Care staff told us they always had access to personal protective equipment (PPE), such as plastic aprons and gloves at the branch office. People and relatives we spoke with confirmed care staff used PPE appropriately to reduce the risk of any infections spreading.

Good

Is the service effective?

Our findings

The head of home care told us all new staff, including managers undertook a three-day induction programme. This consisted of classroom based training delivered by the regional training manager at the local office. This included practical training, such as moving and assisting and basic life support and dementia awareness. We were told the training programme gave staff the opportunity to understand what it might be like to need support with personal care or to live with dementia.

The three-day induction training also covered all15 standards of The Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers should adhere to in their daily working life. The Care Certificate should give everyone the confidence that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

New staff had up to three months to complete eLearning training on subjects such as safeguarding. The eLearning included a test at the end of each subject to check the member of staff had understood what they had read. Once this was successfully completed care staff shadowed a more experienced member of staff for a minimum of six hours before they could be assessed as competent to work alone.

Training records on the staff personnel files we looked at confirmed staff had completed an induction and received relevant training. Staff we spoke with confirmed they had a thorough induction and training. They told us they were confident in undertaking their roles as care workers. Comments from staff included, "I had a full induction when I started, the training was spot on and very detailed" and "I had online and face to face training, it was very thorough, it was 3 days in total. We did practical moving and handling and catheter care. It was very good training, I've never worked in care before and it gave me everything I needed."

The head of care told us staff should have supervision twice a year and two direct observations of their practice every year. This was in addition to a yearly appraisal. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The head of care told us they encouraged managers to alternate a supervision and a direct observation every three months so care staff had regular contact with their manager.

The head of care explained direct observation was not just to confirm care staff were undertaking their jobs effectively, it also provided the care worker with the opportunity to discuss any issues with their manager. The staff files we looked at contained evidence of supervisions and direct practice observations taking place. Staff told us they felt supported by managers and found the supervisions and observations useful. Comments included, "I have supervisions a lot and I can ask for whatever I need during these, I have annual top up training as well but they are always happy to talk us through things", "I have supervisions and these were helpful. I raised a concern which I had and they really listened to me" and "I have had a few supervisions which are good, if I'm doing something every day it's good for someone to come and review it and remind you."

This meant staff received appropriate support, training, professional development, supervision and appraisal in order for them to carry out their jobs effectively.

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. For people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of this inspection we were told everyone receiving support from Helping Hands, Sheffield had capacity to consent to their care. We saw the registered provider had policies and procedures in place for supporting a person in their own home who lacked capacity.

We spoke with the manager and she understood the implications of the MCA and was aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity. Staff we spoke with confirmed they had received training in understanding the MCA. They told us they understood the importance of always gaining permission before providing any support.

Some people receiving support from Helping Hands, Sheffield needed support with eating and drinking. Where this was case we saw this was recorded in people's care records with information on the level of support required and the person's preferences.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring. Comments included, "We have some lovely carers who come, they are absolutely lovely", "It's a very good service we have no complaints about the service or staff", "They [staff] are just nice and patient because it can take me a while to get going," "They [staff] are very nice to me and sit and have a chat with me" and "The carers are very good, I have no complaints."

The registered provider had a clear set of values which were displayed throughout the local office and on key pieces of documentation, such as job application forms. These values were described as 'The Helping Hands Way' and there were four values – focus on people, excellence every time, listening and understanding and building on our success. Staff we spoke with shared these values and told us they enjoyed working for Helping Hands, Sheffield. All care staff spoken with said they would recommend the service to family and friends if they needed this type of care and support.

We asked care staff how they promoted people's dignity and respected their privacy. They told us, "I make sure the doors are closed, curtains are closed and ask the client if they are comfortable. Just by talking to people, letting them know what we're doing. I just want people to be comfortable" and "'I cover people when I am completing personal care, I always tell people what I am doing and make people as comfortable as possible."

Care staff were able to tell us how they supported people to maintain their independence. Comments included, "I prompt people to do things for themselves; I never presume that people can't do things. It's about empowering people and making sure they keep that little independence. We're there when they need some help" and "It's small things, I say things like, 'Shall we make a brew' and encourage clients to do things. Even if it's just putting the kettle on, small things make a huge difference [to people's independence]."

We saw the registered provider's policies and procedures, and service user guide emphasised promoting people's dignity and independence.

Care staff told us they got to know about people by reading their care records, "I read care plans and I always take time with them and have a chat, they like to talk about their memories and their families it's a good way to get to know people. We just pick up on peoples likes and dislikes and preferences just by seeing them every week" and "I always make sure that I read the care plan of the person I'm assisting. But we just ask them if we're unsure, there's no one better than the client to tell us what they want."

The head of care showed us 'carer profiles' which were being developed for each member of care staff. These would be shared with the person when considering a prospective member of care staff in order to check compatibility and give the person some information about the care worker coming into their home. We saw the profiles contained information about their experience, qualifications, how they would describe themselves and why they chose to work for Helping Hands, Sheffield.

Requires Improvement

Is the service responsive?

Our findings

We saw the registered provider had an up to date compliments and complaints policy and procedure. There was also information on who to contact if you had a complaint in the 'Service User Guide'. We saw the head of care had kept a record of compliments and complaints since the branch opened. There had been seven compliments and two complaints recorded. These two complaints were the same as the two safeguarding issues, which had been investigated and resolved.

We asked the head of care if anyone had ever complained about late calls or missed calls and we were told these were informal concerns which should be dealt with at the time and weren't always recorded. From our conversations with people and their relatives we were made aware of three separate occasions where people had rung the branch office to complain. These complaints had been regarding late calls, communication with office staff and care workers not always cleaning up thoroughly. Comments from people and relatives included, "I'm not happy with the office staff or how the office works, I have complained about this but I haven't even received acknowledgement. I emailed [manager] my complaint and [manager] never responded so not very good. I didn't even know [name] was the new manager really, I've never met [manager]" and "Administration and the office communication must be improved; I can hardly ever get through to anyone. There seems to be a lot of changes going on and no-one ever calls us back. The Sheffield office needs to be more up and running."

The registered provider had systems in place to record and respond to complaints, however these systems were not always being followed. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

When a person expressed an interest in receiving support from Helping Hands, Sheffield a home visit was undertaken by the manager to undertake an assessment of the person's care and support needs. We saw these were electronic documents called 'My Support Plan, Risk and Care Needs Assessment'. For each person in receipt of a service we saw a paper copy had been printed out and placed in the person's home.

We saw these records were person centred. At the beginning there was information on what and who was most important to the person alongside the objectives the person would like to achieve from their support package. These varied from person to person. For example, outcomes such as wanting to chat with care workers and maintaining a routine to reduce anxiety. Also at the front of each record was a summary document outlining the time and length of each call the person received. We saw each record included a summary of the person's health, social care needs, religious needs, interests and hobbies as well as a life history and the person's expectations for the future. All of this provided a useful overview for any care worker new to the person.

The main body of people's care records contained more detailed information regarding what was expected at each call and how the person wanted the support delivered in a way that best met their needs. Each area of daily living was assessed separately, such as financial requirements, medicines managements and personal care. We saw there were also general areas of consideration around adverse weather and any

support required with looking after any pets.

Care records also contained useful information on any health conditions specific to the individual such as, epilepsy or where specialist equipment was required, such as an electric wheelchair. We saw evidence of reviews taking place in people's care records. We were told these would be undertaken every six months (previously every 12 months), or sooner if people's needs changed.

In some of the care records we looked at we found multiple spelling errors and the use of acronyms without explanation. This made the records difficult to understand in places. We spoke with the head of care about this who explained managers used a tablet and electronic pen to complete assessments in people's homes. This then converted the manager's hand writing into a typed document. They agreed this needed to be checked before any documents were printed off.

Requires Improvement

Is the service well-led?

Our findings

The manager had been in post for approximately two months at the time of this inspection. They told us they were in the process for applying for registration with CQC and checks on our records confirmed this to be the case.

People, their relatives and members of staff were positive about the manager. Comments included, "She [manager] does a very good job, she's not been here long but what she does is very good", "We have had a few problems with the number of managers we've had this year. The current one seems really nice and is really getting stuff sorted", "I would say the service is well led, we've had a few hiccups with last managers but the one we have now is really good, everything is fine" and "I like her [manager]. She is very competent and good at communicating."

We asked people, relatives and staff if they were asked for their views on the service and given opportunities to make any suggestions for improvement. For example, this can be done via meetings and questionnaires. The head of care told us the registered provider sent out a customer feedback survey every year to everyone who received a service from Helping Hands. The most recent results were published in December 2017. This took the form of letter to everyone and included a list of 'you said' and 'we did' responses. At a local branch level people received regular customer telephone quality assurance calls. The head of care told us each branch should complete one a week, more if a larger service. We saw three that had been completed this month. All were overwhelmingly positive about the service they received.

The registered provider also sent out an employee feedback survey twice a year and published the outcomes. We saw the most recent was undertaken in June 2018 and the responses were in the process of being collated. The registered provider also expected each local branch to hold staff team meetings every month. The head of care told us that due to recent management changes Sheffield branch had one recorded meeting so far this year, which took place in May 2018. Due to annual leave and induction commitments we were told the next team meeting was planned for the end of July. We saw from the meeting minutes general updates were given to staff and they were also give the opportunity to ask further questions. We saw the registered provider produced different 'skill slots' to be discussed by each branch at their monthly team meeting. Topics included stroke awareness and supporting people with challenging behaviours.

We saw the manager had introduced a staff newsletter in June 2018 and they told us this will be produced monthly. It gave information about the employee of the month, new starters and included any compliments the service had received.

This showed the service had systems in place to regularly ask people and staff for their views on the service so they could continually improve.

Quality monitoring and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality

standards and legal obligations. We saw the registered provider had a comprehensive quality audit schedule in place. The gave guidance to each branch manager on what needed to be audited and how often. In turn, a sample was checked and audited by the area manager and again by the head of care.

We saw audits of log books and MAR charts taking place. The log book was used by staff to record the detail of each visit they undertook, including the time they arrived and left. Where issues had been identified we saw these had been recorded and action taken to improve.

The registered provider had created the policies and procedures for all their branches. We saw they covered all areas of service provision and were regularly reviewed and up to date.

The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The head of care confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that notifications had been received.

The registered provider had systems and procedures in place to be followed at each of their branches to promote good, safe practice. We saw these had not always been adhered to at Helping Hands, Sheffield. The manager and care coordinator had only recently been employed and we saw they were being supported by their area manager, quality partner and head of care to develop and improve the service. These improvements need to be fully implemented and sustained before this domain of well-led can be rated as good.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered provider had systems in place to record and respond to complaints, however these systems were not always being followed.