

Midshires Care Limited

Helping Hands Durham

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 23 and 29 May 2018 and was announced. This was the first inspection since the service was registered at this location in June 2017.

This service is a domiciliary care service. It provides personal care to people living in their own houses and flats. It currently provides a service to people living with dementia, mental health issues and physical disabilities.

Not everyone using Helping Hands Durham receives 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. At the time of our inspection 11 people were using the service, 4 of whom received personal care.

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 and their relatives told us staff employed by the service helped them to stay safe. Risks to individuals were documented. These assessments included guidance for care staff on how to manage any risks identified and minimise the likelihood of harm.

The provider had business continuity plans in place to ensure that peoples support needs were still met in emergency situations. Infection control policies and procedures were followed to ensure the control of infection. Medicines were managed safely.

People were safeguarded from abuse and avoidable harm. Staffing levels were monitored by the registered manager to ensure sufficient staff were on duty to keep people safe. Recruitment policies minimised the risk of unsuitable staff being employed.

Staff received the training they required to help them keep people safe and were supported with regular supervision. Staff appraisals had not yet taken place due to the length of time the service had been in operation however these had been scheduled.

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.

Some people using the service received support with food and nutrition. Where this was the case people were assisted with their dietary needs and preferences. People were supported to access external professionals to monitor and promote their health. The service actively engaged with the local community,

taking part in charitable activities and offering rooms for local charities to use. Information leaflets for the general public in relation to care services were available in the company's office.

All of the people and relatives we spoke with said that the staff team were kind and caring. We observed and were told by both people and their relatives that staff treated people with respect and promoted independence. Information was available to signpost people to advocacy services. Personalised care was planned and delivered based upon people's support needs and preferences.

A clear complaints policy and procedure was in place. Staff understood and followed people's care and support. The provider had policies in place to support people with end of life care if needed.

People, their relatives and staff informed us communication within the company was good. The staff we spoke with told us there was always someone to speak to if they needed guidance or support. Quality assurance checks were carried out by the registered manager and provider to monitor and improve standards at the service. Feedback from people, relatives and staff about the service was sought and analysed.

The registered manager promoted and monitored the provider's policies and procedures regarding the expected quality outcomes for people supported

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Policies and procedures were in place to safeguard people from abuse. Staff knew how to recognise and report any concerns.

Risks to people were assessed and staff knew what actions to take to reduce them.

People's medicines were managed safely.

Infection control policies and practices were in place.

Recruitment procedures were in place to reduce the risk of unsuitable staff being employed.

Is the service effective?

Good ●

The service was Effective.

People received care from staff that had the skills and knowledge to meet their needs.

Staff were supported through regular training and supervision.

Staff sought consent from people before any care or support was provided.

People were supported to access external healthcare professionals to maintain and promote their health.

Is the service caring?

Good ●

The service was Caring.

People and their relatives spoke very positively about the care and support they received.

Staff displayed caring attitudes towards people and understood the importance of maintaining people's dignity.

People's independence was promoted by staff.

Is the service responsive?

Good ●

The service was Responsive.

Care and support plans reflected people's individual needs and were regularly reviewed and updated.

Staff knew the people they were supporting well including their desired outcomes and preferences.

People knew how to complain if they chose to do so.

Policies were in place to provide end of life care where needed.

Is the service well-led?

Good ●

The service was Well-led.

Staff spoke very positively about the culture and values of the service.

A range of quality assurance checks were carried out to monitor and improve standards at the service.

The service engaged with the local community and had formed relationships with health and social care professionals.

Feedback was sought from people, relatives and staff and suggestions for improvement were acted upon.

Helping Hands Durham

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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 23 May 2018 and ended on 31 May 2018. It included telephone calls to people and their relatives. We visited the office location on 23 and 29 May 2018 to see the registered manager and office staff, and to review care records and policies and procedures. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The inspection team consisted of one adult social care inspector.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Helping Hands Durham.

We spoke with two people who receive personal care from the service and two relatives of people using the service. We looked at four plans of care and support and two medicine administration records (MARs). We spoke with seven members of staff, including the registered manager, the provider, the care coordinator and four care staff. We looked at four staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

People and their relatives told us staff at the service helped them to stay safe. One person said, "I feel safe with the carers." A relative we spoke with commented, "Finally I have a company I can trust."

Policies and procedures were in place to safeguard people from abuse. Staff spoke knowledgeably about the signs that may indicate a person was at risk from potential abuse. They told us and records showed that they had received safeguarding adult's awareness training. Staff demonstrated an understanding of how to keep people safe and knew their responsibilities for reporting accidents, incidents or concerns. One member of staff we spoke with said that if they had concerns about a person at risk of abuse, "I have faith the management team would deal with it."

The service had not had any recorded accidents or incidents since it was registered with CQC, but the registered manager explained how any that occurred would be reviewed monthly and shared with staff in order to reduce the risk of further incidents occurring.

People's support needs were assessed before they started using the service. If a risk was identified plans were put in place to reduce the chances of it occurring. Records showed that risk assessments were available to staff covering areas such as moving and handling, health and safety and medication. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

Though the provider was not responsible for people's accommodation staff also carried out a pre-assessment check of people's home environment to see if recommendations could be made to help keep them safe, for example in removing trip hazards. Where individuals required support to mobilise, for example to move from their bed to their chair with the use of equipment, clear detailed guidance was available in the persons 'My agreed safe transfer procedure' for staff to ensure the person was supported safely and comfortably.

The provider had plans available which showed how people would be supported in emergency situations that disrupted the service, including loss of telephones, computers or power and information was available of who staff should contact in case of such an emergency.

The provider's recruitment policies minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, complete a literacy and numeracy test, provide written references and undertake a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

The registered manager monitored staffing levels to ensure sufficient staff were employed to keep people safe. They told us that where possible staff were matched with the people they were supporting and that people had consistent teams of staff. The members of staff we spoke to confirmed this was the case. Staff

rotas included travel time to reduce the risk of delayed or missed calls. People and their relatives said that staff usually arrived at their allocated times. An on-call system was in place should staff require support outside of office hours.

People's medicines were managed safely. Individual's medical needs were recorded in their care and support plans. The provider had a comprehensive medicine policy which contained guidance on safe storage, recording and disposal of medicines. We reviewed two people's medicine administration records (MAR) A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. These had been correctly completed with no unexplained gaps.

Policies and procedures were in place to help ensure the control of infection. The provider had an infection control policy that contained guidance to staff in areas such as effective hand washing, and all staff had received infection control training. Stocks of personal protective equipment (PPE) such as gloves and aprons were available in the provider's office. The staff we spoke with told us that PPE was always available to them whenever they visited the office.

The registered manager ensured that Information was available to staff about lessons learnt such as those arising from wheelchair accidents and bathroom falls.

Is the service effective?

Our findings

People and their relatives told us they thought staff had the skills and knowledge needed to provide effective support. A relative commented, "Staff have the skills needed, they shadow and are signed off when competent."

Newly recruited staff completed an induction before they could support people. This included completing a three day induction, the shadowing of experienced staff and competence and skills reviews. One member of staff told us, "I thought it was a very good induction, very in depth." Another member of staff we spoke with commented, "I shadowed for two weeks until I felt confident." One person we spoke with and one relative said they felt it would be useful for staff to spend a longer period of time shadowing more experienced staff.

The staff we spoke with informed us that they received the training they needed to undertake their roles effectively. A range of training was provided. This included training in areas such as basic life support, medication administration, infection prevention and control and equality and diversity. In addition, staff were trained in more specialist areas to meet the needs of the people they were supporting such as an awareness of mental health, dementia and learning disability. One staff member told us "They have always got the equipment and training in place." The provider and registered manager regularly reviewed the training to ensure staff had the knowledge and skills they needed. Regular staff competencies and observations of their practice took place. The service had a training room that could be used to carry out practical demonstrations of care practice.

Staff were supported with regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of meetings showed they were used to discuss the provider's policies and procedures, the welfare and any support needs of staff and any career aspirations the provider could support staff with. Staff told us they found these meetings useful. One member of staff said of supervision, "It covers how I feel, if I need any extra training and if I have any issues with clients."

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. We checked whether the service was working within the principles of the MCA.

At the time of our inspection everyone who received personal care from the service could consent to this. People's consent was clearly recorded in their plans of care and support. One person's plan noted 'I am unable to sign my care plan physically or verbally consent, however I use other methods of communication including eye movements. I expect carers to ask me if I want them to assist before completing any task. I will show consent using my eyes and facial expressions.' Another person's plan stated, 'When you arrive I will tell you what I require assistance with.'

Policies and procedures were in place to review whether people were supported by relatives or agencies with Powers of Attorney, Deputies or other people appointed to help make decisions on their behalf and information regarding this was recorded in the persons care records. People confirmed that they were given choices over the support they received and asked for their consent before staff assisted. One person we spoke with said, "The carers ask permission before carrying out tasks."

Some people using the service received support with food and nutrition. Where this was the case the person's dietary needs and preferences were recorded in their care and support plan, along with any specialist diets or recommendations from dieticians, specialist nurses or speech and language therapists (SALT). People preferences in this area were recorded, for example one person's plan stated, 'I like to eat as much fish, vegetables and fruit as possible'.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of collaborative working with healthcare professionals such as GP's, occupational therapists and district nurses. On the first day of our visit one person was being supported by staff in the planning of a hospital appointment the following day.

Is the service caring?

Our findings

People spoke very positively about the support they received from the service. One person said, "They are the best company." Another person told us, "They are fantastic." Relatives also spoke very positively about staff at the service. One relative commented, "They are brilliant, I've only got positive things to say."

The people we spoke with said that Helping Hands Durham was the best domiciliary service they had ever used. One person commented, "They are reliable, it's like they want to be here." A relative we spoke with told us how previously a member of staff had not hit it off well with the person. When this was flagged up with office staff the registered manager had arranged for alternative staff to work with the person instead.

People said they had contributed to their care and support plans and we saw that these were very person centred. They included detailed information about the persons care needs and preferences including their preferred daily routine, which clearly documented the persons day to day choices from how they wanted to be woken up to how their personal care should be provided. For example, for one person it was stated, 'I would like you to gently rouse me by letting me know you are there and touching my arm.'

People's communication needs were documented in their care and support plans. For example, one person's plan stated, "I will raise my eyebrow for yes, smile if I am happy/agree". This helped ensure staff knew how to interact with people in the most effective way.

Information was available to staff to help them see things from the perspective of the people they were supporting, such as the document 'Wheelchair use – a customer's perspective' which gave staff instructions such as 'steer away from cobblestones and uneven floors etc. the vibrations can be very painful' and 'if we have to go over bumps warn me first!'

People and their relatives said staff treated people with respect and helped them to maintain their dignity and independence. One person told us, "Staff are respectful." Another person commented, "Staff respect my privacy when needed." A guide was provided for people using the service which included the company's mission statement, a dignity pledge, information about the service and about how home visits would be carried out.

We observed staff working in a caring way, promoting independence and ensuring people were able to make their own choices. The service had a dignity champion in place to promote national best practice in this area throughout the team.

At the time of our inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The provider had information available to signpost people to advocacy services.

Is the service responsive?

Our findings

Before people started using the service an assessment of their needs and preferences was carried out. Where a need was identified a plan of care and support was drawn up based on the help they needed and how they wanted this to be provided. Records showed and people and their relatives told us that they were consulted about how they wanted their care and support to be provided. The registered manager informed us and we saw records which showed that people were provided with profiles of carers who they may have things in common with. We were informed that where possible these carers provided the persons support.

People said they had been involved in developing their plans of care and support and in changing these when they wanted or needed to. One person told us, "I've been involved with care plan, little bits have been added in as things change." Another person said, "I am happy to know my care plan is well written."

Information recorded in care and support plans included what the person wanted to achieve from their support package. People had a 'My Week' document in their plans of support which included intervention visits and planned activities. Where interventions took place the reasons for such were documented. Details of the persons family, hobbies and interests were recorded.

Care and support plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People and their relatives informed us that they were closely involved in these reviews. One relative told us "We were involved in the development of the care package, we met before the transfer of the package. The company in consultation with [the person] involved us all the way"

Staff we spoke with said care and support plans contained all of the information they needed to provide effective support. One member of staff commented, "They [the office] keep you updated of any changes by email. They are really good that way."

People and their relatives told us communication with the provider was good, and that staff responded quickly to any changes people wanted in their support. One person commented, "Anything I ask for last minute they will change, for example I have a dental appointment this week and they have changed things around, they are flexible."

Staff had been trained to use assistive technology to maintain people's independence. For example, one person had two different electronic communication devices. We observed staff using these devices to effectively to aid the person in communicating their feelings, needs and choices. Staff had worked with the person's communication team and family to be able to support the person well in this way.

A complaint policy and procedure was in place. A copy was given to people and their relatives when they started using the service. The procedure described how issues could be raised and how they would be dealt with. The service had not received any complaints since it was registered but the provider and registered manager were able to describe how any received would be responded to.

People and their relatives told us they knew how to raise issues and said they had nothing to complain about. One person commented, "I know how to complain if I need to but I haven't needed to."

At the time of our inspection nobody at the service was receiving end of life care. Policies and procedures were in place to arrange this should it be needed.

Is the service well-led?

Our findings

The service had a registered manager. People and their relatives also spoke positively about the leadership provided by the provider and registered manager. One person told us that the registered manager was, "lovely." A relative commented that the registered manager was "very helpful, very open". Another relative said "Communication with the office is good."

The values of the service were clear on display and understood by staff. Staff spoke positively about the culture, values and leadership of the service. One member of staff told us, "it's a brilliant place to work." Another said, "There's always someone on call" should support be needed. A third member of staff commented "I can go to the management team if I have any issues."

We were informed by people and their relatives that communication with the management team was good. Communication was carried out through email and text as well as by telephone.

The provider and registered manager carried out quality assurance checks to monitor and improve standards at the service. Quality assurance 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. This included regular checks of care and support plans, daily notes and medicine records. Records confirmed that where audits identified issues action was quickly taken to address them. The management team regularly checked staff competencies through observations of their practice and documented the outcome of these.

Provider audits took place covering areas such as staff DBS clearances, customer contact information, care and support plans, complaints and supervisions. Where issues were evident action was taken to address the issues raised. The audits gave the provider and registered manager an overview of the service and enabled any trends to be identified and actions taken to address any shortfalls.

Feedback on the service had been obtained from the staff team however there had been a lack of response to a survey sent out to gather the views of people using the service. The registered manager told us this was because the service delivery had just started when the companies last annual survey took place and they were now carried out random monthly telephone interviews to assess how people were feeling about the service.

We saw that newsletters were regularly produced and sent out to people, relatives and staff to keep them updated with any changes within the service. The service was actively engaging with the local community and had developed links with the Alzheimer's Society through use of dementia cafes and by taking part in a dementia walk organised by the society. They had also offered use of some of their office space to charitable organisations. Feedback was sought from staff at regular staff meetings. Minutes of these meetings showed that staff were encouraged to raise any support needs they had. Team meeting minutes covered areas such as the uniform policy, policy of the month, communication and safeguarding.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.