

Midshires Care Limited

Helping Hands Bristol

Inspection report

Ground Floor Shop
41 Henleaze Road
Bristol
Avon
BS9 4JU

Tel: 07710713163
Website: www.helpinghands.co.uk

Date of inspection visit:
18 July 2018
23 July 2018

Date of publication:
30 October 2018

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 started with a visit to the office location on 18 July 2018 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. On 23 July 2018 we made calls to people who used the service, relatives and staff to gain their views and experiences. This was their first inspection since they registered with CQC in August 2017.

The inspection was carried out by one adult social care inspector. This service is a domiciliary care service. It provides personal care to people living in their own homes. At the time of this inspection the service was providing a service to 41 people who received the regulated activity of personal care. The services were managed from an office in Bristol.

There was not registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had been appointed and was in the process of completing their induction.

The feedback we received from everyone we spoke with was very positive throughout. Those people who used the service including relatives and staff, expressed satisfaction and spoke highly of all staff and support provided.

The safety of people who used the service was taken seriously and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that potential risks to people's safety and wellbeing were identified and addressed.

The staff were motivated and proud of the service. A programme of training and supervision enabled them to provide a good quality service to people. Staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

Staff understood people's care needs and had the skills and knowledge to meet them. People received consistent support from staff who knew them well. People had positive, caring relationships with the staff and were confident in the service. There was an emphasis on key principles of care such as compassion, respect and dignity and promoting independence. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

People benefitted from a service that was well led. The vision, values and culture of the provider were clearly communicated to and understood by staff. The provider had implemented a programme of 'planned growth' that had been well managed. They were committed to continuous improvement and demonstrated strong values and a desire to learn about and implement best practice throughout the service. There were effective quality assurance systems and processes in place to monitor quality and understand the experiences of people who used the service.

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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the services recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Staff took measures to protect people from the risk of infection.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions. Staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Where it formed part of people's care, they were supported with food and drink.

Is the service caring?

Good ●

The service was caring.

The staff were committed to providing care that was kind,

respectful and dignified.

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received.

People were pleased with the consistency of their care staff and felt that their care was provided in the way they wanted it to be.

People felt all staff treated them with kindness and respect.

Is the service responsive?

Good ●

The service was responsive.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Is the service well-led?

Good ●

The service was well led

The service promoted strong values and a person-centred culture. Staff were proud to work for the service and were supported in understanding the values of the organisation.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were good systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Helping Hands Bristol

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection and we have referred to this throughout the report.

On the first day of the inspection we met with, the covering manager from the Bath branch, the area manager, the head of home care, the quality lead and a care coordinator. We also attended a staff meeting. At the staff meeting we met with the newly appointed manager who was in the process of completing their induction.

On the second day of the inspection we spoke with two people who used the service, a relative and three members of staff. We looked at four people's care records, together with other records relating to their care and the running of the service. This included the policies and procedures relating to the delivery and management of the service, surveys, minutes of meetings, accidents, incidents, complaints, compliments and, audits and quality assurance reports.

Is the service safe?

Our findings

The service was safe. People felt the staff provided care and support that protected them and that they were in good hands. The latest survey reports stated that 99.5 per cent of 'customers' felt that staff protect them from harm and abuse.

Staff understood what constituted abuse and knew the processes to follow to safeguard people in their care. Policies and procedures were available and training updates were attended to refresh their knowledge and understanding. They recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that might constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff knew how to keep people safe and were aware of their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. The approach of staff was enabling and encouraged people to challenge themselves and remain independent, whilst recognising potential risks and the need for some safeguards. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home and, transferring in and out of chairs and their bed. Some people required two staff to assist with their care and support. People and staff confirmed this was managed well by the co-ordinator. Staff did not perform any moving and handling on their own and always waited until their colleague had arrived for any joint visits.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. People confirmed that staff were on time and they were contacted if there were any delays. Staff were deployed effectively to meet people's care and support needs. Staff rotas were well managed and were planned in advance. Travel time was scheduled in for staff to get from one visit to another. The service covered a small geographical area so that staff could travel between visits easily and maintain their punctuality. Staff confirmed they were allocated sufficient travel time. The provider stated in their PIR, "We will soon be launching the Cell Track service and this will aid carer lone worker safety as we can map their location and receive alerts. In addition, this will provide peace of mind that customers receive timely visits and will alert us within 15 minutes of a call not being attended to ensure we reduce likelihood of missed or late visits".

Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. The interviews and references were very much relied upon to ensure potential recruits were suitable,

with the same values and behaviours as the provider and existing staff team. It was evident that this had contributed to all staff members pride in how they worked as a team.

People were responsible for their own medicines where possible, if people required support with their medicines the systems in place were safe. This was demonstrated through the services policies, procedures, records and practices. Staff completed safe medicine administration training before they supported people with their medicines. Staff were observed until they felt confident and competent to do this alone. Practical competency reviews also took place with staff to ensure best practice was being followed.

People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection. Visits were conducted by senior staff who checked to see if care staff were adhering to the uniform and infection control policy. Staff were reminded of the injuries people could sustain when receiving care such as skin tears and bruising in addition to potential risks of cross infection. Correct foot wear had to be worn always to help reduce injury to staff when using moving and handling equipment, such hoists and wheelchairs.

Is the service effective?

Our findings

The service provided was effective. The care manager ensured staff were equipped with the necessary skills and knowledge to meet people's needs. Helping Hands was recently endorsed as a Centre of Excellence, making them the first and only full-service home care provider to receive such a recognition. The accolade comes from Skills for Care, the strategic body for the adult social care workforce in England. They reviewed the overall training and induction programme for the 3,000 plus employees at Helping Hands. The provider stated in their PIR, "As an official mark of approval from the care industry, we are the only fully regulated home care company to be recognised for demonstrating excellence in four areas: showing a commitment to meeting the needs of our learners, complying with the social model of care, measuring how our training supports people in need of care and support, and finally how our training is directly linked to the Leadership Qualities Framework".

Staff confirmed that the induction and subsequent training they received was effective and equipped them with the right knowledge and skills. New staff worked with senior care staff to assist with continued training throughout the induction process so they could consolidate their learning. Staff did not work alone until they felt confident within the roles they were to perform. Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia, mental health awareness and nutritional awareness. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. Feedback forms indicated staff enjoyed the sessions, it had increased their confidence and awareness and they liked the way the training was delivered. Comments from staff included, "The induction was very useful and I learnt an awful lot" and "I particularly enjoyed the training on dementia. It's helped me understand the condition and how I can best support people".

The service had a small, steadfast group of staff. They felt supported daily by management, the care co-ordinator and other colleagues. Additional support/supervision was provided on an individual basis. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. During the inspection we attended a staff meeting. Staff were fully engaged and it was evident the group enjoyed meeting up, sharing news and receiving any updates. Meetings were arranged more than once so that everyone had the opportunity to attend. The PIR stated, "At our monthly team meetings we can offer specific training or information sharing around new policies, condition specific or anything highlighted as a need or request. To encourage our carers to attend our meetings and to aid retention we have a monthly engagement budget which is to spend directly on the care team how we feel necessary, this could be gifts or a buffet".

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. The service had a good understanding of the MCA and their responsibilities. Staff were

clear when people had the mental capacity to make their own choices, and respected those decisions. Staff understood how to implement this should someone not have capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care plan. Staff reported any concerns they had about a person's food and drink intake and subsequent referrals were made to the GP for guidance.

Staff were available to support people to access healthcare appointments if needed and, they liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records included evidence that the service had supported them to access the falls clinic, district nurses, dieticians, dentists and other health and social care professionals based on their individual needs.

Is the service caring?

Our findings

People were provided with support from a caring service. The provider stated in their PIR, "Our company is family owned and the ethos is to provide care as if caring for a loved one. This is instilled into all our staff at all levels. Everyone is treated with dignity and courtesy in a way in which they want to be". Staff demonstrated a determined, positive commitment to people to ensure they felt safe and cared for. Staff supported people as equals and their approach was respectful and patient. Ninety-nine percent of people who completed a recent survey said staff respected and maintained their dignity during care provision. We asked people for their views about the staff that supported them. Comments included, "I have been very impressed", "They are all very caring and kind" and "I am very, very pleased".

We read some recent comments received from relatives and these were positive and demonstrated a caring staff group. Comments included, "Special thanks to X, my mother was very fond of her, she always found a way to motivate mum and was always warm and friendly", "We are very happy with X and her attitude to the job. She is an excellent carer and very suited to the job. She is the type of person who brightens your day and makes people happy", "X really motivates mum and I can always see a difference in mum's mood, her spirits are always lifted after her visit", "Very impressed with X over the weekend during bad snow and treacherous driving she got there on time and did everything in the care plan. It meant so much to know dad was in capable hands" and "Staff went above and beyond when they had snow and all staff were an absolute godsend".

Staff morale was positive and they were enthusiastic about the service they provided. We asked them why they enjoyed their work and what they were particularly proud of. Comments included, "I decided I wanted to help people in their own homes and I enjoy working with older people, I really have a feel-good factor and enjoy what I do", "It's really good, I am fairly new but I feel well supported and listened to", "I love the autonomy and making a difference to people, it's very rewarding" and "We provide person centred care and people always come first".

The PIR asks how the provider ensures a caring service is provided. They wrote, "We use detailed person-centred support plans which are completed with the customer not for them. We encourage customers to share their likes/dislikes and preferences with us to enable us to tailor the support they require in a way they want. We also have sections to prompt people to tell us what and who is important to them and their life history and future aspirations. We use this information to match a suitable carer, someone who may share the person's interests or has more knowledge about a certain subject which is important to them. This can also sometimes help us make the care worker aware of certain aspects they may need to be sensitive about for example, the loss of a loved one.

Staff understood the importance of promoting independence where possible. One staff member told us, "The records tell us exactly what people are capable of doing and it's very important we encourage and support that". People also confirmed that staff respected their independence and 'didn't take over'. One relative said, "Mum needs help with mobility, she is encouraged gently to keep moving and is never rushed". One person had stated in their care plan, "I like to be as independent as possible, but please help me if I ask

or if you think I am struggling".

The provider supported their services to take part in sponsored events to raise money for national and local causes. We were told about several of these arranged events including 'dress like an elf for a day'. Everyone at the service dressed as an elf and staff went out into the community to raise money for The Alzheimer's Society. The local community were fully supportive and enjoyed the mince pies that were offered. In addition, the service wanted to support local events and raise awareness to local people about what they can do to support people. During Halloween they decorated the branch office, staff dressed up and bought sweets to give out to anyone who stopped by. At Christmas they took part in the Henleaze Christmas Fayre. They created a basket of 'goodies', including wine, shortbread, jams and other Christmas treats for the raffle. Staff joined the fayre and gave out mince pies and cakes, people were also encouraged to pop into the branch office to warm up and have a hot drink and cakes.

The office was located on a busy high street enabling people to walk in during office hours. Staff supported people to access their local community during companionship visits. Staff were updated about local events and were encouraged to share these with people and support them to access them if they wished to attend. The area manager told us, "We actively network locally and utilise the knowledge of our marketing team and business development managers to make new links with community groups and organisations to work in partnership".

Is the service responsive?

Our findings

The service was responsive. People were, 'happy and very satisfied' with the care and support they received. An assessment was completed when people were considering using the service. They were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered supported the service and person to decide as to whether the service was suitable and their needs could be met.

The approach to care was person centred. Care plans were informative and interesting. They evidenced that people had been fully involved in developing their plans and how they wanted to be supported. People confirmed this when we spoke with them, one relative told us, "They do things exactly how mum wants things done, she is supported with all her choices. The care reviews always give an opportunity to discuss if she wants things done differently". One staff member told us, "I find the care plans have lots of useful information and tell me exactly how people wish to be supported".

People had taken the time to provide and share specific details about preferred daily routines and what level of assistance they required and by whom. This was reflected in their records. Information was clear and would help ensure that person centred care was promoted and respected. Information contained the level of support needed whilst at the same time promoting independence and respecting people's wishes. We were told about care provided to a young adult who requested a 'carer' who was under the age of 30 so they could relate to each other and increase the likelihood of common interests. They also felt they would enjoy/benefit from social outings more if they had someone of a similar age group. This had been achieved and had positive outcomes for the person. The PIR stated, "Every customer is assessed on their own individual circumstances and needs. Everyone's unique situation is considered throughout the process by giving customers choice and control over how their care is to be led".

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes.

The PIR stated, "We promote continuity of care, sourcing and allocating permanent skilled carers to a set customer visit rota where possible. The care coordinator and manager take part in an on-call rota which means that there is a member of the office team available 24 hours a day, seven days a week should any further assistance be required. This helps us to have a rapid response to any concerns or issues". Staff told us there were good communication systems in place to help promote effective discussions, so that they were aware of people's needs and any changes for people in their care. This included handovers, and written daily records.

Staff told us they had enough time to complete their support without rushing. Staff shared with us examples where it had been identified there was not enough time to meet people's needs and this had been

responded to and actioned. On other occasions, especially where people's health and well-being had improved, allocated funded time had been too long. In both scenarios the service had taken the appropriate action and additional time had either been allocated or reduced.

The complaints policy and procedure was provided to people when they started using the service and kept in a folder in their homes. People were supported and encouraged to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling.

Is the service well-led?

Our findings

The service was well led. The staff described Helping Hands as a 'warm, caring' organisation. They told us the Chief Executive Officer (CEO) was 'very hands on', approachable and staff could speak with him at any time. In June 2018, the CEO won the Glassdoor Employees Choice Award as the 32nd highest rated CEO in the UK. For the second year running, he received a 92% approval rating based on anonymous and voluntary reviews shared by Helping Hands' employees. Helping Hands is a family run service, their focus is shared on their website and states, "The central philosophy of Helping Hands is the same today as it always has been, a desire to provide the best care possible to people in a way which promotes independence, ensures dignity and aids emotional well-being. This will always be the Helping Hands way".

There was not a registered manager in post at the time of the inspection, however a manager had been appointed and was in the process of completing their induction. 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. To ensure the continuity and smooth running of the service the bath branch manager had been redeployed. They were very knowledgeable about the Bristol service and supported the inspection process well.

The service had developed and sustained a positive culture in their first year. Throughout our inspection we found they demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high-quality service was provided, that staff were well supported and managed and that the service was promoted in the best possible light. There was an emphasis on teamwork amongst all staff at all levels. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained. The area manager told us, "We promote an open-door policy and a 'no blame culture' and we have regular contact with the care team. We incorporate monthly carer engagements such as fun activities and events. We send newsletters out to the members of the team and hold regular team meetings". They also had a 'carer' of the month scheme, where a carer per month is selected for doing a good job, or something extra special and they are rewarded". One staff member told us, "It's important to feel appreciated and that we are doing something positive".

There was a strong emphasis on striving to improve the services provided. The provider had implemented a programme of 'planned growth' that had been well managed. The service was proud of the achievements to date. They had slowly built a small staff team with a clear management structure. They were all feeling settled and excited about moving the service forward. They were proud of the service and wanted it to be a positive experience and place for everyone.

The provider was constantly looking at ways to improve the quality of care given to people and to enhance working for the service. This included, introducing carer profiles to enable the 'customer' to see the 'pool' of staff and get to know them prior to their care and support commencing, with the hope that this will aid them to feel a little more at ease. In addition, the profiles will further ensure that staff are matched to people effectively. As mentioned previously in the report the organisation was in the process of implementing a Cell

Track system which will help identify potential missed or late visits and enable the service to respond promptly should this occur. It will highlight any lone worker issues to help protect staff too. The Cell track will have an alert warning system if the carer hasn't logged into the call within a 15-minute window. We were told the system will also enable a pro-active approach to any customer changes or needs.

There was a large support network within the organisation. Teams such as human resources and quality assurance monitored what was happening at branch level, ensuring that all were complying with legislation and regulations. The branch manager's responsibility was to ensure compliance was upheld and to lead by example. The area manager told us, "It is of utmost importance that we ensure regular checks and audits are completed and that trends are noted and rectified to ensure the service is constantly improving". The provider considered the Key Lines of Enquiry (KLOE) which CQC inspected against and how they will plan to improve and further enhance the current good practice they were achieving. They conducted mock inspections based on the KLOE's to help support and promote this. Policy and procedures were reviewed to assess if they remained effective and up to date with current best practice and guidance.