

Midshires Care Limited

Helping Hands Bromley

Inspection report

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Chislehurst
Kent
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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

About the service: Helping Hands Bromley is registered to provide personal care to people in their own homes in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 16 people were receiving personal care from the service.

People's experience of using this service:

People were protected from the risk of avoidable harm as risk management plans were in place and provided guidance to staff to support people safely. There were enough staff available to deliver safe support to people and people received their care visits as planned. People's medicines were managed safely. Staff had received training in safeguarding adults and knew of actions to take to safeguard people from abuse. Lessons were learned from incidents and accidents. Staff followed infection control procedures to reduce risks of infection.

People's care needs were assessed following best practice guidance. People were supported to meet their nutritional and hydration needs. Staff supported people to access healthcare services to maintain good health. Staff liaised with other agencies to ensure people's care and support were effectively planned and delivered. Staff were supported to be effective in their roles through induction, training, supervision and appraisals.

The registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. 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 support this practice. People consented to their care before it was delivered. Staff treated people with dignity and respect and gave them choice and control over their care and support. People were supported to promote and maintain their independence.

People received support to meet their individual needs and requirements. People's care plans were comprehensive and provided guidance to staff on how to support their needs. Staff treated people as individuals and promoted their religious and cultural beliefs.

There was a complaints procedure available. People and their relatives knew how to make a complain if they were unhappy with the service. Complaints were addressed in line with the provider's procedure. The views of people were sought and used to improve the service. Quality checks and audits took place to assess the service delivered. The provider worked in partnership with other organisations to develop the service. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (published 21/06/2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Helping Hands Bromley

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector and an expert by experience (ExE) who made phone calls to people and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience working with older people.

Service and service type: Helping Hands Bromley is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity took place on 18 December 2019. We visited the office location to see the manager and office staff; and to review care and management records.

What we did:

Before inspection: We reviewed the information, the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service which included notifications of events and incidents at the service.

During inspection: We spoke with six people using service, three relatives, the registered manager, regional director, two care workers and two field supervisors/training practitioners. We looked at four care files, including medicine administration records, three staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

Systems and processes to safeguard people from the risk of abuse.

- People were protected from the risk of abuse. People and their relatives told us they felt safe with staff. One person commented, "I have the same carers which makes me feel safe." One relative said, "We feel safe at home with staff."
- Staff were trained in safeguarding adults at risk. They understood types of abuse, signs to recognise them and how to report any concerns. Staff felt confident that the registered manager would take appropriate actions to safeguard people from abuse. One staff member said, "I will report any safeguarding concerns immediately to the registered manager and they will escalate it as necessary. I trust them 100% because I have seen them deal with concerns in the past and I was impressed."
- The registered manager understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were managed effectively to keep them safe and promote their well-being. Risks to people's physical and mental health conditions; moving and handling, pressure sores, falls, and environmental risks were assessed thoroughly by the registered manager or an experienced member of the team.
- Management plans were comprehensive and provided guidance for staff to support people reduce risks and to promote their health and safety. Moving and handling tasks were done by two members of staff. Care plans also reminded staff of the need to ensure people's environment was clutter free to reduce the risk of falls.
- Staff understood risk management plans in place for people. Staff knew actions to take to respond to emergency situations. One staff told us, "If it was a serious condition affecting the person's health and well-being, I will contact 999 for the ambulance service."
- Lessons were learnt when things went wrong. Staff reported incidents and the registered manager reviewed and took appropriate actions. Incidents and accidents were also monitored and analysed by the regional director to ensure senior management team had oversight and taken actions to reduce recurrence.

Staffing and recruitment

- There were enough experienced staff to support people's needs. People told us staff were regular, and they had the same care staff attending their care visits. One person said, "Staff are always on time." Staff also told us there were enough of them to meet people's needs safely and the duration of care visits was enough.

One staff member commented, "We have enough time to support people. The time allocated to complete a care visit is sufficient. A thorough assessment of people's needs is conducted beforehand and then used to determine time allocated for visits. I don't feel pressured to complete a task."

- Planned and unplanned absences were covered by staff who were willing to do extra hours or by the registered manager. Office staff were available to provide hands-on support to people if needed. Record showed there had not been any missed visits.
- The service used an electronic monitoring system to plan and monitor care visits. The system showed that 98% of care visits were completed within time and there were no missed visits.
- The provider followed safe recruitment processes to ensure people were supported by staff who were fit and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

Using medicines safely

- People were supported to take and manage their medicines in a safe way. Staff had completed training in the safe administration and management of medicines.
- People had care plans in place with regards to the support they received with managing their medicines and who supported them. Risk assessment was also completed. A list of people's medicines was maintained, and what the medicines were used for so staff knew.
- Medicine Administration Record (MAR) charts showed people received their medicines as prescribed. MAR charts were signed correctly.

Preventing and controlling infection

- There were systems to reduce the risk of infection. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection. Staff told us they were provided personal protective equipment and they used these as needed. Staff practices were checked through unannounced visits by a senior member of staff and if any concern was identified it was addressed with staff in supervision meeting.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

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

- People's care needs were assessed to establish before care was delivered to them. The registered manager or senior members of staff carried out a face-to-face assessment of people's needs to establish what support they needed. Assessment involved observing people's behaviour and abilities, discussing with them and their relatives; and involving relevant professionals where necessary.
- Assessments covered various areas such as physical health, mental health, nutrition, eating and drinking, socialising, accessing community facilities, personal care and other activities of daily living. Detailed information sheet was produced about people's specific conditions was shared with staff so they knew what the condition was including symptoms and how to support the person. For example, there was an information sheet on Alzheimer and Warfarin. Staff told us it gave them knowledge of the conditions.
- Information gathered from assessment was shared with staff and used to design people's care plan.

Staff support: induction, training, skills and experience

- Staff were trained and supported to be effective in their roles. All new staff members completed an induction which included a period of shadowing experienced staff members and undergoing mandatory training. Staff new to the care sector completed the care certificate workbook which covers the core areas of the job.
- Staff told us, and records showed staff received regular training and support to improve their knowledge and skills. One staff member said, "I get lots of support here which is really fantastic. I have supervisions regularly and I can phone-in anytime if I need help. There is always training going on. We also receive training specific to the needs of people."
- The service had experienced trainers who delivered training to staff. Training sessions included practical aspects of the course. Staff received specialist training based on people's needs and where needed staff received training on how to use equipment. Staff competencies were assessed after training to ensure staff had gained the knowledge and skills they needed.
- Records showed staff had performance appraisal annually. Staff who were new underwent probationary period where their performance was reviewed. Staff were supported to develop and progress in the job if they wished.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People consented to their care and support before they were delivered. The registered manager understood their roles and responsibilities under MCA. They had assessed people's capacity to make specific decisions where they had concerns about the person's capacity.
- People's mental capacity was assessed and their ability to make decisions was documented in their care plans. Where they received support to make decisions in their best interest it was also documented. Where people had Court of Protection orders or lasting powers of attorney, they were noted in their care plans.
- Staff had received training in Mental Capacity Act (MCA) 2005 and they knew to support people to consent appropriately to the care and support they received. One member of staff told us, "Customers have the right to make their own decisions and choices. They don't necessarily need to be making the right decisions but it's their decisions and we respect them. We involve family and our manager if we have any concerns."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a healthy balanced diet and to maintain their nutritional and hydration needs.
- Care plans included support people required with eating and drinking and to meet their nutritional needs. Where people required a specific diet, it was noted so staff knew how to support them appropriately and safely. For example, one person who has a history of poor nutrition and dehydration's care plan stated the need for care staff to regularly check one person's fridge to ensure they have sufficient food and snacks available; and staff to encourage them to eat a good balanced diet.
- Staff told us they left drinks and snacks within close reach of people before they left to encourage them to drink. They told us if they had any concerns about people's eating and drinking they reported it to the registered manager who then takes appropriate action.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health and social care services as needed. Records showed a range of health and social care services were involved to maintain people's health and well-being. For example, an occupational therapist was involved in training staff on the use of equipment and a physiotherapist was involved for one person to improve the mobility.
- Staff liaised and shared information appropriately to ensure people's needs were met effectively when they used other services. Each person had an 'Emergency Grab Sheet' which contained important information about the person, their next of kin details and list of their medications. People were encouraged to take this sheet along when they used other services such as a hospital.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

Ensuring people are well treated and supported; equality and diversity

- People were cared by staff who were kind and caring. One person commented, "My carers are fabulous. They really do care and I cannot fault them." A relative mentioned, "Staff are very caring and understanding."
- Staff demonstrated they understood people's preferences, likes and dislikes, moods and behaviours as these were included in their care plans. One person's care plan noted signs for staff to recognise changes in their behaviour, mood or when they were becoming confused or agitated and how staff were to support them maintain their emotional well-being.
- Staff told us they ensured people were comfortable before they left them. One staff member said, "Before leaving a customer[person] I always ask them if they needed anything else. I also make sure I leave them with things they may need like a glass of water, walking aid; and making sure their TV was on and the cat was close by."
- People had regular members of care staff working with them to maintain consistency and continuity. One person said, "I have good relationship with my carers. They are excellent." A relative mentioned, "[Relative] is over the moon with their carers. They go that extra mile and are very kind."
- Staff were matched to people; looking at personalities and interests to help develop positive working relationships. One person said, "I look forward to my carers coming. They do know me. We have a laugh." One relative told us, "The service allocated a carer to [relative] and they were a great match. [Relative] is very happy."
- Staff understood and promoted equality and diversity amongst people. Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their needs assessment. Where people required support to attend places of worship, staff supported them.

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

- People were supported to be in control of their care and support. Care plans showed people and their relatives were involved in their care planning from the start and had agreed to what care they needed and their preferred times of visits.
- Care plans showed people's wishes had been respected. One person told us, "I was involved in the care plan. I told them what I wanted. We discussed it and that is what I got. If I want to change the arrangement, I will contact the office and we will agree a new plan." One relative said, "Care planning was good, they really do take on board my relative's needs. Communication is good with staff and the office too."
- Staff told us they empowered people to make their day-to-day decisions by giving them time, discussing

risks with them and giving them options to choose from. One member of staff said, "One thing I really like about this organisation is we give care driven by people's choice and what people want. We let people tell us what they want us to do and we are flexible in the way we care for them."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted their independence. We noted that there was strong emphasis in people's care plans about respecting dignity, choice, privacy, independence, and encouraging involvement in tasks. Care plans also indicated what people can do for themselves.
- Staff had completed training on dignity in care as part of their induction programme. Staff gave examples which demonstrated they knew how to promote privacy, dignity and independence. One staff member said, "We try to give people choice and encourage them to do as much as possible. You need to find the right approach that works for the individual, but you must be patient, understanding and recognise their efforts. It motivates them to want to try."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received care tailored to meet their individual needs. One person said, "Without the staff I couldn't cope. They do everything for me the way I want. They are amazing."
- People had personalised care plans that showed how their care and support needs would be met. Care plans were comprehensive; and told people's life stories. People's preferences, likes, dislikes, routines, and goals were also included in their care plans. Care plans provided clear instructions on how to care for people appropriately.
- Staff worked with people in various aspects of their personal care needs, to keep safe and to maintain their health and well-being. For example, one person was supported to keep their leg elevated as recommended by a healthcare professional to reduce the risk of water retention.
- People's care plans were reviewed regularly or when people's needs changed, for example, after they had been discharged from a hospital. Daily care logs gave updates about people's moods, behaviour and care that had been given. It also noted actions for follow-up. Staff told us they gave handover to other staff and shared any concerns or relevant information about an individual to the managers to ensure people received the care they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included their communication needs and how best to achieve effective communication. For example, if people preferred communication in written format due to their hearing difficulty or if they can communicate verbally.
- The regional director told us they would provide information in people's preferred mode of communication including different languages if people needed this.

Improving care quality in response to complaints or concerns

- People and their relatives knew the procedure to complain if they were unhappy with the service. One person commented, "If I had any concerns, I would just call the office I am confident that they would help."
- The registered manager was knowledgeable about the provider's complaint procedure and had addressed complaints made about the service in line with their procedure; and the complaints were resolved satisfactorily, and lessons were learnt from them.

End of life care and support

- There was no one receiving end of life care at the time of our visit. The registered manager told us they would work in partnership with relatives and other professionals and services if anyone they support required this service.
- Staff had received end of life training as part of their induction.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives confirmed the service met their needs and was delivered to high standards. One person said, "The service is great. They couldn't be better." A relative told us, "It's an excellent company."
- Staff understood the provider's objectives and confirmed they were supported to deliver their roles effectively. One staff member told us, "The standards here is high and the management team supports us to deliver good care to people. We are given the training we need which helps us deliver good quality care to customers."
- The registered manager reviewed the service delivery plan regularly and took actions to reduce risks to people and to ensure the service remained effective. They told us they took into account, staffing levels and recruitment challenges when considering increasing the capacity of the service. The registered manager told us their overall priority was to keep people safe and deliver an effective service. The service had a business continuity plan in place to cover unforeseeable emergencies such as adverse weather conditions and Christmas season. The plan ensured risk was minimised, and people received the care they required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was experienced and understood their role in meeting their regulatory requirements. People and their relatives told us the registered manager was open and listened to them. One person said, "The manager is great! They understand our needs." A relative told us, "I have met the registered manager. They are approachable." Staff told us the registered manager was supportive. One staff member commented, "The registered manager is incredible and amazing. Even with matters in my personal life they are supportive and that's why I have been able to continue working. I can call in anytime and they just listen. Since the manager started they have made a lot of changes and improvements."
- The registered manager had notified CQC of notifiable incidents in line with their registration conditions. The last inspection rating of the service was displayed on their website and in the service as required.
- Regular team meetings took place to share information appropriately with staff, share learning and to discuss team issues. Staff told us their views were listened to.

Continuous learning and improving care

- The quality of the service was regularly checked and monitored for improvement. The registered manager conducted audits of MAR, staff files, communication logs, care plans, and financial transaction records. We reviewed these and they were up to date and no actions were required.
- The field supervisors conducted regular spot checks and phone monitoring to observe staff practices at work and to obtain feedback from people about the quality of care delivered to them with the aim of driving improvements. Where issues were identified, team meetings or supervision meetings were held to address the issues. Feedback from people and their relatives were positive. One relative commented, " Excellent care, continuity, flexible, reliable and genuinely lovely and caring team. I have already recommended the organisation to others."
- The quality of the service was also monitored at regional level by the director. They analysed complaints, safeguarding and overall performance of the service; and sets actions for improvement where required. At the time of our inspection, there were no outstanding actions.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider worked in partnership with a wide range of organisations to improve the service delivered to people and to ensure people's needs were met. They partnered with charitable organisations such as Dementia UK, and AgeUK for information and to advice people appropriately. The registered manager liaised with health and social care services such as foot clinics and local pharmacies to meet people's individual needs.
- People and their relatives were engaged and involved in the service. Care reviews took place periodically or as when required. People gave their feedback about the service and made suggestions for improvement. One person had requested for a change of care visit time and their request was granted.
- The service had set-up what they called 'Dream Funds' raised through donations. The funds enabled staff to support people to achieve their aspirations and do the things they wished. One person who had indicated they wished to go on a trip but could not afford this. Staff supported them to achieve this with the money from the dream fund. People were supported to go to the café for tea/coffee with staff to encourage them to go out and socialise.
- People were recognised and celebrated on special occasions by sending them cards and gifts. For example, people received Christmas hampers from the service.