Extra Help Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an announced inspection of the service on 24 February 2017.

Extra Help Care Ltd is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to four people living in their own homes.

On the day of our inspection there was a registered manager in place who was also the provider. 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.

Appropriate checks of staff suitability to work at the service had not always been conducted prior to them commencing their role. People were supported by staff who made them feel safe when they were in their home. Regular assessments of the risks to people's safety were conducted and regularly reviewed. Care plans were in place to address those risks.

Staffing levels were adequate to meet people's needs. People received the level of support they required to safely manage their medicines.

Care records did not always record details about people's ability to make decisions. Staff received appropriate induction, training and supervision. People received the assistance they required with their meals. People's day to day health needs were met by the staff and where appropriate referrals to relevant health services were made where needed.

People and their relatives felt staff supported them or their relative in a kind and caring way. People were provided with the information they needed that enabled them to contribute to decisions about their support. Information was not available for some people about how to access and receive support from an independent advocate. People and their relatives felt staff maintained their or their relation's dignity when they supported them with their personal care.

People's care plans were written in a person centred way. People and their relatives where appropriate, were involved with planning the care and support provided. People's care records were regularly reviewed. People and their relatives knew how to make a complaint.

Staff understood the values and vision of the service. Relatives and staff felt the registered manager was approachable and listened. The registered manager understood the responsibilities of their registration with the CQC. There were a number of quality assurance processes in place.

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 consistently safe.

Appropriate checks of staff suitability to work at the service had not always been conducted prior to them commencing their role.

People were supported by staff who made them feel safe when they were in their home.

Staffing levels were adequate to meet people's needs.

People received the level of support they required to safely manage their medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Care records did not always record details about people's ability to make decisions.

Staff received appropriate induction, training and supervision.

People received the assistance they required with their meals.

People's day to day health needs were met by the staff and where appropriate referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

People and their relatives felt staff supported them or their relation in a kind and caring way.

People were provided with the information they needed that enabled them to contribute to decisions about their support.

Information was not available for some people about how to access and receive support from an independent advocate.

People felt staff maintained their dignity when they supported them with their personal care.

Is the service responsive?

Good

The service was responsive.

People's care plans were written in a person centred way.

People and their relatives where appropriate, were involved with planning the care and support provided.

People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

Staff understood the values and vision of the service.

The registered manager understood the responsibilities of their registration with the CQC.

There were a number of quality assurance processes in place.

Extra Help Care Limited

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 24 February 2017 and was announced. The provider was given 48 hours' notice because we needed to be sure that the registered manager and staff would be available. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we 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 plan to make. We reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire and Healthwatch Nottingham to obtain their views about the quality of the care provided by the service.

We sent questionnaires to people who used the service, relatives, staff and professionals; we received six responses and have used this information to help us form a judgement about the service people received.

During our inspection we spoke with three members of the care staff and the registered manager. After the inspection we spoke with one relative and one health care professional for their feedback about the service.

We looked at all or parts of the care records and other relevant records of four people, as well as a range of records relating to the running of the service. We also reviewed four staff records.

Requires Improvement

Is the service safe?

Our findings

Safe recruitment and selection processes were not in place, checks on staff member's suitability for their role had not been carried out. We looked at four staff recruitment files. Three records showed that Disclosure and Barring Service (DBS) checks were conducted between three to four months after staff had started. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. However, one reference was received two months after the member of staff had started. After the inspection the registered manager confirmed they had applied for this member of staff's DBS. The registered manager assured us that in the future safer recruitment processes would take place.

People and relatives who responded to our questionnaire or who spoke with us told us they or their relations felt safe when staff supported them in their home. One relative said, "My relation is in safe hands with Extra Help Care." Another relative said, "Yes my [relative's name] is safe." All the members of staff who responded to our questionnaire agreed that all people who used the service were safe. A health care professional told us the person they visit, "Appears to be safe."

People were provided with user friendly information within their service user guide which explained to them who they could contact if they had any concerns about their safety or the safety of others. Contact details for external agencies such as the CQC or Local Authority were included.

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. Staff were also aware of who they could speak with both internally and externally if they had concerns. All staff spoken with said they could report concerns to their manager, but also to the local authority or the police. Staff told us that they would be confident to raise any issues, concerns or suggestions about people's safety.

Assessments of the risks to people's safety were conducted and we saw examples of these in the care records we viewed. All the records we checked contained risk assessments, which outlined any potential dangers and risks, and looked at ways to minimise these dangers in order to keep people safe. Records showed risk assessments were completed about the environment people lived in; their ability to mobilise independently around the home; their nutritional needs and general health . Care plans were then put in place to ensure staff were provided with sufficient information to enable them to support people safely. Additionally, the provider had a plan in place that ensured in an emergency people were still able to receive the care and support they needed.

All of the people and relatives who responded to our questionnaire or who spoke with us told us staff arrive on time, stay for the agreed length of time for each visit and complete all required tasks. One relative said, "There have been no missed calls."

We saw copies of the rota, which identified the number of staff on duty on the day of our visit. The registered

manager was positive that they had the right staff in place to keep people safe. They told us how they managed the staff skill mix on each shift and regularly reviewed staffing levels to make sure the service adapted to people's changing needs. They told us they would also provide care, if there were any shortfalls in the staffing levels so that people continued to receive care.

The registered manager told us they carried out regular assessments of people's needs and ensured there were enough staff available to keep them safe. When people required more than one member of staff to support them, this was provided. They also ensured that where people required assistance from staff with specific skills or experience this was also provided. The registered manager told us they continually reviewed people's needs and if they felt that more support was required, or a change of staff was needed, this was discussed with people before the changes were made.

People's medicines were managed safely. People or relatives did not raise any concerns about how they or their relation were supported with their medicines.

Two members of staff described the procedure and process they completed to ensure people received their medicines in a safe way. They demonstrated to us that they had a good understanding on how to complete a medicine administration record (MAR), which they used to record when a person had taken or refused their prescribed medicines. When we reviewed two MAR charts we found they had been accurately completed.

People's records contained information about what support, if any, they required with their medicines. We saw that clear guidance was in place for staff when administering as required medicines. Staff told us and records demonstrated that staff were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Staff told us, and records confirmed, that they received a yearly medicine competency check. This ensured staff were safely administering medicines.

Requires Improvement

Is the service effective?

Our findings

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 found that care records did not always record details about people's ability to make decisions. One person signed their care plan and risk assessments to record that they consented to the care and support provided however, three other people had not. We saw one example where there were concerns about a person's ability to make an informed decision about supporting them with administering their medicines. We also saw another example where a person was unable to verbally communicate and there were concerns about their ability to make an informed decision about their care. Mental capacity assessment and best interest decision had not been completed for both people. This showed that the correct procedures were not being followed in respect of obtaining and recording consent. We spoke with the registered manager about developing a process to ensure consent to care and treatment was clearly and appropriately recorded. After the inspection the registered manager sent us documentation that showed they had started this process.

Staff we spoke with could explain the importance of ensuring wherever possible people were able to make their own decisions such as what clothes they wanted to wear and food they wanted to eat. Staff gave us examples of how the mental capacity act was relevant and related to people they cared for. One member of staff said, "Asking people if it is okay to do something and giving people choices."

Staff received an induction prior to commencing their role and the staff we spoke with told us they felt the induction equipped them with the skills needed to carry out their role effectively. One member of staff said, "Best induction training I've ever been on." Another member of staff said, "It was a very good induction." Staff told us and records confirmed they had a variety of face to face and on line training which included but was not limited to, first aid, moving and handling, medication and safeguarding adults. This meant staff received a detailed induction programme that promoted good practice and was supportive to staff.

People received support from staff who had received the appropriate training for their role. Training records showed staff had received training in key areas that enabled them to carry out their role. Training had been completed for equality and diversity, medication, basic life support and food hygiene.

Staff were positive about the support they received from the registered manager and said they received constructive feedback. They said that they had opportunities to meet with their line manager to review their work, training and development needs. One member of staff said, "I feel I can go to the registered manager with anything." Another member of staff said, "I feel supported and have no complaints about the support I receive." A third member of staff said, "She is good, understanding and would help you with anything."

People or relatives did not raise any concerns about how they or their relation were supported to eat and drink and maintain a balanced diet based on their needs and preferences.

People's nutritional and dietary needs were discussed with them before they started using the service. This included any cultural or religious needs that could impact on the types of food and drink they consumed. Care plans were put in place that ensured staff were provided with the information they needed to enable them to support people effectively with their dietary requirements. We saw guidance was in place to encourage a person to follow a healthy and balanced diet. We also saw people had a completed nutritional needs assessment where needed. The staff we spoke with were aware of people's dietary needs and would check to make sure people ate and drank enough. One staff member said, "I make sure [person's name] has juice during visit."

Records showed that staff involved external professionals where appropriate including GP, palliative and continence nurse. The registered manager monitored daily records to ensure people received effective care and support based on their individual needs. The registered manager also told us the daily notes were used to exchange information between staff to make them aware of any concerns or changes to a person's needs. We saw referrals were made to external healthcare professionals when required. This showed us that people had access to a variety of health care professionals when needed.

Good

Is the service caring?

Our findings

People and relatives who responded to our questionnaire or who spoke with us told us staff were kind and caring. A relative said, "Yes staff are kind and caring. They always listen to us." A health care professional said, "Staff are always polite and respectful."

People's needs were assessed prior to their care package starting and we saw that the information provided by people was made available to staff within the care plans. The registered manager and staff told us that they regularly asked people whether they remained happy with the support they were receiving.

There were processes in place that ensured people were provided with information about their care which enabled them to contribute to the decisions made. In each of the care records we looked at there were examples where people's care and support needs had been discussed with them and their relatives, and where changes had been requested they had been implemented. A relative told us they regularly meet with the registered manager and members of staff to discuss any changes to their relation's care plan.

Staff spoke with passion about the people they supported and showed a genuine empathy and understanding of each person's individual needs. One member of staff said they had worked with a person for a number of years and that people benefited from the consistency of care. People's care records contained detailed information about them including their likes, dislikes and their life history. This provided staff with the information needed to support them to form meaningful relationships with people.

Staff described how they involved people in day to day decisions relating to their care and emphasised that giving people choice was central to their role. For example, people made choices in many aspects of their care and support, such as what they wanted to eat and what they wanted to wear.

Information was not available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. After the inspection the registered manager confirmed they had contacted an advocacy service who would be supplying the service with leaflets which would be sent to people. They also confirmed they had updated the services 'Citizens' guide' so that the document contained information on how people could access advocacy services.

People's care records contained guidance for staff on how to maintain people's dignity when supporting them with their personal care. The records also advised staff on how to encourage people to be as independent as they wanted to be when receiving support with their personal care.

All of the people and relatives who responded to our questionnaire or who spoke with us told us they or their relatives were treated with dignity and respect by staff. One relative told us staff always close the door and curtains before they commence with personal care.

The staff we spoke with were able to explain how they ensured they treated people with respect and dignity

whilst maintaining their human rights. One staff member said, "I knock on people's doors and wouldn't just walk in." Another member of staff said, "Make sure the door is closed when people are on the toilet." A third member of staff said, "I keep people's personal information private." In the provider's office we saw people's care records were treated confidentially and were stored in a locked cabinet within the office. A health care professional told us the person they visit, "Always appears to be clean and well kept."

Good

Is the service responsive?

Our findings

People and relatives who responded to our questionnaire or who spoke with us told us they or their relations received the support they needed and it was provided in a personalised way. People and relatives also told us they or their relations were actively involved in making decisions about their care and support. One relative told us, "[Registered manager] and her team meet with us to address any concerns or adaptations to the care plan."

Care records showed that where possible the registered manager contacted people to assess their needs before the service began. This helped staff to deliver appropriate and safe care, based on individual needs and preferences. Staff also told us they had the opportunity to meet with people before they started supporting them. One member of staff told us before they started supporting a person, "I went and spoke to their relative and also the [person's name] who told me about their needs."

Care records contained detailed information on people's preferences to support staff to provide personalised care that met people's individual needs, such as what name people liked to be called. This information also included information about people's life history and important people in their lives.

Care records to manage people's health care needs such as mental health and end of life were in place. The care records we saw provided clear information on the interventions required and the signs which might indicate a referral to other professionals was required. One care record gave clear information from a health care professional about how a person should be supported to maintain support towards the end of their life.

All the staff told us there were enough staff to ensure people were supported safely and had time during calls to do what they needed to. One member of staff said, "I definitely have enough time at each visit."

We saw the time people wanted the care staff to support them had been taken into account when people's care packages were planned. In each of the care records we looked at we saw staff were provided with clear daily roles and responsibilities for which people had agreed staff would complete during each visit.

The staff we spoke with had an in depth knowledge of people's care and support needs and how these had changed over time. Staff told us they were provided with sufficient information about people's needs and were updated when anything changed. One member of staff said, "I am given time to read care plans before I support people." The care records we viewed contained detailed and up to date information about people's needs. These were reviewed on a regular basis and we saw that changes were made when required.

All of the people and relatives who responded to our questionnaire or who spoke with us told us they knew how to make a complaint. People and their relatives were provided with the information they needed if they wished to make a complaint. Information was available for people in their service user guide about how to make a complaint. We saw details for the CQC were included if they wished to report their concerns to us.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibilities with regard to responding to any concerns or complaints made to them. One member of staff said, "I would listen and verify the complaint and tell my manager."

The complaints log showed that no complaints had been received in the last 12 months.

Good

Is the service well-led?

Our findings

The registered manager told us they aimed to provide people with a person centred and positive experience when they received support from their staff or contacted the office to discuss their care needs. All of the people and relatives who responded to our questionnaire or who spoke with us told us they or their relations knew who to contact at the service if they required information and were positive about the service. One relative said, "They [staff] all do a very good job."

The staff we spoke with had a clear understanding of the provider's values and aims for the service and how they could use those to provide people with a high standard of service. We found a positive culture, which was centred on the needs of people who used the service and their relatives. Members of staff said comments such as, "Make sure people are safe and live a fulfilled life" , "To give people the best quality of life" and "To provide the best care possible."

We saw the services policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

The relatives who responded to our questionnaire or who spoke with us were positive about the registered manager. One relative said, "[Registered manager] is approachable. She is lovely."

The registered manager told us, and staff confirmed, they operated in an open and transparent way and welcomed the views of their staff on how to improve the service. Regular staff meetings were held and the staff spoken with felt the registered manager was approachable and willing to listen to them. One member of staff said, "Friendly, approachable and asks me how I am doing and if I need anything." Another member of staff said, "If I did have any concerns I would be very comfortable to talk to her."

All the members of staff were positive about the staff team and said they worked well together. One member of staff said, "We work well as a team." Another member of staff said, "We all [staff] communicate with each other."

The registered manager had an understanding of their role and responsibilities. They had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager knew the process for submitting statutory notifications to the CQC.

A survey in 2016 had been completed by people who used the service and their relatives. People and relatives said staff preserved their or their relative's privacy and dignity, there were good lines of

communication in place and were satisfied with how the service was delivered.

There were systems in place to monitor and improve the quality of the service provided. Regular spot checks of staff took place so that the registered manager could monitor the quality of care being provided. However, there were no care plan or medication audits in place. After the inspection the registered manager sent us confirmation they had started to complete medication and care plans audits. The registered manager also sent us other information following our inspection to confirm that all areas that required improvement had been addressed.

The general manager told us that they were looking at developing the service over the next year to improve how they gain more staff feedback through questionnaires.