

Extra Hands of Heacham Ltd

# Extra Hands of Heacham Limited - Broadland Office

## Inspection report

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Date of inspection visit:  
17 August 2016

Date of publication:  
20 September 2016

## 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 17 August 2016. Extra Hands of Heacham Limited - Broadland Office provides support and personal care to people in their own homes in Norwich, Holt, Sheringham, Broadlands and surrounding villages. On the day of the inspection there were approximately 300 people using the service who received personal care.

The service had a registered manager in place at the time of our 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.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by a regular staff member or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they required by staff who were trained and supported to do so. People's human right to make decisions for themselves were respected and they provided consent to their care when needed.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People could not rely on their plan of care containing all the required information to ensure their care and support was delivered as needed. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

The management team provided leadership that gained the respect of care workers and motivated them as a team. When issues were identified within the service action was taken to address these. There were systems in place to monitor the quality of the service and make improvements when needed.

## 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.

People felt safe using the service because they were treated well by staff who understood their individual responsibilities to prevent, identify and report abuse.

Risks to people's health and safety were assessed and staff were informed about how to provide them with safe care and support that maintained their independence.

People received their visits as planned because there were sufficient staff employed, and there were contingency arrangements in place if needed.

People received the support they required to ensure they took their medicines as prescribed.

### Is the service effective?

Good 

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

### Is the service caring?

Good 

The service was caring.

People were supported by staff who respected them as individuals.

People were provided with opportunities to be involved in

making decisions about their care and support which they could change if they wanted.

People's personal preferences, lifestyle and choices were respected by staff visiting them in their homes in a way that suited them.

### Is the service responsive?

**Requires Improvement** 

The service was not always responsive.

There was a risk that people may not receive the care and support they required because their plan of care did not include all the information required to do so.

People's concerns and complaints about their care were not always acted upon.

### Is the service well-led?

**Good** 

The service was well led.

People used a service where staff were encouraged and supported to carry out their duties.

People used a service where staff were motivated through encouragement and support to carry out their duties.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency.

# Extra Hands of Heacham Limited - Broadland Office

## **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 17 August 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by two inspectors.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with 22 people who used the service and three relatives. We also spoke with eight care workers, two care coordinators, the assistant manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for five people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service and felt confident in the staff who visited them. One person who used the service told us, "The carers I've got are lovely they make me feel safe. They added, "I was worried about having someone come into my home, but it isn't that bad." Another person said, "I feel perfectly safe. I feel very confident with them and I enjoy the visits." A relative told us both they and their relation, "Feel safe with them." They added, "I get a safe feeling and feel comfortable with them."

Staff were able to describe the different types of abuse and harm people may face, and how these could occur. Staff told us they made a record of any concerns and reported these to one of the office based staff. The provider informed us on their PIR, "All care staff and office staff are fully aware of the importance to recognise any concerns that may affect the safety of a service user and the carer." One care worker told us about an occasion they had informed office based staff about a concern they had for one person. The care worker said the office staff, "Took care of it (their concern) fantastically." The care worker said the outcome was their concern was dealt with and they were no longer concerned about the safety of the person.

Staff knew how to report any concerns about people's welfare. Care workers said they had been given a card with contact telephone numbers for the multi-agency safeguarding hub (known as MASH) where any safeguarding concerns are reported in Norfolk. Staff told us they had completed training about safeguarding people, which they told us had explained issues about the risk of abuse and keeping people safe in detail. They also said safeguarding issues were discussed in team meetings and supervision sessions. Staff said they were asked whether they had any concerns about people's safety and that they were encouraged to speak out if they did. One care worker said it was important to pass on concerns no matter how small as, "Little points could turn into a big issue when you see the bigger picture." Another care worker told us, "It is better to be wrong than not mention it (concern about someone's safety.)"

People received their care and support in a way that had been assessed for them to receive this safely. One person told us, "I have to be careful, they helped me get the gear (equipment) I needed." Another person said, "They are always telling me to be careful." A relative told us staff provide their relation, "With their care safely." People told us there had been an assessment carried out at their home to ensure they could be provided with the care they needed in safety. A person told us when they were making the arrangements for their care, "I showed them around the house, they took an interest."

People told us they were encouraged to maintain their independence where possible. One person said, "Carers don't just take over, they encourage me to do things. I am a determined person." Another person said, "They transfer me, I feel confident in them doing it. Some days I can do it myself, then they encourage me." The provider informed us on the PIR, "People using our service are encouraged to do as much for themselves as possible, risk assessments are carried out to ensure that daily tasks that they manage themselves can be carried out safely."

Staff supported people to maintain their independence as safely as possible. Care workers gave examples of doing this by giving encouragement and reassurance. These included people undertaking as much of their

personal care independently as they could manage, and enabling someone making themselves a cup of tea rather than doing this for them.

Staff described ensuring people used the equipment they needed to promote their safety and when required this was safely maintained. If necessary they would request office staff to arrange for an occupational therapist (OT) to visit to assess if someone needed any additional equipment to maximise their independence. These included aids to assist people with their mobility and using their own facilities, such as their bathroom. One care worker told us how they contacted office staff when they were worried about someone's mobility and a prompt assessment was undertaken. This identified a second care worker was needed during visits to the person to support them to maintain their independence safely. They told us temporary arrangements were immediately made for the person's care until this was put into place.

There were sufficient staff employed to provide people with consistent care and support which met their needs. Most people told us they had regular staff attending at the time their care was planned. They appreciated that there may be occasional delays because their care worker had run into some unforeseen circumstances, such as needing to extend their time at a previous call or unexpected traffic problems. People said they usually received a phone call informing them if their care worker was delayed. Most people told us they were usually visited by a regular individual or team of staff, although a few people spoke of changes being made. The annual quality assurance survey undertaken at the service had also identified some people had made similar comments and this was included in the action plan as an improvement to make.

Staff told us there were enough staff to enable them to carry out their planned calls. There were some experienced care workers employed, part of whose role was to provide cover in the event of any absences from work. Care workers told us this worked well and ensured people's calls took place if a care worker was unable to work, particularly if this happened at short notice. Care workers said the most important issues for people regarding their calls were being on time and having the same individual or team of care workers visit them. Care coordinators said staff recruitment was an ongoing challenge to maintain the number of staff needed to provide this service. The registered manager said they were continually looking for new initiatives to recruit and retain staff to maintain the standard of service people required.

We received mixed comments from staff as to whether there was sufficient travel time provided between appointments to enable them to arrive on time. Some care workers said they had informed one of the care coordinators when there had not been enough time allocated and this had been adjusted. Care coordinators said they always responded to any requests to adjust travel time. The registered manager said they would ensure all care workers knew to inform a care coordinator if they did not have sufficient travel time allocated so this could be adjusted.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently. One person told us, "They sort it all out for me,

they order it and remind me to take it."

Staff were clear about what support people needed with their medicines and described following safe practices in the administration of these. This included ordering and collecting someone's medicines if needed. Care workers told us they would contact office staff for advice if they were uncertain about anything. One care worker told us when one person was also receiving support from another person not employed by the agency with their medicines they stopped providing support to prevent any confusion or mistakes occurring.



# Is the service effective?

## Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. People spoke of feeling confident in the staff who visited them, one person said this was because, "They know what they are doing." Another person said, "They seem to have the skills and do their job to the best of their ability." Some people spoke of staff doing further training and having discussed this with them. One person said, "We talked about some of the questions used (in workbook training) and discussed what they are learning." Another person said that although the staff were trained initially, they also learnt, "On the job." The person explained that this meant they were able to say how they liked things to be done and that, "We work out a system between us."

Staff were provided with the induction, training and support they required to undertake their duties and meet people's needs. Recently appointed staff told us they had been provided with a thorough two week induction before they undertook their role. They told us this had been enjoyable and had prepared them for the work expected of them. The induction included attending a mixture of classroom based training, watching training videos and undertaking 'shadow' shifts, where they observed an experienced member of staff working.

Staff told us there was a designated training manager who coordinated and arranged all staff training. Care coordinators said this helped to ensure all staff undertook refresher and update training when this was due. Staff told us they could request additional training they felt they needed and that they were enrolled onto the care certificate. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff told us they received formal regular supervision from one of the care coordinators where they could discuss their work, support and training needs individually. The provider informed us on their PIR that staff training needs were identified during supervision, appraisal and monitoring. Care workers said they could contact office staff at any time if they required any advice or support. Office based staff also described being supported in their role.

People had the opportunity to give their consent and make decisions for themselves. People told us care workers asked for their agreement before they provided them with any assistance. One person told us staff, "Always gain my consent, they come in relaxed, there is no commanding or pushiness." Another person said, "There is no controversy there, they ask me first." People had signed their care records to show they consented to the plan for their care. One person said when they started to use the service they, "Went through a lot of paperwork and I signed the care plan."

Care workers told us they obtained people's verbal consent before providing them with any care and support. Care workers said there were occasions when people declined their care and support and when this occurred they respected their wishes. A care worker said, "We may try to encourage them or offer an alternative, but if they say no that's it."

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.

The registered manager told us there was not anyone who used the service who did not have the capacity to make decisions and consent to their care for themselves. They said that people's capacity to make decisions was recognised at the initial assessment where they obtained their consent for certain issues. This included sharing information with other professionals if required. Staff told us they had attended training on the MCA and they demonstrated an understanding of the principles of this legislation. They told us that everyone they visited could communicate in some way, if not verbally through making gestures and signs.

People who were supported with their nutritional intake were provided with enough to eat and drink to maintain their health and wellbeing. Most people who required assistance told us the support they needed was in preparing their meals for them. A person told us, "I tell them what I want and they will help me prepare it." If additional support was required to encourage someone to eat well this was provided. Another person told us, "They get my breakfast and tea. They make sure I am eating enough." The provider informed us on their PIR, "Every task has an expected outcome, for example: if a hot meal is provided, the expected outcome is that nutritional and general health is maintained."

Care workers told us they prepared a meal for some people during their visit and said they made a record of what people had to eat and drink during their visit. They described ways they encouraged people to eat well by taking care with the presentation to make the meal look appetising and providing verbal encouragement to eat this. Care workers spoke of making people a hot drink during their visit, replenishing cold drinks and leaving people with drinks at the end of their visit. They told us they would pass on any concerns about people's nutritional intake to office staff who would act upon this. Care coordinators told us they would contact a person's doctor and any involved relatives if they were informed of concerns about a person's nutritional intake.

People's healthcare needs were known and they received support with regard to their health and wellbeing. Some people told us about health conditions they had and felt that staff understood how these impacted upon them. One person said, "They understand my needs, they know what I can and can't do." Another person told us how staff knew the best way to assist them with a health related procedure and this had made a significant difference to them. They said, "It was very difficult to manage at first, I was floundering. I contacted Extra Hands that made the difference and got me going." A relative told us staff understood their relation's health needs adding, "If there are any issues they let me know." Another relative praised how well staff were able to communicate with their relation who could not communicate verbally.

People told us staff would ask them how they were feeling and showed consideration if they were not feeling well. They said staff would carry out checks on them, including checking their skin for any marks and blemishes. One person told us the staff who visited them, "Take an interest in my overall health."

Staff said they monitored people's wellbeing by carrying out observations on people and listening to what people said about how they were feeling. Staff described some of the symptoms they watched out for that would indicate a possible health concern. Some staff said they had found training they had undertaken about certain healthcare conditions to be useful and other staff said they would like the opportunity to have this. The registered manager said they would look to arranging this when they had passed through the busy summer period.

## Is the service caring?

### Our findings

People described the staff who supported them as kind, helpful, reassuring and caring. One person said staff were, "Always so positive, if I feel down they buck me up. They are just wonderful carers, they will do anything for me." Another person told us staff were, "Always very kind to me, you couldn't wish for better people." People also told us they enjoyed having conversations with staff about shared interests and their earlier lives as well as partaking in light heated humour and banter. Comments from relatives included, "Their bedside manner is superb" and "They are interested in [name] as a person." One relative told us how staff made their relation laugh which, "Brightens up my day."

Care workers told us they found their work rewarding and enjoyed helping people. They spoke of the satisfaction they felt when they had made a difference to someone's day. One care worker said, "Making someone happy puts a smile on my face." The registered manager told us that everything they did was about valuing the person, which included recognising and showing respect for people's individual characteristics and diversity. Care workers provided examples of when they had done so.

People told us they were involved in planning their care and support and making decisions about this. One person told us, "I requested (what I wanted) and a plan was put into place." Another person said, "I decided the number of visits I needed."

Care workers told us that people had control over the care they were receiving. Staff said that people were at the centre of their care and they found out what they wanted. One care worker said, "We like to find out what their little foibles are." One staff member who carried out reviews of people's care told us they always involved the person when they undertook a review. They said they made an appointment at a time that was convenient to the person and made sure they understood the purpose of the review. They said they asked the person if they wanted a family member or other representative present. The staff member also said they went through the review form with the person so they knew what needed to be completed and added, "I get people to say what they want, I have a cheerful manner."

The assistant manager informed us there was no one who used the service at present who had the support of an advocate. They told us that if someone required that support they would assist them to make contact with an advocacy service. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt staff treated them with respect. One person told us, "I find them very respectful. I never thought I would be comfortable having people around, but I am." Another person said, "I am happy with the way they treat me, it is with dignity and respect." People described how staff were considerate within their home. One person told us when they had raised an issue this had been responded to appropriately in accordance with their wishes.

Care workers described the practices they followed to enable people to have privacy and their dignity respected when they supported them. One care worker said it was key to ask questions clearly so people

understood, and then added, "It is just as important to listen to their reply." The registered manager said it was important that staff maintained their professional boundaries so people knew what to expect.

## Is the service responsive?

### Our findings

People told us how their needs had been assessed when they started to use the service so plans could be made on how to provide them with the care and support they needed. However we found people did not have a care plan that detailed their individual needs, and how they should receive personalised care. For example we saw one person's care plan said, "To assist with all aspects of personal care" but did not specify what this required the staff member to do. We also saw care plans and risk assessments lacked detail and did not explain the care that should be provided.

Staff described the care plans as basic and lacking detail. They also told us they did not feel they were used to their full potential as some of the sections were not completed. The registered manager agreed the care plans did not provide sufficient guidance as to how people's care should be provided. The registered manager told us they had already recognised they needed to make wholesale changes to their care planning system. They had prepared a new care plan format which they intended to introduce after the summer holiday period, when more staff would be available to help make the changes. We also saw daily notes completed by care workers did not clearly explain what care people had received during their personal care call.

Although people's care plans did not contain the detail needed to ensure they received personalised care, there was a system in place to review the information that was held. We spoke with one person and their relative who told us they had planned the care needed together. They told us, "We have got what we asked for. What is on the care plan has been implemented and we have reviewed it." The person also told us, "If I want anything different I just arrange it on the spot. If there is a problem I just mention it." The provider informed us on the PIR, "Service users and their families are encouraged to be involved in care planning assessments, their views are vital to ensure their independence is supported." Staff said that they met people's needs as they did not only rely on the information in their care plans. They said they discussed with the person concerned, and other staff, about meeting their needs.

People told us their care was flexible and responsive to their needs. People told us they received the service they expected and of being able to make changes to their care, such as rearranging a planned visit if it was not convenient. One person said, "It is what I need. If I want to change anything I can." Another person said, "If I call up to change an appointment there is no problem sorting it."

Staff said at times people wanted to change their planned care and may prefer to have a chat instead. One staff member said, "Sometimes having a chat is important to someone." A care worker told us about one person who would not always agree to receive their full care. They said how they would always offer to provide the care and how satisfying it was when the person agreed. They said, "I skip out of the door knowing they are clean and smartly dressed."

People were given opportunities to raise any concerns and they were told how they could make a complaint. A person told us, "They gave me a book with a phone number and said if there was anything I was not happy about I can ring them up." A relative told us, "If we were unhappy we would let them know."

Staff told us they were made aware as part of their induction training about how people could make a complaint about their service. Staff said they reminded people of their right to make a complaint if they were not happy with something and there was information about this in their care plans. One care worker said that although they would pass any concern on to the office staff for someone, they would firstly encourage the person to raise this directly themselves. A staff member said when one person had raised a concern with them they had passed this onto the registered manager who had contacted the person and the problem had been resolved.

The provider informed us in their PIR there had been 17 complaints made over the preceding 12 months which had all been managed and resolved under their complaints procedure. We saw the records kept at the office of all complaints made. These detailed the concerns that had been raised, but did not always show what the outcome was or that the original complainant had been informed of this. The registered manager told us they normally contacted a complainant by phone to inform them of the outcome. They said they would keep a record of the outcome and informing the complainant in future.

## Is the service well-led?

### Our findings

Most people felt the service was well run and effective at communicating with them. People spoke of contacting office based staff who sorted out any issues they raised. People also said they were contacted by office staff if needed for example to say the staff member was running late for their visit. A few people mentioned occasions when their messages had not been passed on or they had not been informed of a change to their planned visit time. The people concerned consented for us to share this information with the registered manager during our visit to the office. The registered manager told us they would contact each person to identify any problems and ensure these were addressed. The annual quality assurance survey undertaken at the service had also identified some people had made similar comments, and this was included in the action plan as an improvement to make.

Staff spoke positively about working for the service and described it as having an open and honest culture. The provider informed us on their PIR, "Carer's views are always listened to and suggestions will be considered. Carers are encouraged to add items for discussion on the agenda for their meetings. Staff meetings although formal are an open opportunity for the carers to discuss all aspects of their working role and to meet their colleagues." Staff told us they felt encouraged to make suggestions and to ask questions. Staff said they could do this through meetings and supervision or informally by phoning or visiting the office. One care worker said, "I am proud to work for Extra Hands, they care about care, not ticking boxes." Staff also said they felt able to speak up if they had made an error or something had not gone as intended. We saw a record showing one care worker had informed the registered manager as soon as they realised they had made an error with a person's care.

Staff said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. Staff told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided.

People were confident in the way the service was managed. There was a care coordinator who headed up each of the three geographical areas of the service. As a result, people had limited contact with the registered manager but spoke positively about contact they had with the care coordinator in their area. The care coordinators told us they covered for each other and always ensured there was at least one coordinator in the office.

Staff told us the registered manager and assistant manager were easy to talk to and supportive. One care worker said, "They are approachable" and added, "And they will say if something is not right." Care workers also said they found the care coordinators to be approachable and supportive. The provider informed us on the PIR that the registered manager promoted a relaxed atmosphere and wanted everyone to feel valued and part of a team. They also informed us that the registered manager was active within the local community to encourage joint working with other agencies and providers.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when

they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

There were systems in place to identify where improvements could be made to the service. The provider informed us on their PIR, "Questionnaires are sent to service users annually, it gives them the opportunity to comment on how the service is working for them." People we spoke with confirmed they had been sent questionnaires to comment on the services they received.

We saw the report prepared following the quality assurance survey undertaken in 2016 and this showed a positive overview of the service provided. There were some areas identified where improvements could be made to the service and these had been included in an action plan. It was recorded in the survey report that the registered manager had dealt with any individual issues when questionnaire forms were returned to ensure they were responded to promptly. There were also a number of positive comments made about the service in the survey.

There was a system to audit care records made in people's homes when they were brought back to the office. This was to ensure that people had received their planned care and whether there was anything that needed to be followed up on. The registered manager said the new care planning system would require more detailed auditing when it was introduced.