

Extra Hands of Heacham Ltd

Extra Hands of Heacham Limited - Heacham Office

Inspection report

13-14 Heacham Hall Industrial Units
Hunstanton Road, Heacham
Kings Lynn
Norfolk
PE31 7JT

Tel: 01485570611

Website: www.extrahands.net

Date of inspection visit:
08 September 2021
28 September 2021

Date of publication:
15 October 2021

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

Extra Hands of Heacham Limited – Heacham Office is a service providing care and support to people in their own homes. 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 the service was providing personal care to 113 people.

People's experience of using this service and what we found

Overall medicines were managed safely, however, there were some areas of medicines management which needed further development and improvement. We have made a recommendation about the management of medicines which are only occasionally required (PRN.)

People told us they felt safe. Staff were clear about their safeguarding responsibilities. Risks and infection control procedures were managed well and kept under review. There were enough staff and people told us they could rely on the service. Recently some calls had not run on time, but this was a resolving situation and had had no major impact on people's care.

People's needs were comprehensively assessed before a service was provided. Staff were well trained and had been recruited safely. The service worked well with other health and social care agencies.

People consented to their care and treatment and this was recorded. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support from kind, patient and caring staff who often went the extra mile for them. People's dignity and privacy was upheld. They were encouraged to express their views about their care and treatment and the provider respected these.

People received a person-centred service which considered their care needs holistically. Complaints were well managed and lessons learned where necessary. Information about people's end of life care preferences was basic. However, the provider has designed a survey to capture more detail, should people wish to share this.

Recent management changes had identified that oversight of some aspects of the service needed improving and immediate action was taken. The provider had a clear vision for the future of the service and new measures, such as the new electronic care recording system have been introduced. This had improved communication and saved staff time.

People who used the service and staff were keen to share very positive feedback with us about the quality of

the service. We have confidence that this provider will attend to the minor issues we have raised and continue to make further improvements.

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 outstanding (published 13 April 2019.)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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. Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective. Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring. Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive. Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led. Details are in our well-led findings below.

Extra Hands of Heacham Limited - Heacham Office

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one medicines inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started with a visit to the office location on 8 September 2021 and ended with a feedback session on 29 September 2021.

What we did before the inspection

We reviewed all the information we had received since the last inspection. This included looking at any notifications the service had sent to us about significant incidents. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with four members of the care staff, the manager and two directors, one of whom was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and ten medication records. We looked at three staff files in relation to recruitment, training and staff supervision. We also reviewed a variety of records, policies and procedures relating to the safety and quality of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received additional information from the training manager about specific training provided to staff. We spoke with one healthcare professional who works closely with the service.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Electronic records were in place and showed people received their medicines as prescribed. Some information relating to when people were prescribed 'when-required' (PRN) medicines, needed further detail and clarification. The manager confirmed that this information was not yet available for staff to refer to so they could give the medicines consistently and appropriately. We also noted that when these medicines were given to people there was a lack of records showing why the use of them was justified.

We recommend the provider consider current guidance on giving PRN medicines to people alongside their prescribed medication and take action to update their practice accordingly.

- The manager checked people's medicines when alerted by the electronic system and all records were routinely overseen. The manager reported that there had been no medication errors recently. However, the procedure for the management of medication errors was in need of review to ensure that, if there were errors, appropriate actions and learning could follow.
- Staff had received training and were regularly assessed to ensure they remained competent to support people with their medicines.
- People using the service were encouraged to maintain independence and look after their own medicines when safe and appropriate to do so. There were care plans and risk assessments in place about people's medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to recognize the possible signs that someone was being abused. Staff demonstrated that they knew how to raise a safeguarding concern, both within the organization and externally. Some staff had made safeguarding referrals where they were concerned about a person's welfare.
- The provider had a safeguarding policy in place and had made appropriate referral to the local authority where they suspected a person might be at risk of being abused.

Assessing risk, safety monitoring and management

- Risks were assessed and kept under review. People told us they felt safe.
- Staff demonstrated a good understanding of specific risks, such as those relating to pressure care, falls and blood thinning medicines.
- Care plans also documented specific risks relating to people's homes and provided staff with information to help mitigate these risks.

Staffing and recruitment

- There were enough staff. People told us they did not have missed calls, although in recent months the calls have not always been on time. However, they also said that the office staff always communicate well if call times were going to be very different and things are already starting to improve. One person commented, "Staffing can be a little up and down with the timings...but they are so friendly when they get here. It's just a slight issue and I do understand why."
- Staffing over holiday times had put additional pressure on the service but new staff had recently been recruited to address this. Staff had been safely recruited, with all the appropriate checks to ensure they were suitable for the role.
- People told us they often have the same small group of carers, which they really liked. One person said, "They get to know us, and we get to know them."

Preventing and controlling infection

- Staff received training in reducing the risk and spread of infection, including COVID-19. The provider confirmed that staff were provided with all the stocks of personal protective equipment (PPE) they needed to carry out their roles safely. Staff were regularly tested for COVID-19 in accordance with government guidelines.
- People who used the service told us that staff ensured they used their PPE correctly and safely. One person told us, "I'm classed as extremely vulnerable and they tried to always give me the same three carers...They always wore their PPE and I had confidence in them." Another said, "They always wear their masks and keep me safe."

Learning lessons when things go wrong

- There was a strong commitment to analysing situations to see if things could be done differently to ensure a better outcome. Following the departure of the previous registered manager, the provider had noted that some aspects of the oversight of the service had been overlooked and they set about immediate action to address this.

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 outstanding. At this inspection this key question has deteriorated to good. This meant 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; Staff working with other agencies to provide consistent, effective, timely care

- People received a robust and comprehensive assessment of their needs before they received a service. The assessment process also covered their preferences about exactly how their care was delivered.
- When working with other healthcare professionals, assessments incorporated their views. One healthcare professional commented, "I have never had any concerns. They ring me if they need to and they never do anything outside of their remit."
- Records showed that care staff worked well with a variety of other health and social care professionals and any advice or instructions given were clearly documented for staff to follow.

Staff support: induction, training, skills and experience

- Staff told us they felt well trained, well supported and were equipped to carry out their roles.
- New staff had a comprehensive induction and were supported by more experienced staff on shadow shifts until they were confident.
- Staff received a variety of training including moving and handling, safeguarding, first aid and consent. The provider ensured staff had access to training for specific conditions, such as stoma care, where this was needed. Staff praised the training with one staff member, who had come from another care setting, saying, "I didn't realise I didn't know so much! I thought I was well trained but this was exceptional."
- Staff received regular support and supervision sessions and had a chance to request particular training and information if they needed it.

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

- Where people needed staff to help them with aspects of their eating and drinking this was noted in their care plan. Those people living alone and dependent on staff told us staff always ensure they have access to a drink and a snack so they do not get thirsty or hungry waiting for the next care call.
- Staff knew people's preferences with regard to their meals and provided people with the support they needed to eat their meals and try to maintain a healthy weight.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs and to access healthcare appointments, if they needed this.
- Staff were aware of how to escalate concerns relating to people's health. One relative told us that staff had become concerned that their family member's dementia had become a significant barrier to them being

able to take their medicines safely. Staff had contacted the relative and suggested that staff take over this responsibility and had liaised with the GP to arrange things.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 were supported by staff to make day to day decisions about their care in accordance with the principles of the MCA. People told us staff always made sure they were happy to receive the care offered and understood their options.
- Where relatives had a legal power of attorney enabling them to make decisions for their family member or friend, this was recorded in the care plan.
- One relative, who was not able to be in close contact with their family member, said, "I am quite happy to trust them to make decisions in [my relative's] best interest. I have confidence in them, and they keep me informed of any health issues or changes in routine."

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service, and their relatives, told us staff were patient, kind and caring. Staff were respectful of people's diverse needs and treated them in an inclusive way, respecting their wishes, views and choices. Care plans documented if people preferred personal care to be delivered by staff of a particular gender and this was respected.
- The healthcare professional we spoke with, praised the kindness of the staff saying, "They are very good, very kind and very caring."

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

- People, and their relatives where appropriate, had the opportunity to raise issues about their care and support in regular reviews. Care plans were reviewed as and when people's needs changed. One relative commented, "We've had a few reviews and assessed any changes. [My relative's] needs have changed due to dementia."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and maintained their dignity. One person commented, "That's very important to me."
- Care plans documented which aspects of care and support people could manage for themselves and there was a commitment to helping people remain independent. One person with a diagnosis of early stage dementia told us, "I do what I can for myself, but they help me and keep an eye on me."

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 ensure people have choice and control and to meet their needs and preferences

- People's care was planned and delivered in accordance with their needs and their expressed preferences. Although some people commented that visit times can be a little varied, most people were very satisfied that their care was delivered how and when they wanted it.
- Care plans documented people's needs as well as some very specific preferences. For example, one person liked staff to put their protective gloves on in front of them so that they could be reassured. This was highlighted in the care record to remind staff.
- Many people who used the service commented on how staff took on additional tasks. For example, one person explained, "They're very good at things they don't need to do. They notice things and just sort them out. I don't ask – they just do it." This sentiment was echoed by other people who use the service. A healthcare professional also commented, "They go the extra mile for people."

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 were provided with information in a format they could understand. The new electronic record made it easier for people to access information about their own care and support. One person told us they had recently checked an entry in the record by a new care worker to see how the visit had been recorded. They said, "I like that I can access [the electronic record] and have a look."
- We noted that a care record for a person who is deaf included guidance for staff such as writing questions down and making sure the subtitles were selected on the television. Staff were mindful that this condition has the potential to exclude the person from social contact.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records contained information about people's histories and interests and included sections called 'Social Support' and 'Everyday Activities.' People were supported to keep in touch with friends and family. This had been especially important during the pandemic when social contact was so limited.

Improving care quality in response to complaints or concerns

- Complaints were well documented and well managed. Each formal complaint had been responded to in line with the provider's policy.

- Informal concerns, such as those raised with carers or those highlighted in the annual feedback surveys, were followed up by senior staff and the issues addressed.

End of life care and support

- Care plans documented basic information about end of life care, such as whether someone wished to be resuscitated. However, further detail was lacking. We discussed this with one of the directors who was able to show us a new survey which was being sent out to people. This was designed to capture people's preferences relating to their end of life care in a much more detailed way. People would have the choice to return the surveys if they wanted their end of life care preferences to form part of their care plan.

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 outstanding. At this inspection this key question has now deteriorated to good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the service was open, supportive and inclusive. People who used the service told us that they felt the whole team supported them. One relative told us, "Not only the carers are wonderful, the office staff are absolutely wonderful too!"
- The provider sent out annual feedback surveys to gather the views and comments of people who used the service and staff. We saw that there was a very good response to these and an action plan was drawn up, suggestions were taken on board and any concerns followed up.
- People told us they felt listened to and found it easy to communicate with the provider's office staff if they needed to. The new electronic recording system enabled people to access their own records via an app and this was viewed very positively by those who chose to use it.
- Staff felt well supported in their roles and there was a collaborative approach to care. One staff member explained that sometimes circumstances, such as having to wait for an ambulance, mean subsequent visits might run a little late. They told us they ring the office and , "They listen, they are reasonable and they adjust. It's all done in a good humoured way."
- Online staff meetings had continued during the pandemic and the provider sent out weekly e mails to staff. These highlighted important issues, reminded them about any new guidance or procedures and signposted them to sources of information, help and support. Staff were invited to add topics to these e mails should they wished to. The provider also kept in touch with people who used the service via monthly newsletters.

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 provider was aware of the need to be open and honest following particular incidents. The electronic recording system meant people who used the service and their relatives were able to review records themselves should an incident take place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection there was no registered manager in post, as the previous registered manager had recently left. The nominated individual, who is also a registered manager for another of the provider's services, had taken over the management responsibilities alongside another director and another manager.

This manager intends to apply to be the registered manager. We judged that this management arrangement ensured good oversight of the service and had identified some areas for improvement, which had already begun to be addressed.

- The manager told us they had been well supported in their new role and were clear about their responsibilities and duties. They had a good understanding of what kind of issues needed to be notified to CQC. People's care needs and individual risks were well managed. They accepted our feedback about PRN medicines and immediately began to address the issue.
- Potential risks to the smooth running of the business had been identified and a good action plan put in place. This had been used in the pandemic and was possibly going to be implemented to deal with the impact of the fuel crisis, which took place at time of inspection, on care visits.

Continuous learning and improving care

- The departure of the last registered manager had led to a review of systems and processes by the provider. It was acknowledged that oversight of the service needed to improve in some areas and steps were taken to address this.
- The provider decided to change the record keeping system from a paper based system. Staff told us that the new electronic system had improved record keeping, sped up their visit times and ensured that important issues did not get overlooked. One staff member told us they often help out in other areas with clients they do not know. They said, "It's so much better. All the information is on the app. I know what's expected of me. There are step by step guides and there is the option of reading the comments from yesterday, so I know what's needed today."
- The provider carried out regular spot checks of staff to ensure their practice remained good. A team of two rapid response carers carried out these checks as part of their enhanced role. We also noted that one member of staff had passed a training session, but with a low score. The training manager had conducted an additional session with them to check their knowledge and understanding. They had established through this that they had had a problem with the training sessions' format, but their knowledge and skills were good. This additional oversight helped to ensure staff were skilled and competent.
- The directors, who visited regularly, and the new manager had a good understanding of the day to day issues at the service and were all in regular attendance.

Working in partnership with others

- The service worked well in partnership with local professionals such as GPs, district nurses and those commissioning services for older people, including those living with dementia. Communication between agencies was good and was recorded in people's care records.