

Extrahand Care Services Ltd

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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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection which took place on 12 and 20 October 2017. The inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit. This was the first comprehensive rated inspection of the service following their registration with the Care Quality Commission in March 2016.

Extrahands Care Limited is registered with the Care Quality Commission (CQC) to provide personal care to people in their own homes in the community. At the time of our inspection visit, seven people were being supported and were all privately funding their care. The service is located in Hyde, Tameside and is situated close to transport links.

The service had a registered manager. 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.

At this inspection we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to fit and proper persons employed. Recruitment processes required improvements to ensure only suitable staff were employed to work with vulnerable people.

We received positive comments from two relatives acting on behalf of their family members.

Staff were aware of their responsibilities in keeping people safe and had received training in safeguarding adults.

The provider refers to people they support as clients and we have used this reference throughout the report. We found there were enough staff to make sure clients received the care they needed. Clients and relatives told us staff generally arrived on time. The service had a monitoring system that continually checked the promptness of their visits and were able to take action, if staff were running late for any reason.

Staff were given appropriate support through a programme of training and on-going supervision, and an annual appraisal. Care staff said the training provided them with the skills and knowledge they needed to do their jobs.

Client's support plans contained up to date, detailed information about their care and support, including risk assessments and action plans. The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. They carried out a lot of checks and visits to each person to make sure the care and support was a good standard at all times.

The complaints procedure was explained in the 'service user guide.' This was provided to clients when they

first choose the service to provide their care package.

Clear guidance for the management of medicines was in place. The manager carried out observation checks and records kept demonstrated people received their medicines safely and as prescribed. Staff responsible for supporting clients with their medicines had received training to ensure they had the competency and skills required.

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 requires improvement

The recruitment processes in place were not robust to ensure only suitable staff were employed by the service.

There were enough staff employed in order to provide a safe and flexible service to clients.

Medicines were administered to clients safely. Staff were trained in medicine administration and had their competency checked by senior staff.

Is the service effective?

Good 

The service was effective

Staff completed a programme of training to help make sure clients were provided with care and support that met their needs.

Staff told us they felt supported by the management team and were provided with regular supervision and appraisal.

Is the service caring?

Good 

The service was caring

Relatives told us that staff knew their family members really well. Clients had the consistency of seeing the same staff.

Relatives were happy with the care and support provided to their family members. They told us that staff respected their relative's privacy and dignity.

Is the service responsive?

Good 

The service was responsive

The registered manager and staff had a good understanding of client's needs.

Plans of care were in place detailing clients care and support needs.

Clients and their relatives knew who to contact if they wanted to make a complaint.

Is the service well-led?

The service required improvement in well-led

A manager registered with the Care Quality Commission was in post. Staff were supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns with their line manager.

The quality of the service was regularly monitored. Although recruitment files needed reviewing and updating with necessary recruitment records.

Requires Improvement 

Extrahand Care Services Ltd

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 checked 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 of Extrahand care services Limited took place on the 12th and 20th October and was announced. In line with our current methodology for inspecting domiciliary care agencies this inspection was announced two days prior to our visit to ensure the registered manager or other responsible person would be available to assist with the inspection.

The inspection team consisted of one adult social care 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 care service. The expert by experience telephoned clients who used the service and their relatives to gain their views and opinions about the support being provided. Because clients were unable to discuss their views verbally, relatives offered opinions on their behalf.

Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events such as accidents or incidents, which the provider is required to send to us by law. The provider completed 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 received information about the service from a care manager from the local authority. They raised no concerns about the service.

At the time of this inspection the agency was supporting seven clients who were living in their own home. All of the clients were funding their own care through direct payments and others were paying privately for the service.

During this inspection we spoke with the registered manager, the business administrator and one support worker, one care manager from the local authority, two relatives speaking on behalf of their family members and one person being provided with support. This gave us a wide insight into their views across all areas of

the service.

We also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included, care records for three people to see if their records were accurate and reflected their needs. We reviewed three staff recruitment files, staff duty rotas, staff training and supervision records and records in relation to the management of the service.

Is the service safe?

Our findings

We spoke with two relatives who spoke on behalf of their family members who were unable to verbally communicate. They were happy with the service and told us, "They have never let us down."

Relatives were positive about the staff supplied to provide support. They told us, "It is usually the same people who see (my relative), they turn up on time" and "(My relative) has a group of carers who always come."

We saw a staff recruitment policy was in place. We looked at a sample of three staff personnel files to make sure recruitment processes, including evidence that appropriate pre-employment checks had been completed prior to someone starting work for the service.

The staff files had evidence of completed application forms, documented interview notes, proof of identity and address and written references. One file had evidence of a clear driving licence and valid car insurance. The application forms had no information regarding a health and fitness declaration from prospective staff. Following our visit the manager has updated staff files and notified CQC that all staff had signed a health and fitness declaration.

However two files had just one reference. The registered manager explained specific problems they had encountered trying to get responses from referees for a second reference. The registered manager advised they were following this up and were confident they would have the required two references in place for these members of staff by the end of October 2017. We saw evidence of a Disclosure and Barring Service (DBS) check in one staff file. Two files did not have evidence of the required DBS checks in place. The registered manager advised they had submitted necessary applications but hadn't received them up to the time of inspection. The registered manager had not completed risks assessments to show what actions they were taking to minimise risks and supervise staff until the member of staff had updated DBS checks in place. The registered manager explained they supervised one staff member and they did not work on their own and the second member of staff was not working at the service until the DBS check was in place. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people. Such checks help the registered provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults and are required to be in place.

The above examples demonstrate a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

During this inspection we looked to see if there was sufficient staff employed to meet the needs of the clients. The provider employed eight support staff who all had zero hour contracts. We were provided with copies of the bookings documentation which showed the staff rotas and the number of hours each client needed each week. Staff were given four weekly staff rotas to help consistency in supporting the same clients and to ensure clients knew who was calling to their home. The business administrator used a

computerised application to help manage the staffing levels to meet all of their clients care packages. The application helped office staff to visually track who was at a call and was easily able to identify if a staff member was late. The computer system helped the service to safely manage their staffing levels to meet their client's needs.

We saw policies and procedures were in place that provided guidance to staff regarding keeping people safe from abuse or harm. The management team had a clear understanding of the safeguarding adult's process and staff we spoke with understood their responsibility in relation to keeping clients safe. The registered manager did not have a copy of the local authority safeguarding policy in the office. However during this visit they downloaded the policy and arranged to update people provided with support by sending them copies of printed handouts with leaflets regarding safeguarding. Staff spoken with said they would report any issues of concern and felt confident that the registered manager would respond immediately and take appropriate action. Staff told us that safeguarding training had been provided and training records we examined confirmed that most staff had received this training. Following this inspection the manager confirmed that all staff had completed updated training for safeguarding.

We saw staff had access to a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report poor practice.

During this inspection we checked that staff had received training in the safe administration of medicines. Staff received updates to this training on a regular basis. Staff had access to medication policies including procedures in place for the recording and acting upon medication errors. We saw that where clients had been assessed as requiring assistance with medication, a plan of care had been implemented. Medication audits were carried out regularly by the registered manager which ensured safe practices were in place in regard to safely supporting clients with their medications.

In the care files we looked at we saw appropriate risk assessments in place for example, moving and handling and environmental risk assessments. These assessments helped reduce risks to the health and safety of clients receiving a service. Where risks had been identified plans of care were implemented to provide guidance as to how the risk should be managed and keep clients safe. We examined additional records that showed regular checks for the security of the client's home and the use of a key safe and safe storage of a person's keys. This helped to make sure that identified risks to clients were minimised.

We saw that all electrical equipment in the office had undergone a portable appliance test (PAT) to ensure they were safe for staff to use. The registered manager had developed environmental risk assessments, covering: potential falls to stair, and burns due to office heater, fire, slips and trips. This showed that areas of potential risk had been identified, assessed and planned to help reduce or eliminate the risks to any persons visiting the office.

The provider had procedures in place for reporting and following up on accidents and incidents. During the inspection the registered manager ordered a health and safety at work accident book to utilise if they had any future incidents of accidents. The provider had few recorded incidents and no accidents as they had only been open since March 2016. However their processes allowed them to identify any actions or trends when reviewing their records to help them to take any further action if needed to support their clients.

Is the service effective?

Our findings

Two relatives of people who used the service were positive about the staff team and told us: "It is great person centred care"; "(My relative) has a group of carers who always come. They record everything in the care plan," "Everything's good" and "They've not let (our relative) down. Staff have even visited (our relative) in hospital".

New support workers completed a mandatory induction, formal observations and monitoring before they were able to work unsupervised. Staff told us they felt they received good support and had received regular supervision where they could discuss anything with senior staff. The purpose of staff supervision is to support staff and give them the opportunity to talk about their personal development and review future training and development needs, promote good practice and raise the quality of service. The registered manager also undertook observational visits to review the care staff provided to clients. This system promoted discussion and evaluation of individual staff performance and standards of care. Records of these discussions were also examined and were seen to be maintained and ongoing. Regular staff meetings took place to share information; look at what was working well and where any improvements needed to be made.

Staff told us they received training to learn about their job role such as: moving and handling, medication, health and safety, safeguarding, food hygiene and first aid. In addition staff were given a copy of the Staff Handbook which provided them with clear guidance on the standards of care that were expected. Although the office was small in size, the registered manager had access to several rooms within the building they rented that they could access for meetings and training. There was an overall training matrix that showed how staff training was managed and kept up to date.

Staff made positive comments about the service and the training provided such as, "Great. I'm happy working here"; "I get regular support from the manager." "The manager and administrator help if you have any issues" and "I have received all of my training." Staff were happy with the training provided.

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. In the care files we looked at during this inspection we saw that where possible clients had signed their consent agreeing to their care plan or had been signed by their lasting power of attorney (POA). A POA is a way of giving someone you trust the legal authority to make decisions on your behalf in relation to health and welfare or finances if you lack mental capacity to make decisions for yourself. Such documentation indicated that clients had been consulted and involved in making decisions about their care package and that they had been happy to confirm their agreement to the support being offered/ provided.

Some clients needed support from the care workers with preparing meals. We saw there were appropriate risk assessments and plans of care address this particular care need. We saw there was documentation to

record customer's diet and fluid intake if a problem had been identified so that it could be monitored and action taken if necessary.

Is the service caring?

Our findings

Relatives who we spoke with all told us they thought the service was good. We were unable to observe care being carried out directly to people, but relatives we spoke with commented in a positive way about the care provided to their family members. One relative told us how staff went out of their way to visit their family member when they had been admitted to hospital for a period of time. One relative told us, "They do everything they are supposed to do" and "This company is very good."

Staff told us about various incidents where they tried to offer support separate from the care package set up and went the extra mile for their clients. For example staff had notified the registered manager that one client had told them they had fallen in the night. The registered manager arranged to visit this person and helped support them in calling the GP to help them get a check-up. Another client had taken poorly but refused any help in calling for an ambulance. Staff stayed with the person to offer them reassurance and comfort until someone the client knew arrived which enabled the person to not be left on their own.

Staff told us they usually supported the same clients so they got to know them very well and how they liked things to be done. Relatives confirmed they always saw the same staff which helped the consistency and approach to their family members care package. One staff member told us that when they had raised concerns and suggestions about people they supported that the registered manager always took action and responded positively.

The registered manager described the process of carrying out regular spot checks undertaken on care staff. The checks helped them to check the competencies of staff and the qualities and standards provided, ensuring that staff respected client's privacy and dignity. Staff spoken with and evidence seen of the documented spot checks and staff personnel files confirmed this was a regular process carried out by the registered manager. These forms included sections covering, punctuality/ staff appearance/politeness and consideration/ respect for clients their property/ staff ability in carrying out care/knowledge and skills, wearing ID badge and uniform. One section included evidence covering any reasons to note a complaint or praise the carer. The registered manager carried out the checks at least monthly for each staff member.

Information was present in client's care files about their individual likes and dislikes, hobbies and interests. For example, preferred meals and diet, religious beliefs, and what their hobbies and interests were. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual. Care plans contained information in relation to supporting effective communication with individuals. This included information on any communication aids such as glasses or hearing aids that the person might require.

We saw that staff had access to policies and procedures for example, confidentiality, privacy, maintaining people's dignity and rights. The staff handbook encompassed a lot of information regarding standards expected and in regard to the policies and procedures available to them. Records and documents were kept securely and no personal information was on display in the main office. This ensured that confidentiality of their client's information was maintained and safely stored and managed.

Is the service responsive?

Our findings

Relatives told us the support provided to their family members was in line with their needs and preferences. They told us that the support provided was, "Very good." They told us that the care files were regularly reviewed by the staff.

Relatives told us they knew who to contact if they wanted to make a complaint. They told us they had no complaints and said, "(My relative) has had no problems with them and no complaints" and "We have no issues."

We saw that the service's complaints process was included in information given to clients when they started receiving care and a copy of the complaints policy was stored in each person's care file. At the time of our inspection the service had no outstanding complaints. We saw that there was a record book for managing any concerns and complaints. The complaints procedures, advises that all complaints would be reviewed within 24 hours and completely for investigation within 28 days. The policy also gave a lot of information and contact details as to how to contact other organisations for help and assistance such as the local authority and the government ombudsman. The registered manager told us they had not received any complaints since opening the service. The services website had no information to advise people about the company's complaints process. The manager stated this would be reviewed this to ensure that access was provided via the web site to offer further information and advice regarding their complaints procedures.

We looked at the care files for three people who were supported by the service. The support plans we looked at were person centred, describing the needs of the client in a detailed and individual way. For example there was a section offering detailed personal information and a personal profile. This helped the staff supporting each person to learn all about the person's life, their history and family and what was important to them. We saw that the support plans were reviewed on a regular basis throughout the year and every time the registered manager visited the clients. The support plans had been signed by clients and their next of kin to show they were involved and consented to their plan of care and support.

We were told by the office staff that all of their clients currently paid privately for their service. One person had a named care manager who gave us feedback regarding the support being provided. They told us they had no concerns and no issues had been raised. The service carried out an assessment of needs prior to a service being delivered. This included obtaining personal details about the client and completing relevant risk assessments including a medication assessment. Where possible the assessment included the client and their relative or nominated person. We saw evidence of this in the support files we looked at. This meant that the service could show how they assessed each person to ensure they could meet all of their assessed needs.

Is the service well-led?

Our findings

A registered manager was 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. The registered manager was present during the inspection.

The registered provider, registered manager maintained good oversight of the service. The service operated an open-door policy and comments from the team were encouraged and acted upon. The service had a small team and it had a clear management structure in place. The registered manager and the business administrator demonstrated a commitment and willingness to continually improve the quality of care delivered to their clients by keeping in regular contact with them, sometimes daily contact for some people.

We found there were detailed records kept for staff supervision, appraisal, staff training, accident and Incidents, observational spot checks, staff competency checks monthly medication audits and support files. The provider had detailed audits tools used to check the quality of the service. This meant an effective governance system had been implemented to review information to identify any trends or areas to improve the service provided. However we found that staff files needed further review to ensure they obtained the correct checks in recruiting staff to the service. The registered manager told us they would be reviewing all staff files to ensure they all had the required checks and records in place.

Records and reports we examined were well constructed, organised and stored appropriately and kept securely locked.

We saw an information booklet, a service user guide and a statement of purpose was available for clients and included the company's philosophy of care. A Service Philosophy set out the service values and aims to ensure people have services designed to assist them in their home. Clients and their relatives had clear information with easy to access contact details for the registered manager.

Comprehensive policies and procedures had been purchased from an external company that continually updated the records when legislation changed. This meant that staff could access to up to date good practice guidance. The policies were extensive and included topics such as, Health and safety, accident and incident reporting, infection control, equal opportunities, recruitment of staff, access to the security of the services users home, keeping records within a service users own home, assisting a service sure with their laundry and Internal audits of the quality system. Policies were available in the office for staff to access and via their staff handbooks. Although the policies had been recently purchased the registered manager acknowledged she needed to date and sign the policies to help with their review dates for internal quality assurance checks.

Staff told us they felt listened to by the management team. If staff were unable to attend staff meetings, they always had access to the minutes which were posted to them by the office staff. In addition to the team

meetings, updated memos, text messages and emails were also sent to them. This meant that staff were kept up to date about relevant information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We found the registered provider did not have robust recruitment procedures in place to ensure people using the service were kept safe.</p>