

Extra Hands of Heacham Ltd

# Extra Hands of Heacham Limited - Heacham Office

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 16 June 2016. Extra Hands of Heacham Limited - Heacham Office which provides support and personal care to people in their own homes in Kings Lynn, Dersingham, Fakenham and surrounding villages. On the day of the inspection there were 197 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 rights 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's concerns may not be recognised 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.

When there were problems identified within the service action was taken to address these.

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 - Heacham 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 16 June 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 one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with 27 people who used the service and eight relatives. We also spoke with nine care workers, a care coordinator, 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 nine 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 were treated well by the staff who visited them. One person who used the service told us they felt, "Very safe and very cared for." They added, "The carers make sure I am safe." Another person said, "Absolutely I feel safe, for a start I have a rota telling me who is coming." A relative told us they felt their relation was, "In safe hands with Extra Hands!"

Staff were able to describe the different types of abuse and harm people may face, and how these could occur. One care worker said they ensured people were safe by "Reporting and recording." They explained that they wrote down any concerns and passed these on to office based staff. A care coordinator told us all staff were provided with training about safeguarding and we saw documents that confirmed staff had attended this training.

If people were thought to be at risk, action was taken to alert the authorities and ensure their safety. A care worker told us of an occasion they had been concerned about one person who used the service's financial situation and that they did not have a sufficient supply of food. The care worker had documented their concerns and informed a senior member of staff. That staff member had then reported this to MASH as they were concerned for their safety. (MASH is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Norfolk.) A care coordinator told us of a different occasion when a care worker had raised concerns about a person being at risk of harm and they had also reported these concerns to MASH.

People received their care and support in a way that had been assessed for them to receive this safely. They also told us staff who visited them knew how to use any equipment safely. One person told us that care workers, "Remind me to use my walker, they tell me it's to keep me safer. They say it with kindness, they are concerned for me." Another person told us care workers, "Help me into the bath safely, I feel quite confident in them. I wouldn't like to change them." A third person said, "They don't say 'do it my way,' they like to know what I can and can't do."

Staff told us any risks to people were identified and assessed. One care worker said, "The purpose of a risk assessment is to keep the client and the carer safe." A care coordinator told us they visited people before their first visit to carry out an assessment of their needs and the environment. They described how they encouraged a person to demonstrate their abilities and said, "I make sure they can do what they say they can do." 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 who used the service told us, "They did a pre assessment of my home."

A care coordinator told us in addition to assessing the environment to ensure it was safe they arranged for any equipment needed to provide people with safe care. A care worker told us they always ensured equipment they used had been tested to ensure it was in good working order. Care workers also said they received training in how to provide people with safe care when using any equipment.

There were sufficient staff employed to provide people with consistent care and support which met their needs. Most people told us they had regular care workers attending at the time their care was planned, although some people did comment that a new clocking in system in use had caused a few problems recently. One person said, "There is always another carer to cover (absences from work), they may occasionally ask to change the time but it normally runs like clockwork." Another person said, "I have a regular carer, they come on time and stay the full time."

Staff told us there were enough staff to enable them to carry out their planned calls. There were some care workers employed 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 not working. A care coordinator told us they continually recruited new staff to ensure they maintained a sufficient workforce. They explained care workers worked in geographical areas and they targeted additional recruitment of new staff in any area where there were vacancies.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These checks included acquiring references to show the applicant's 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 recruitment checks had been carried out.

People received the support they needed to ensure they took their medicines when required. A person who used the service told us care workers, "Prompt me in the mornings to take my pills as I'm not good at remembering in the morning." Another person said, "I have asked them to make sure I take them (medicines) then they write down they have prompted me."

Staff were clear about what support people needed with their medicines and described following safe practices in the administration of these. One care worker told us they had noticed one person's medicines had been dispensed incorrectly and they had taken action to have this corrected.

Care workers told us they had received training on how to support people with their medicines safely and staff training records confirmed this. The registered manager told us staff underwent competency assessments in managing and administering people's medicines and we saw a sample of these that had been completed. The registered manager also told us there had not been any errors made when supporting people with their medicines.

# 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 told us they were informed about the training staff received, and one person said, "Having someone who knows what they are doing gives me confidence." Another person told us, "These carers are marvellous, they are really well trained. They are professional and friendly, it is what you would ask for."

A care coordinator told us there was a training manager who arranged all staff training. This was done jointly with another agency owned by the same provider. The care coordinator told us new staff began with an induction and then undertook 'shadow' shifts where they observed an experienced member of staff. Care workers said they had regular training opportunities and they could request any additional training they needed. The registered manager told us all staff 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.

Care workers told us they had opportunities to discuss their work individually with one of the care coordinators who was assigned to be their supervisor. A care coordinator told us these sessions occurred more frequently for new care workers and that all staff had an annual appraisal. We saw records of these discussions were held on staff files.

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 care workers, "Asked if it was alright" before providing them with any support. They also said care workers asked them to, "Tell us if we are doing it wrong." People had signed their care records to show they consented to their plan of care.

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

Staff told us they had attended training on the MCA and demonstrated an understanding of the principles of this legislation. The registered manager told us they would complete an assessment of someone's capacity to determine if they were able to make a decision, should they present themselves in a way where this needed to be established.

People were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. People who were assisted with meals told us care workers would heat up ready meals or meals that had been prepared by a relative for them. One person who used the service told us care workers, "Give me drinks and makes sure I have something to eat." Another person said, "After they have heated my lunch they make me a sandwich for the evening."



Care workers told us they provided some people a meal during their visit. They said this usually consisted of offering the person a choice of ready meal that had been left for them. Staff described ways they encouraged people to eat well through verbal encouragement and sitting with someone whilst they ate to make it a social occasion. Staff also told us they prepared people hot drinks during their visit and left a cold drink within their reach when leaving at the end of the visit. Staff said they also left some people a snack to have later on. The registered manager told us they had needed to monitor some people's nutritional intake in the past and had liaised with health care professionals, such as a member of the speech and language therapy team (SALT who provide advice on swallowing and choking issues.)

People's healthcare needs were known and supported. A person who used the service said care workers, "Understand my health needs, I explain to them what I need." A relative told us their relation had just been prescribed a medicinal ointment and said, "[Relation] needs a cream applied, I will contact them to set it up in the care plan."

A care coordinator told us staff were provided with training when someone they supported had a health condition they needed to have an understanding about. Care workers told us they advised people who used the service, or their relatives, to seek medical assistance if they identified any health concern. They said on some occasions they accompanied people to healthcare appointments. The registered manager said care workers notified office based staff if they had any concerns about someone's wellbeing during a visit so that appropriate advice and support could be arranged.

## Is the service caring?

### Our findings

People described care workers who supported them as good, kind and very caring. One person told us, "You can't fault them, we have a good chat, they have been very kind to me." Another person said, "I look forward to them coming, I am very happy with them."

Care workers told us they found their work rewarding and enjoyed helping people. They said you needed to be a certain type of person to be able to do this work. A care coordinator told us recruiting the right staff was key to providing a caring service. They said their recruitment process selected staff who were able to show they were caring.

We received positive feedback from other professionals who worked with the service which included comments about providing a caring and respectful service. The registered manager told us they intended to include more training on diversity and ensure that protected characteristics (which are specific areas of someone's identity that are covered by equality and diversity guidelines and legislation) were incorporated into courses provided to ensure staff understood people's individuality.

People told us they were involved in planning their care and support and making decisions about this. One person told us, "I feel involved and able to say what I want." Another person described how care workers included them and explained things to them. A third person said, "They take my views into consideration." A care coordinator told us they made sure a people who used the service were included in discussions and reviews of their care and that they expressed their views. Care workers told us they provided people with choices about their care and day to day routines.

The registered manager told us no one who used the service at present had the support of an advocate. However they told us staff had a good understanding of organisations available that people could use to receive assistance in accessing information and services, as well as enabling them to express their views and concerns. 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 they were treated with respect. One person told us, "I feel very dignified with them." Another person said, "I feel comfortable with all of them, the gents are just as good." People told us staff were polite and respectful. They gave examples of how staff respected them and their home. These included asking for permission to use any facilities and tidying up after themselves. A relative told us, "The carers are very very brilliant and know how to respect our ways."

Staff described the practices they followed to enable people to have privacy and dignity when they supported them. One care worker described how they had taken steps to enable a person to have dignity in their end of life care. Care workers also told us of ways they showed respect when in people's homes. These included entering people's homes in the way they preferred and respecting their right to confidentiality about their home and lifestyle. The register manager told us they provided staff with guidance over respecting people's confidentiality.

## Is the service responsive?

### Our findings

People spoke positively about the care they received but told us they had experienced problems with timekeeping. Some people told us their calls were late and others spoke of having calls early that they were not ready for. One person told us, "We are satisfied (with the care) but we are not happy having dinner at 11.30am." Another person said care workers had, "A tendency to turn up a lot earlier in advance, sometimes an hour." A relative told us their relative's visits, "Can be a bit early, they came at 7.00am the other day. They weren't due until 8.10am. It has happened a few times. I don't like being caught out like that."

Care workers told us they were sometimes late for people's appointments because they did not always have enough travel time allowed for them to travel from one appointment to the next one. They told us there were occasions when travel time had been included but this did not take into account increased traffic during weekends and holidays. A person who used the service told us, "Most (care workers) drive, they are not given enough driving time."

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 the person required some cream to be applied, however there was no information about what cream was to be used. There was only a reference to an area of the body it needed to be applied to, which did not provide sufficient information as to exactly where the cream should be applied. We also saw care plans and risk assessments lacked detail and on occasions were completed with short phrases that did not explain the care that should be provided.

We discussed the care plans with senior staff who agreed these did not contain the detail needed to provide care workers with clear instruction about people's need and how these should be met. The registered manager agreed the care plans used did not promote personalised care. 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. One person told us, "I have a folder with bits and pieces in, we went through it (previously) and we have just done it again. We changed some bits and pieces." Another person said, "I am very happy with the service. [Name] is coming out next week to see if I can have some extra help." We received positive feedback from other professionals who worked with the service which included comments about them feeling confident of the care provided and that the service was responsive to people's needs.

People's complaints and concerns were not always listened to and acted upon. One person we spoke with told us they had made a complaint about an incident that occurred in their home involving a care worker. We found this incident was known about by some staff, however this had not been reported to the registered manager to investigate at the time. The registered manager had been informed of the incident at a later date, prior to our visit, and was taking action in line with their complaints procedure. Another person told us when they had raised a concern with a staff member they had not been given an accurate response to this.

## Is the service well-led?

### Our findings

We received mainly positive comments about how the service was run, although a number of people raised two areas they felt were problematic. Some people told us communication was a problematic area. One person told us, "There doesn't seem to be good communication at the office. My carer asks them to phone me to say going to be late and they don't phone me." Another person said, "I do find their communication is a bit lacking." A third person said, "The office (staff) don't tell you anything, they only ever phone me once in a blue moon." Some other people described positive communication experiences with office based staff. One person said, "I find them helpful if I need to call, we are on first name terms. I recognise their voices." Another person said, "When I phone the office or they phone me about changes they are always helpful."

Some staff also told us there had been occasions where they had felt communication with them could have been better. The registered manager said their quality assurance systems, which included seeking people's views on the service had identified there were some improvements needed with communication and were working to make these. These included more regular phone calls and an increased monitoring of the service to identify anything they needed to communicate earlier.

The other problematic area people told us about was the recent introduction of a new system that required care workers to electronically log in and out in people's homes. One person described how they felt logging in was more important to care workers than greeting them on their arrival. Another person said they felt there had been some teething problems with the system but added they felt it was getting better now.

Some staff told us they felt there were problems with having sufficient travelling time between certain calls. They said this caused additional problems with the logging in system as they could not arrive at the time expected. Several staff said they felt having to log in on arrival prevented them being flexible, to people's advantage, as they had been in the past. The registered manager told us this was not the case and they would reinforce this to staff. They also told us the new system had a number of benefits to enable them to monitor and manage people's calls which would enable them to know these were taking place at the time planned. This meant they would be able to identify calls where there was not sufficient travel time allowed and make alterations to this. They added that part of the monitoring would be to ensure that any teething problems with the system were positively responded to. The registered manager also said they would continue to keep the amount of travelling time under review to take into account the variable traffic problems that exist in the area.

Staff told us their overall experience and view of working at the service was positive. They told us they felt valued and that their contributions were recognised and acknowledged. For example individual staff were informed when a person who used the service or relative made any compliments about them. The registered manager told us of several initiatives they had to ensure staff were recognised for their work. The registered manager also told us about national and local care awards they had been nominated for and reached through to the final stages of. These included winning the categories for motivational leadership in 2014 and promoting dignity and respect in everyday life in 2015 at the Norfolk Care Awards.

Staff spoke positively about the service and felt able to make comments and suggestions. Staff said they were able to discuss issues in team meetings and individual supervision sessions. One staff member said meetings were, "Open sessions, there is an agenda sent out which we can add to." 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.

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. A care coordinator told us they covered for each other and always ensured there was at least one coordinator in the office. In addition there was an out of hours service which people who used the service and staff could contact directly when the office was closed.

Care workers told us the management team were approachable and supportive. We saw care workers visiting the office who told us that were made to feel welcome when they did so. We received positive feedback from other professionals who worked with the service. This included comments about the service being well led at provider and branch level, and that the registered manager responded to issues as they arose.

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. People who used the service were asked to comment on the service they received. A person who used the service told us, "Somebody came to see me the other day to see if I was happy with the service, which I am." Other people mentioned having completed a questionnaire recently. Staff told us people's views and experiences of using the service were sought through the use of questionnaires, telephone interviews and reviews of their care. The registered manager told us they were currently analysing a recent quality assurance survey and would be preparing an action plan to address any comments made.

The registered manager told us the service was accredited by a nationally approved quality assurance programme. They also told us once fully implemented the new electronic monitoring system would provide a range of management information to assist with their monitoring of the service.