

Xtracare Ltd

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection was carried out on 15 January 2019 and was announced.

Xtracare is a domiciliary care agency which provides care and support for people in their own homes. Care is provided for a range of people including older people and people with dementia. The service operates in areas of west Kent. Not everyone using Xtracare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 63 people using the service.

The service had a registered manager in post. 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 our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Processes were in place to keep people safe from different types of abuse. When risks to people or the environment were identified, steps were taken to minimise them. There were enough staff to meet people's needs. Staff were recruited safely. When required, people were supported with their medicines in a safe way. People were protected by the prevention and control of infection. Lessons were learned when things went wrong.

People's needs were assessed and care and support was delivered in line with current legislation and best practice guidelines. Staff had the skills and experience to meet people's needs. People were supported to lead healthier lives and had access to healthcare services. People were supported to eat and drink enough to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with kindness and compassion. People were supported to express their views and be involved in making decisions about their care and support. People's families and advocates were also involved in decision making. People were encouraged to be as independent as possible. People's dignity and privacy was respected. People's personal information was kept confidential.

People received person-centred care that was responsive to their needs. People knew how to complain and complaints were responded to in line with the service's policies and procedures. Staff knew how to support

people who might be coming to the end of their life.

Staff said the service was open, transparent and that they felt supported by their managers. There were audits in place which checked the quality of the service being provided. Staff were involved in developing the service. The registered manager had developed links with the local community.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Safe	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

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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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs.

We visited the service on 15 January 2019. The inspection consisted of one inspector and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

We spoke with eight people who used the service and with nine relatives. We also spoke with the registered manager, the nominated individual, the assistant manager, a care coordinator and three care staff. We looked at the care records of three people living at the service. We looked at three staff files as well as records relating to how the service was run. These included the those relating to the management of medicines, health and safety, training records and systems and processes used to monitor and evaluate the service.

Is the service safe?

Our findings

People and their relatives told us the service continued to be safe. One relative told us, "I am comfortable to leave the house and leave [loved one] in the care of the staff."

There were processes in place to keep people safe from different types of abuse. Staff had received training in how to identify different types of abuse. They told us they were confident in reporting any concerns they might have, either internally to their managers or externally to organisations like the police or the Care Quality Commission (CQC). The registered manager knew to inform the local authority safeguarding team and the CQC if there were concerns. This meant professionals including care managers could investigate concerns and put plans in place when necessary to keep people safe.

Risks to people and the environment were assessed and staff took action to reduce any risks that had been identified. The care coordinator and deputy manager made sure risks to the environment were assessed before care and support began. This meant staff were aware of any concerns such as with loose wires or dangerous pets. Risks to people were assessed. Where one person was at risk of pressure sores because they were unable to leave their bed, detailed guidance was provided to staff on the action they needed to take to keep the person safe.

There were enough staff to meet the needs of those using the service. Rotas were drawn up in advance and provided to people using the service so they knew who was visiting. Staff were organised into patches covering small areas, and the deputy manager organised them so people were supported by a small number of regular care staff. Sickness and other absence was covered by staff known to people. If needed senior staff, including the registered manager, were prepared to visit people in the event of unplanned absence of staff. People said staff arrived on time, with one telling us, "By and large carers are on time, if they're late it's usually because of traffic and they let us know."

People's ability to manage their medicines were assessed before the service started, and reviewed regularly. If support was needed, people would be assisted safely by competent staff. Staff received training on how to effectively support people with their medicines and had their competency checked during stop checks. Medicine records were completed by staff in people's homes and audited each week by senior staff. Areas of concern identified through the audits were addressed by the registered manager. Staff continued to be recruited safely. When new staff were needed the registered manager carried out suitable employment checks.

People were protected by the prevention and control of infection. Staff used protective equipment such as gloves when supporting people with personal care. Staff told us they have access to as much equipment that they needed, and it was available in the sizes they required. Infection control training was provided to staff on their induction into the service, and refreshed regularly.

Steps were taken to learn from incidents, accidents and near misses. The registered manager kept a log of all medicine errors, for example, and any action they took to reduce errors in the future. These included

arranging for staff to receive additional training, and discussing reasons for errors in team meetings. When a complaint was received about food not being cooked to the correct temperature, staff received additional training to make sure they understood how to better keep people safe.

Is the service effective?

Our findings

People told us the service was able to effectively meet their needs. One person said, "Staff are very competent, they're well trained." A relative told us, "Staff understand [loved one's] needs well."

People's needs and choices had been assessed so that care achieved effective outcomes in line with national guidance. Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's religion and disability.

People were supported by staff who had the skills, knowledge and experience to deliver effective care. Newly recruited staff were able to shadow more experienced staff before they worked alone. They were also supported to complete the Care Certificate as part of their induction. The Care Certificate sets out the learning outcomes, competencies and standard of care that care services are expected to uphold. Established staff were supported with additional training to make sure they kept up to date with changes to legislation and best practice. When people had specific health conditions, staff were provided with specialist training in order to effectively support them. Staff were also supported to further develop their career by studying for nationally recognised qualifications within the health and social care sector.

People were supported to eat and drink enough to maintain a balanced diet. When needed, care plans included goals which were designed to encourage people to prepare their own food and drinks as part of their enablement. Staff received food hygiene training which helped ensure when they prepared food with people it was done so safely.

Staff worked in a joined-up way to make sure people received effective care and treatment. Staff made sure information on people's health and care was shared at the end of each shift by recording what action they had taken in documents in the person's home. This also meant relatives had access to information about how people were being supported. Staff also made sure people's information was made available to health professionals if the person needed to attend a health appointment in the community or hospital.

People were supported to have access to healthcare services in order to keep healthy. There were close relationships with the local GP and district nurses. Senior staff made referrals to professionals when people needed support. Where one person had a specialist health condition, staff made sure the person received regular support from the appropriate health professionals.

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 law 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 make 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 in order to receive care and treatment when this is in their best

interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found staff were knowledgeable about the MCA, and where necessary took steps to ensure people were fully protected by the safeguards contained within the Act.

Is the service caring?

Our findings

The service continued to be caring. One person told us, "They [care staff] are kind and respectful. I feel comfortable with them." A relative said, "[loved one] loves them coming to bvisit."

People were treated with kindness and compassion in their day-to-day care and support. People were supported by a small number of staff who had the time to get to know them well. A relative told us, "They have detailed care plans which list people's interests so the carers know what to talk to [loved one] about." Staff knew people's behaviours and how to respond to them in a positive and reassuring way. The registered manager told us, "We spend time trying to build relationships with people. We support one person who had declined support from all previous agencies. We learnt how she wanted things to be done. And it's the continuity of care that makes the difference."

Staff sought accessible ways to communicate with the people they supported. One person communicated their wishes to staff by typing onto a tablet. The service was also meeting the accessible information standard. The accessible information standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. The registered provider had taken steps to ensure information as available in, for example, large print or braille for people with a visual impairment.

People were supported to express their views and they and their relatives were involved in making decisions about their care. Senior staff made sure people and their relatives were invited to the initial assessment and subsequent reviews of the person's care and support. If people did not have relatives to support them, the registered manager would refer to external lay advocates for support. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Referrals for support had recently been made to Age Concern, the Royal Institute for the Blind and a person's solicitor. Health and social care professionals were invited to reviews and encouraged to contribute to the planning of care and support.

People were encouraged and supported to be as independent as possible. Care plans took into account people's abilities, such as how they take part and make decisions about their care. People were treated with respect, and a relative told us, "The staff support [loved one] with as much dignity and privacy as possible. Staff told us this might include closing the bathroom door when supporting a person, or being mindful not to watch someone when they are supporting themselves so they did not feel rushed."

The registered manager had made arrangements to ensure that private information was kept confidential. Care and staff records that contained private information were stored securely in an office when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. All emails sent by staff were encrypted. Staff were mindful not to divulge information about a person without their consent.

Is the service responsive?

Our findings

The service continued to respond to people's needs. A relative told us, "The staff are very flexible, we can change the times of visits if we need to."

People received care and support which was based around their needs, preferences and choices. Each person had been involved in completing their own care plan. The plans included what they wanted to achieve, and how they wanted to achieve it, taking into account their preferences and wishes. Care plans were regularly reviewed to make sure they accurately reflected the person's changing needs and wishes. Care plans were detailed and provided staff with sufficient information in order to support people. One staff member told us, "It's a step-by-step guide, and gives us information on people's backgrounds so we have something to talk to them about, like their family, or interests." Senior staff sought guidance from health professionals such as occupational therapists in a timely manner when people's needs changed.

Complaints were managed People and relatives told us they knew how to make a complaint, and were confident that the registered manager would listen to them and deal with any concerns they had swiftly. The registered manager kept a log of all complaints, which showed they had been responded to in line with their policy and procedure. This included arranging home visits when there were complaints. The assistant manager told us, "We find it much easier to ease people's concerns face-to-face."

People were supported at the end of their lives to have a pain free and dignified death. Staff received training on how to support people at the end of their life. Changes to people's needs were carefully documented in their records, and health professionals were contacted if there were concerns. Staff worked closely with the local hospice, GPs and district nurses to ensure people had timely access to healthcare.

Is the service well-led?

Our findings

The service continued to be well-led. A relative told us, "I think it's well managed. We have an annual meeting to check everything is okay."

There was a registered manager in post. 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.

It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

The registered provider had a set of values that were kept under regular review, which was to provide a genuine helping hand rather than making people feel like they cannot care for themselves. Senior staff checked staff followed this vision by speaking about the values in team meetings and observations through spot checks. Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. One newly recruited staff member said, "If I'm not too sure about something I will call, they talk you through it. They've been brilliant."

Arrangements had been made for the service to learn, innovate and ensure its sustainability. The registered manager registered provider carried out a number of quality audits and checks to make sure a safe and effective service was provided. In addition to these checks, the views of people, their relatives and staff were gathered in order to help improve the service. The registered provider shared plans for improvements with people and their relatives.

Staff told us they were aware of whistleblowing procedures. They said they were confident that they could voice any concerns with the registered manager or other senior staff. They said their concerns would be taken seriously and thought the registered manager would investigate any concerns in a transparent and timely manner.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as occupational therapists and voluntary services in the wider community.