

Extrahand Care Services Ltd

# Extrahand Care Services Ltd

## 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 inspection took place on 1 and 5 November 2018. We announced the inspection in advance because the service is small and we wanted to be certain the registered manager would be available to support with the inspection.

At the previous inspection in January 2018 the service was found to be in breach of the regulations in relation to fit and proper persons being employed. This was because necessary checks had not been completed prior to some people starting employment. The service had sent us an action plan which identified what they would do and by when to improve the key question 'safe' to at least good. At this inspection we found the service had completed the action plan and were no longer in breach of the regulations.

Extrahand Care Services Ltd is a domiciliary care agency. They provide personal care to people living in their own homes in the community for; older adults, including people with dementia, people with physical disabilities and people with learning disabilities. At the time of this inspection there were nine people receiving a regulated activity.

There was 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.

People continued to be protected from the risk of harm and abuse. Safeguarding policies and procedures were clear and had been followed when required. Staff were knowledgeable about what might be a safeguarding concern and how to report this.

There were enough staff to ensure people were supported safely. Staff told us they felt they had enough time on visits. People who received a service said they felt safe and did not feel rushed when receiving care and support.

Staff had been recruited safely. We reviewed three staff recruitment files which included people who had been employed since the last inspection. All necessary pre-employment checks had been completed. Recruitment files included the necessary documentation.

Risk assessments had been completed and management plans developed which ensured people were supported to manage the risks in their daily lives.

Medicines had been managed safely. Medication administration records (MAR) had been completed and checked to ensure medicines were administered as prescribed. People were supported with their medicines where it had been assessed as necessary.

People continued to be protected from the risk of infection and cross contamination. There was an infection control policy in place. Staff had received training and had access to gloves, aprons and hand gel, which had been provided by the agency.

People's needs had been assessed prior to them receiving a package of care. This ensured the service were confident they were able to meet their needs. The service had involved individuals in their assessments and consulted with others involved to ensure assessments were comprehensive.

Staff had received training appropriate to their role. New staff without a background in care were supported to complete the Care Certificate. Staff said they had received sufficient training. The training records were up to date with the dates people needed to complete refresher training identified.

People had been supported to maintain their nutrition and hydration. When we inspected there was no one who needed a modified diet recommended by speech and language therapists. However, the staff were aware of what might indicate a swallowing difficulty and how to refer people on to appropriate professionals.

The staff team were coordinated and kept each other up to date to ensure effective care was provided. The team liaised with other services and health staff effectively.

People were supported to maintain their health and wellbeing. We could see people had been supported to make and attend medical appointments when required.

The service continued to work within the principles of the Mental Capacity Act 2005 (MCA). Staff understood the importance of gaining people's consent prior to providing care and support.

People told us they felt well cared for and said staff were kind and caring. Staff understood how to support people to maintain their privacy and dignity and could describe how they supported people with respect. Written entries in care files were respectful.

People had been supported to communicate their views and wishes. Communication guides included in the care plans identified how best to support people to communicate. Information could be provided to people in different formats, such as, large print if necessary.

People were supported to maintain their independence and encouraged to complete tasks they had identified as goals.

Holistic assessments ensured people continued to receive personalised care that was responsive to their needs. All areas of the person's health and social care needs had been assessed. Care plans had been developed with the person which identified specifically how they preferred their needs to be met. The service ensured any changes to people's assessed needs had been responded to and referrals made to other professionals as required. Care plans had been regularly reviewed in consultation with the person and their families to ensure they remained up to date.

There was a complaints policy in place. Information about how to complain had been included in the information provided to people by the service. People we spoke with had not felt the need to raise a complaint, but told us they knew how to do this. In addition, quality assurance visits were completed to explore people's experience of the care provided. We could see improvements had been made in response to these visits.

There was a clear management structure in place. Staff were aware of their obligations in relation to the standards of care they provided and their own professional behaviour. Staff also said they felt the service was well managed and the management team were supportive and approachable.

Governance systems ensured the management had oversight of service delivery. Any issues identified had been addressed. Staff also told us they felt they had been involved in the development of the service and their views were considered.

The service had continued to work in partnership with other agencies and organisations including the local authority and local commissioners.

All necessary statutory notifications had been received by CQC. The service's CQC report and rating continued to be displayed in the office and on their website.

## 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.

Staff had been recruited safely. Pre-employment checks had been completed prior to people starting work which ensured they were fit and proper persons.

People continued to be protected from the risk of harm and abuse, safeguarding policies were robust and staff were knowledgeable about how to report a concern. People had been provided with information about how to raise a concern directly with the local safeguarding authority.

The risks people needed support to manage had been assessed, reviewed and updated.

### Is the service effective?

Good ●

The service was effective.

Staff had received training appropriate to their role and received regular refresher training. People who used the service felt the staff were skilled and knew how to support them.

People's needs had been assessed prior to them receiving care and support which ensured the service were confident they were able to support them. Information from other professionals had been included in the assessments which ensured they were comprehensive.

The service continued to follow the principles of the Mental Capacity Act 2005. Staff understood the importance of getting consent from people before providing care and support.

### Is the service caring?

Good ●

The service was caring

People told us the staff were kind and caring and supported them to maintain their privacy and dignity.

People were supported to be involved in decisions about their

care. The service had met the Accessible Information Standard. Information had been made available in different formats.

The service promoted people's independence, care plans included details of people's strengths and goals.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care that was person centred and responsive to their needs. Reviews were completed and any changes in needs and wishes had been identified and responded to appropriately.

There was a complaints policy in place, people we spoke with told us they had not needed to raise a complaint but could raise any concerns and felt confident something would be done.

People were consulted about the quality of their care and we could see action had been taken, by the service, in response to people's suggestions.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was a clear management structure in place. Staff were aware of their obligations and what was expected of them as providers of care and support.

Governance systems ensured the registered manager had oversight of the service and was able to raise any issues in a timely way. We could see where action had been taken to address them.

Policies and procedures were in place which addressed all regulated activities and were aligned with CQC's key lines of enquiry.

# 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.

The inspection took place on 1 and 5 November 2018. We gave 48 hours' notice of the inspection visit because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in to support us with the inspection. We visited the office location on 1 November 2018 to see the manager and office staff; and to review care records and policies and procedures. We made phone calls to people who used the service and staff on the second day of the inspection.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed information that we held about the service. This included notifications which the provider had told us about. We also looked at information we received from other agencies such as the local authority and clinical commissioning group.

We reviewed three care plan records and three staff records including those of people who had been recruited since the previous inspection. We reviewed policies and procedures, training and supervision records and reviewed accidents and incidents. We spoke with the registered manager, three people who used the service and three members of staff. This helped us to form our inspection judgement.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. Comments included, "I feel safe because I really get on with them, they always come when they say they will and I do not feel rushed.", "I feel safe, they stay long enough and make sure they do what I need to keep well.", "They make sure my door is kept secure and use the key safe so I feel safe in my home."

At the previous inspection in January 2018 the service was found to be in breach of the regulation in relation to fit and proper persons being employed. This was because not all necessary checks had been completed prior to people starting work. The service was rated 'requires improvement' in this key question. At this inspection we found significant improvements had been made and the service was no longer in breach of the regulation.

We looked at three staff files which included people who had been employed since the previous inspection. We found the files contained appropriate documents including; application forms, interview notes, references and proof of identification. Disclosure and Barring Service (DBS) checks had been completed prior to people starting work. DBS is a check which identifies if a person has a criminal conviction which might prevent them from working with vulnerable people.

People were protected from the risk of harm and abuse. Robust safeguarding policies were in place. We reviewed the safeguarding records and found the service had followed their procedure appropriately. Safeguarding alerts had been raised when required with the local safeguarding body. People who used the service had been provided with information from Tameside local authority in easy read formats that advised them how to raise a concern themselves. Staff were knowledgeable about what might be a safeguarding concern and how they would raise it. One of the staff told us, "Safeguarding is our duty, we must protect people from harm. If I was concerned I would tell the manager." Staff were also able to describe the whistleblowing policy and when they might need to follow this.

There were enough staff to support people safely. Staff we spoke with told us they felt they had enough time during visits to ensure people were safe and were not rushed. People who used the service told us staff stayed as long as they needed them to. We reviewed the call logs to check whether staff had stayed for the duration of the planned visit. We found that the majority of visits had been for a significant part of the planned visit. It is accepted that there would be some time for travel or variation due to people's changing needs. Some visits were for over the planned time.

People were supported to manage the risks in their daily lives in ways that protected their rights and independence. Risk assessments had been completed in relation to all aspects of the persons health and social care needs. Management plans had been developed which ensured the potential for harm was minimised. Environmental risk assessments identified the specific risks in the persons environment that staff might need to be aware of; including access, lighting and whether there were any pets.

Medicines continued to be managed safely. Risk assessments around medicines management had been



completed to determine the level of support the person needed. Where the service was providing support we could see medication administration records (MAR) had been completed and maintained properly. Where there had been any gaps in signing this had been picked up by checks and action taken to avoid reoccurrence. Some people had time sensitive medicines which were recorded correctly. No one had been receiving covert medicines at the time of this inspection. Some people needed to take homely remedies and medicines when required, we could see these had been recorded properly with guidelines for when to administer them.

There was an accident and incident policy. However, due to the small size of the service there had not been any accidents or incidents recorded. The staff knew how to do this when required.

Infection control policies ensured people were protected from the risk of infection and cross contamination. The service ensured staff had appropriate personal protection equipment, including; gloves, aprons and hand gel.

# Is the service effective?

## Our findings

Thorough assessments had been completed prior to people receiving a package of care. This meant the service were confident they were able to meet their needs. The service had involved individuals and their families in their assessments. Where other agencies had been involved their advice had been included to ensure the assessment had been comprehensive. At the time of the inspection there was no one who identified as having a protected characteristic as defined by the Equality Act. Staff were aware of the equality act and equality issues.

People told us they thought the staff were skilled and able to provide them with the support they needed. Comments included, "Staff know what they are doing, they have been trained and I feel confident they can help me properly.", "Staff are trained well and seem to know what they are doing."

Training had been provided which ensured staff had the knowledge and skills needed to support people effectively. New staff without experience in care had been supported to complete the care certificate which is a nationally recognised qualification in care. There was a comprehensive induction programme and a handbook for staff which ensured they were aware of both the operational details and the values and culture of the service. Existing staff completed a certificate of competence each year which covered essential training needs. Staff told us they had received enough training and felt they had been supported to learn what they needed to in order to fulfil their role. One person told us, "Training has been really effective, especially in moving and handling, I feel confident."

There was a supervision policy. Records showed staff received regular supervision in line with this policy. Supervision is a one to one meeting between staff and a senior to discuss how their role is progressing and to identify any areas of development and improvement. Staff told us they had regular supervision and found it a useful opportunity to think and reflect.

People had been supported to maintain their hydration and nutrition. At the time of this inspection no one needed to have a modified diet such as soft textured or thickened fluids. However, staff understood how to recognise changes in people's swallowing which might indicate the need to refer for specialist support from speech and language therapists. Where the service supported people with meals there had been records kept of what had been prepared.

People had been supported to maintain their health and wellbeing. Details in their care plans identified the support people needed to manage existing health conditions. Staff had supported people to contact health professionals to make appointments when required.

The staff team worked closely together and communicated with the office on a daily basis to ensure any changes or issues are responded to in a timely way. Staff told us the office updated them regularly and they felt they worked together effectively.

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 a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service continued to work within the principles of the MCA. People's capacity to make specific decisions had been assessed. Staff understood the importance of ensuring people consented to any care and support provided and could describe how they discussed this with people first. People who used the service told us they were involved in making decisions.

The service is not responsible for the adaptation and design of people's homes but had completed environmental risk assessments in each person's home to ensure care and support could be provided safely and effectively. This included following the advice of community based professionals who had provided equipment, including hoists, special beds and other daily living equipment.

## Is the service caring?

### Our findings

People who used the service complimented the kind and caring support they received from the carers. Comments included, "Staff are caring, they make me feel comfortable and I would be able to ask them for anything.", "I feel very comfortable with the staff, they always chat with me and are kind."

During our inspection we looked at how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through the process of person-centred care planning. Assessments had included consideration of people's cultural, religious and identity needs. At the time of this inspection there was no one who identified as having a protected characteristic under the Equality Act 2010. Staff were able to discuss previous experience when they had supported people to maintain their religious needs and felt they would know how to support people in the future.

People were supported respectfully in ways that maintained their dignity. People who used the service said they felt their privacy and dignity had been respected. Comments included, "They are really good, they always shut the door and curtains and keep talking with me." Staff were skilled at understanding how some people may find receiving care challenging and described how they encouraged and persuaded people.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. There was an AIS policy and procedure in place. People were supported to communicate. There were communication guides in people's care plans which detailed the support a person needed to communicate and where appropriate any non verbal communication staff may need to be aware of. Staff told us how they ensured they took time to understand what was important to the person. In addition information, such as the service user guide, could be provided in different formats when required.

People were involved in decisions and choices about their care. People had been supported to maintain their independence. Care plans identified people's strengths and goals which ensured the staff understood which tasks people wanted to complete themselves.

## Is the service responsive?

### Our findings

People received person centred care that was responsive to their needs. Holistic assessments had been completed which identified all aspects of the person's health and social care needs, preferences and aspirations. Detailed information was available relating to people's previous experiences, interests and important relationships. Staff told us they found the support plans provided important and useful information which helped them provide individualised care and support. Staff told us this had been especially helpful when they started to support new people because there was a lot of information for them to refer to.

People who used the service told us they were responsive. Comments included, "They are good at arranging for other people to come if I need them." The service responded to changes in people's needs. Records showed people had been referred on to other services and agencies when required. One of the care records we looked at provided clear details of changes to the person's needs and presentation. This information had been used to review their care and support and they had been referred to other agencies for further assessment. Staff were knowledgeable about what had indicated a possible change, for example, in a person's mobility or cognitive ability and knew how to raise this with the management team. Staff said they were confident that anything they raised would be responded to in a timely way. Comments from staff included, "The care plans are up to date, I noticed a change in a person's independence and raised this." The service continued to work with community based services to ensure people had the right level of support. This included, district nurses, social workers, occupational therapists and doctors.

There was a complaints policy in place which had been included in the service user guide provided to people when they began to receive a package of care. There was a complaints log in the office which identified any complaints which had been raised and the process followed to resolve them. There had not been any new complaints received since the last inspection. People we spoke with told us they felt able to raise any concerns they might have and felt confident they would be responded to.

Surveys and quality assurance visits had also been completed. We could see, where people had made suggestions, how the service had responded to them. An example had been a service user requested to have advance information if a new carer was starting. The service had ensured this happened and also provided a photograph of the new carer. Another person had asked to be kept up to date if the carer was going to be delayed and the service responded by ensuring people received text messages. One of the people who used the service had fed back to the manager they had found this really helpful and enjoyed receiving the texts. The service had also identified how people preferred to be contacted, for example, text, telephone call or in person and ensured this was followed. Compliments received had been recorded and were shared with the staff.

The service had not routinely provided end of life care. However, there was a policy in place which identified how they would seek to support people to have as dignified and pain free death as possible. The registered manager advised us they would follow this if a person needed this and would work alongside community based health professionals.

# Is the service well-led?

## Our findings

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 the registered provider, 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 approachable, responsive and accessible during the inspection. There was a clear management structure in place. In addition to the registered manager there was an office administrator who coordinated the day to day business of the service.

There was an out of hours mobile number for service users and staff to contact. This was important because the service was small and the office was not staffed all the time.

Values and culture were an important part of the service. Staff were provided with information when they started working with the service which detailed these and ensured they were aware what was expected of them in relation to the standards of care they provided and their own professional behaviour. Staff we spoke with told us they were clear about what the management team expected from them. Staff also said they felt the service was well managed and the management team were approachable. Comments included, "I enjoy working here, management are clear about standards and it is well run.", "I really enjoy my work, the service is well managed."

Governance systems including; monthly audits of records and spot checks of care practice ensured the management team had oversight of service delivery. The registered manager had attended care visits, without letting staff know in advance, to monitor the times staff arrived and whether they were appropriately dressed. Checks also included; how staff delivered care and support, whether the care plan had been followed and whether record keeping had been appropriate. Where any practice issues had been identified we could see these had been addressed with the staff. Staff we spoke with felt the spot checks had been useful as they also identified a lot of positive practice for which the staff were praised.

The service had continued to work in partnership with other organisations. They worked closely with Tameside local authority who provided direct payments which people used to purchase their own care. There were close links with community health providers, including; doctors, pharmacies and district nurses. The service also accessed Skills for Care for training and to develop good practice by sharing skills, experience and knowledge.

There was a business continuity plan which identified potential events which could disrupt the service, including; flooding, fire and failure of IT systems. Each potential event had an action plan to be followed to minimise any potential disruption to the continuity of care for people who used the service.

The service had a comprehensive range of policies and procedures which had been aligned with CQC's key lines of enquiry, they addressed all elements of practice and regulated activities. These were available in the

office in files and also on line for staff to access.

Team meetings were held twice a year. We reviewed the minutes of the most recent team meeting. This included a range of topics relating to care practice and policies. Staff we spoke with told us they were able to raise topics for discussion. The majority of communication between the team was through telephone, secure social media and email. All staff we spoke with told us they felt fully informed and that they had been kept up to date with all aspects of the service.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We reviewed records held by the service and cross referenced these with statutory notifications submitted to CQC. We found notifications were made in a timely way and that appropriate records were maintained.

It is a legal requirement that providers display the rating they received at their last inspection, within the office and on their website, if they have one. The rating of 'Requires Improvement' from our last inspection in January 2018 was displayed. We checked the services website and found the rating was displayed.