

XTRA HEALTHCARE LIMITED

Head Office

Inspection report

17 Rushton Mews
Corby
Northamptonshire
NN17 5EQ

Tel: 01536233157
Website: www.xtrahealthcare.com

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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

About the service

Xtra Healthcare is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection four people were receiving personal care.

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

People were supported and cared for safely. Risk assessments were in place and reviewed regularly and as people's needs changed. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

There were enough staff to meet people's care and support needs. People were supported with their medicines and good infection control practices were in place.

People's care files contained clear information covering all aspects of their care and support needs. Staff had a good understanding of people's wishes and individual preferences. People's personal preferences, likes and dislikes, communication needs and links with family were all considered within the care plans. Staff received training to meet people's needs.

Where required, people were supported with their eating and drinking to ensure their dietary requirements were met. People were supported to use health care services when needed.

People received support from reliable, compassionate staff. Staff enjoyed working at the service and there was good communication and team work. Staff were caring in their approach and had good relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care tasks were undertaken.

The registered manager and management team monitored the quality of the service provided. They were aware of their legal responsibilities and worked in an open and transparent way. People and their relatives knew how to make a complaint.

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

Rating at last inspection

The last rating for this service was good (published 2 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 13 February 2020 and ended on 16 February 2020. We visited the office location on 13 February 2020 and made telephone calls to people, relatives and staff on 16 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with four relatives of people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, nominated individual, manager and care staff.

We reviewed a range of records. This included four people's care and medicine records. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training records, policies and procedures and accident and incident information.

After the inspection

We spoke with one professional who worked with the service. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. The provider had systems in place to safeguard people from abuse and followed local safeguarding protocols when required. Records showed safeguarding incidents were dealt with appropriately.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding and whistleblowing procedures.

Assessing risk, safety monitoring and management

- Care files contained evidence based risk assessments which covered a range of known risks such as moving and handling, and skin integrity. Care and risk support plans informed staff how to provide care which reduced known risks.
- Positive risk taking was assessed for people who were being supported to become more independent. For example, a road skills assessment was in place for a person with a learning disability to help develop their skills in this area.
- Relatives were happy with how risks were managed whilst enabling people to maintain or progress their independence.

Staffing and recruitment

- Safe recruitment and selection processes were followed. Staff files contained pre-employment checks including references and Disclosure and Barring Service (DBS) checks. The DBS confirm if individuals have any criminal or barring record which helps employers make safer recruitment decisions. Not all application forms contained full employment histories, but the registered manager confirmed this was discussed in interview with applicants. They also immediately strengthened processes for future recruitment.
- Feedback confirmed staff were reliable and arrived on time. If staff were running late for any reason, which did not happen often, this was communicated to people and relatives, so they knew what was going on.

Using medicines safely

- Where people needed support with their medicines this was provided by trained staff. People were supported to receive their medicines on time, as prescribed and in the way they preferred.
- Protocols were in place for staff to follow when people took medicines 'as and when required.' The guidance included details including the dosage, reasons for administration and steps to take before administration. Some medicines required management approval prior to being given, and this was clearly recorded. These processes ensured medicines were administered appropriately.

- Regular audits of medicine administration records (MAR) took place which meant any arising issues were identified and addressed. An electronic MAR system was due to be introduced imminently.

Preventing and controlling infection

- Relatives and staff told us they used personal protective equipment (PPE) when providing personal care to people. One relative said, "I don't have to double check, they always use hand gel, aprons and gloves."
- Staff were trained in infection control.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. A log was kept which included information about the incident, investigation, outcome and any follow up. This was easy to refer to in order to spot any themes and consider appropriate action to reduce the risk of recurrence.
- Lessons were learned when things went wrong. The management team described how they had dealt with some staffing issues and the lessons they learned from the experience to avoid being in a similar situation in future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before any care was agreed and delivered, which included a meeting with one of the management team. This ensured there were sufficiently trained staff to provide the care and support required.
- Care plans were clear and key aspects of a person's needs were fully considered. For example, medical and health needs, personal care, communication and social needs. Many of the individual characteristics under the Equality Act 2010 were considered. This meant care could be delivered in line with people's preferences and guidelines on best practice.

Staff support: induction, training, skills and experience

- Staff received an induction and mandatory training when they started work. Training covered a range of areas and included safeguarding, medicines, moving and handling and infection control. Relatives told us they felt staff were competent in their roles.
- Ongoing training was provided to refresh staff knowledge and learn new skills when required. One member of staff told us, "We get good training and managers give us help whenever we need it. I really feel I have learned a lot and I am a better carer than I was before I worked here."
- Regular supervision had started to take place according to the provider's policy, although this had not consistently happened in the past. Similarly, the registered manager confirmed all staff would have an appraisal this year.

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

- Care plans set out how carers should support people with their dietary needs when this was necessary. This included appropriate guidance when people had specific needs, for example, if their food needed to be pureed if they had swallowing difficulties.
- Relatives told us people were supported to have a suitable diet. When people's independence skills were being promoted, they were involved in menu selections and meal preparation, in line with their care plans.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff had good knowledge and understanding about people's healthcare requirements. Staff liaised with other health professionals as needed such as the district nurse or GP, and often liaised with close relatives who followed up as necessary. One relative said, "The staff will tell me if [relative] develops a bed sore and we will get the district nurse, they have even told me things like, '[relative] seems a bit down today,' so I can pop in. They know [relative] well."

- Records showed staff had accompanied people to health appointments to support them if necessary.
- People's oral health care needs were assessed and met. Plans contained information about what toothpaste and type of toothbrush people preferred and personalised guidance. For example, one person was noted to be at high risk of poor oral hygiene and required prompting to brush each area of their teeth, "right, left, front and bottom."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- When people did not have capacity to make decisions, or had fluctuating capacity, MCA assessments and best interest decisions were undertaken and recorded. For example, these took place if people did not have capacity to fully manage their own finances. Management staff were due to attend training so these assessments could be further developed.
- Staff demonstrated they understood the principles of the MCA, supporting people to make choices.
- People, or their representatives where appropriate, had signed and consented to the care being provided.
- People were supported in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be well cared for and treated with respect and kindness.
- One relative said, "They are absolutely fabulous. They go out of their way for us. I can't stress enough how helpful they are. We are so happy with them. Someone was looking down on me when I picked up the phone to Xtra Healthcare." Another relative said, "[Relative] is well looked after and is really happy, we can see that."

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

- Care plans clearly set out how people preferred to receive their care and their regular routines. Copies of care files were kept in people's homes and staff were aware of people's needs and able to assist them in the way they wanted.
- Care plans were regularly updated and were completed alongside people and their families, taking into consideration their personal wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One member of staff told us, "[Person's name] needs prompting using the toilet. I try to give them as much space as possible, I stay outside and prompt from there."
- People's independence was promoted where this was appropriate. One member of staff said, "[Person] has an activity board. They like doing the dishes and tidying up, recently they changed the bedding on their own. Now they tell you what they want. It's amazing. They love to be independent and we encourage that a lot."
- The care plans we reviewed promoted people's dignity, respect and independence and included important guidance for staff to follow.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's personal history, family members, interests, choices and preferences were documented in their care and support plans. This meant information was available so people received a personalised and consistent service.
- Each person was supported by a small team of staff who had built positive, professional relationships with them. Staff had good knowledge and understanding of people's needs and their individual preferences.
- The relatives of one person were keen for their family member to be involved in more activities, and they kept this under review with the management team. They felt they had a good working relationship with the provider which assisted with this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care and support plans contained a communication assessment. This meant staff knew how people preferred to communicate and any support needs they had.
- The provider worked with specialists, such as the speech and language therapy service, to support and promote people's communication abilities. For example, one person used a pictorial board which expanded their ability to communicate with staff and vice versa.
- Information could be made available to people in other formats, such as easy read or large format, as required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place so complaints could be addressed in accordance with the provider's policy. Everyone told us they were confident any issues raised would be dealt with appropriately by the registered manager and management team.
- One relative told us, "If we had any issues I would speak to the owners straight away. But we have never had any issues. We really haven't had any problems with them at all."

End of life care and support

- At the time of inspection there was no-one receiving end of life care.
- The service had an end of life policy in place and the management team confirmed they would arrange

end of life training for staff if this became necessary at any point.

- Care plans recorded any advance planning preferences which people and relatives had expressed. This meant staff could support people and respect their wishes should the circumstances arise.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team were committed to delivering good quality care and support to people in their homes. Everyone spoke positively about their approachability, availability and responsiveness.
- Staff told us they were happy working at the service and felt supported by the management team. One staff member said, "They are very supportive. They try to do their best for the staff and for the clients. They come out straight away if there are any issues."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs. Staff felt there was good communication and team work which helped ensure people received a good and consistent service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people/their relatives informed of actions taken following incidents in line with the duty of candour.
- The provider informed a family recently of a significant incident, in line with the duty of candour. Relatives confirmed they felt the matter had been dealt with in an open and transparent way. Records confirmed this.

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

- The registered manager and staff were clear about their roles and responsibilities to the people they supported.
- There were effective systems to monitor the quality and standard of the service. The provider had regular audits in place relating to the running of the service. Follow up actions were recorded when any issues were identified.
- Policies and procedures were in place and staff were kept up to date of important changes to these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people and their relatives both informally and also through feedback forms. Where people were not able to complete the forms independently, a member of the management team arranged a home visit. This meant people were able to express their views in their preferred way.
- Team meetings took place and additional meetings were arranged if there was any significant information

to share. Notes were taken at the meetings which were available for staff to refer to.

Continuous learning and improving care

- The registered manager and management team were supportive of the inspection process and keen to take on board any suggestions and feedback offered. They were keen to drive further improvements of the service in order to achieve consistently good outcomes for people.
- The service was working with the local authority to strengthen some of the documentation and processes in place. We saw prompt action had been taken to address the points identified by the local authority.
- The provider was keen to develop a culture of continuous learning throughout the service. This meant developing staff over time to progress and take on more responsibility. They were looking into being involved in a local apprenticeship scheme. This was positive for building a strong and stable staff team over time.

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals and responded promptly to people's changing needs. This included accessing specialist training to ensure that people's complex needs could be met, working with the local authority when issues were identified and communicating with health professionals who were involved with people receiving care and support.