

XTRA HEALTHCARE LIMITED

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

Summary of findings

Overall summary

This first comprehensive inspection took place on 31 August 2017 and was announced.

The head office in Northampton for Xtra Healthcare Limited provides personal care for adults living in their own home, including people living with dementia. At the time of our visit there were four people using the service.

The service did not have a registered manager. The provider was managing the service and a new manager, who had already been recruited, was due to commence the following day after our inspection visit. 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 felt safe and were protected from the risk of avoidable harm. Staff were knowledgeable about the risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents. Risks to people's safety had been assessed and staff used these to assist people to remain as independent as possible. There were sufficient staff employed to meet the range of care and support needs of people who used the service. Staff had been recruited using effective recruitment processes. At the time of our inspection there was no one using the service that required support to take their medicines. However we found that systems were in place should this service be required.

Staff were knowledgeable about the needs of the people they cared for. They attended a variety of training to keep their knowledge and skills up to date. They were further supported with regular feedback from the provider about their work performance. People who used the service were encouraged to make their own decisions and staff followed the principles of the Mental Capacity Act 2005. People were provided with nutritional support if this was an assessed part of their package of care. Staff would be available to support people to access healthcare appointments if needed.

There were positive relationships between people, their families and members of staff and they were treated with kindness and compassion. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. The privacy and dignity of people was promoted by staff and they treated people with respect.

People received person centred care that met their needs and centred around them as individuals. People's needs were assessed before a care package commenced and care plans gave clear guidance to staff on how people were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care. The service was flexible and any additional support was provided where necessary. People knew how to make a complaint. There was a complaints procedure in place which was accessible to all.

There were quality monitoring systems and processes in place to make positive changes, drive future improvement and identify where action needed to be taken. There was an open culture and a clear vision and staff told us they were proud to work for the service. People and their relatives expressed confidence in the provider's ability to provide person centred care and good oversight and leadership of the service.

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

Arrangements were in place to keep people safe from avoidable harm and abuse.

Risks were managed to ensure people's freedom and choice was not unnecessarily restricted.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff had been recruited using a robust recruitment process.

There were systems in place to support people with the management of their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and supervision to ensure they had the skills and knowledge they needed to perform their roles.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their nutritional needs if required.

Systems were in place to support people to access healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring

People had developed positive and caring relationships with staff.

Staff supported people to express their views about their care.

People's privacy and dignity were promoted by staff.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed before they began using the service and care was planned in response to their needs.

People contributed to the planning of their care.

Complaints and comments made were used to improve the quality of the care provided.

Is the service well-led?

Good ●

The service was well-led

People and their relatives knew the provider and were able to see them when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Head 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.

The inspection was announced and was carried out on the 31 August 2017. We gave the service 48 hours' notice of the inspection to ensure the provider would be at the service. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority, who has a quality monitoring and commissioning role with the service.

During the inspection we spoke with two people who used the service and the relatives of another two people using the service. We also spoke with three staff that included the registered provider and two support workers.

We looked at the care records for four people who used the service to see if they were reflective of their current needs. We reviewed four staff recruitment and training files and four weeks of staff duty rotas. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe. The staff are very knowledgeable about what they do and that makes me feel safe." A relative commented, "I have no concerns at all. The carers are great; they look after [name of relative.] I know they are safe."

Staff were aware of the different types of abuse and who to contact if they suspected or witnessed an incident of abuse. One staff member said, "I would report it to [name of provider] in the first instance. I know I can contact the local authority and the Care Quality Commission (CQC) if I need to."

The provider told us that staff were issued with a copy of the service's safeguarding policy. Staff told us they were aware of the service's whistle blowing procedure and would feel supported by the provider if they had to use it.

There were risk management plans in place to protect and promote people's safety. Staff were able to explain to us how they were used to promote people's independence and keep them safe. For example, one staff member told us about one person who was at risk of falls and described their risk assessment and what steps they took to make the person safe. The care plan we looked at confirmed this to be correct. The staff member further commented, "We take every step to keep people safe." Risk management plans were specific to each person's needs and were reviewed regularly or as people's needs changed.

At the time of our inspection the service had not had any accidents or incidents to record. However there were systems in place should this occur. The provider told us they would check these monthly to see if there were any trends and where improvements to care delivery could be made.

People and their relatives told us there were sufficient staff employed to meet their assessed needs safely. One person said, "The staff always arrive when they should and usually stay longer than necessary. They like to make sure I'm alright. They would never leave until everything is done and I'm happy and comfortable." The staff we spoke with told us that they didn't feel rushed or under pressure. One commented, "I feel I have time to complete all the tasks I need to and have time for a chat." We looked at the staffing rota and found that the staffing numbers were sufficient to meet people's needs.

There were safe recruitment practices at the service to ensure only staff who were suitable were employed to work with people who used the service. The provider explained that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. Staff were able to explain the interview process and said that it was thorough. We found in the staff files we examined that the required documentation was in place.

At the time of our inspection there was no one using the service that required support to take their medicines. However we found that systems were in place should this service be required. For example we saw a detailed medicines policy and procedure for staff to follow. There was also information in the staff

handbook and staff had received training in the safe handling of medicines. In addition there was an assessment of people's medication needs and care plans detailed the support families provided. The provider also told us that if staff did commence supporting people with their medicines they would audit the Medication Administration Records regularly and we saw a blank audit tool in place ready for use.

Is the service effective?

Our findings

People and their relatives told us that staff had the knowledge and skills to carry out their roles and responsibilities. One person said, "Staff are very well trained." Another told us, "They know what they are doing and they do it very well. I'm very impressed."

Staff told us they had received the appropriate training to undertake their responsibilities. One staff member said, "The training has been excellent. I had an induction and I shadowed [name of provider] until I felt confident." A second member of staff commented, "This is how it should be. The training was very good." We found staff were knowledgeable about the needs of the people they supported and were confident they knew people well and provided them with the appropriate support.

The training records made available to us during the inspection demonstrated staff had been provided with training that was relevant to their roles. This included training on safeguarding, moving and handling, health and safety, medication, Information Governance, and food hygiene. They also confirmed that all staff had completed an induction before they commenced working with people.

Staff told us they were provided with regular supervision, which enabled them to carry out their roles and responsibilities. One staff member said, "I get regular spot checks where [name of provider] observes me working and then chats with me and the person I'm caring for. Sometimes [name of provider] is waiting for you when you get to a person's home." The provider told us that a newly recruited manager was due to commence employment the following day. They had arranged for a staff meeting so the staff could meet the new manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005. At the time of our inspection there was no one being deprived of their liberty. Staff told us they always sought people's consent to provide them with care and support. They were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

At the time of our inspection people were not being supported by staff with their main meals, however staff did provide snacks and drinks for people. One person explained, "They know to leave me some water out and maybe some biscuits."

We saw that there was good information for staff about nutrition and training records demonstrated that recently staff had attended training in relation to 'nutritional screening using the Malnutrition Universal

Screening Tool (MUST)' This is a five-step screening tool to identify adults, who are malnourished or at risk of malnutrition. This gave staff a good awareness of people's dietary needs and what to look for if they were at risk. Staff confirmed before they left their visits that they made sure people were comfortable and had access to food and drink.

People were supported to maintain good health and access to health care facilities. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and would liaise with health and social care professionals involved in their care if they required it.

Is the service caring?

Our findings

People told us the staff were patient, kind and cared for them well. One person told us, "The staff are fantastic. They are very kind and they treat me with such care." Another person commented, "They [meaning staff] are absolutely first class. I can't fault them." A relative said, "It's not just a job for them. They do genuinely care."

Staff were positive about the service and the relationships they had developed with people. One staff member told us, "We visit the same people so it's easy to build up relationships and really get to know people." A second member of staff said, "The good thing about this job is that they want to get it right. They make every effort to meet people's needs but still keep that personal touch." Staff told us that they tended to go to the same people for visits to provide them with continuity and to build up relationships.

We looked at the staff rotas which demonstrated that people saw the same members of staff to allow them to build relationships and their understanding of people's strengths and care needs.

People were involved in making decisions about their own care and support. They told us that staff encouraged them to express their views about their care and to inform staff about how they would like their care to be delivered. One person told us, "I discussed what I wanted from the start and I get exactly that, and then more. They go out of their way to help and always ask if there is anything else they can do."

We looked at people's records and saw evidence to show people were involved in decision making processes and their preferences were clearly recorded. People told us that they had been involved in the development of their care plan. They said that their views had been taken into account and respected and the care they received was according to their own wishes. One person told us, "I have been listened to. They have my care planned just as I asked." A relative informed us, "They [staff] have talked with us and more importantly listened to us."

The provider told us if anyone receiving care and support requested the services of an advocate, they would support them to find one.

People told us that staff treated them with dignity and respect. They said that staff spoke to them in a polite and respectful way and that they took steps to ensure their privacy was maintained as much as was possible. One person said, "It is embarrassing when someone gives you personal care. However I have found that the carers treat me with dignity and respect. They are very thoughtful and do their best to make sure I don't get embarrassed." Relatives we spoke with were also positive about the staff and one relative commented, "The carers are very respectful. They make sure we are all treated with respect and they are very good at making sure [name of relative] has dignity at all times. They are always polite and respectful."

Staff confirmed that they respected people's dignity and that privacy and people's rights were important to them. One staff member said, "I always make sure when I am assisting people with personal care that the curtains are drawn and people are not exposed." Another member of staff said, "I do my best not to make

people feel uncomfortable or embarrassed." Records showed that this approach was reflected in people's care plans and that these areas had been covered in staff induction and on-going training.

The provider told us that the service had a confidentiality policy to ensure confidentiality was respected and adhered to by all staff. Information was shared on a need to know basis and permission was sought from people and their relatives to share information with other professionals. We found files in the office were locked away securely and the computer was password protected to ensure confidentiality was not breached.

Is the service responsive?

Our findings

People and their relatives told us they received care that met their needs. One person told us, "The carers are very professional. They give me very good care and I'm very impressed." A relative said, "I could not find anyone better than Xtra Healthcare. [Name of provider] makes sure everything is going well. We see [name of provider] a lot. She is always checking that things are right for us."

One person told us about the impact this service had on their life. They explained, "I went for months and months without a shower. I felt horrible and it was getting me down. Now, thanks to the lovely carers I have a shower every day. This service is absolutely first class."

People told us they and their relatives contributed to the assessment and planning of their care. They said that staff visited them in their homes before a care package was offered to fully identify their care needs. One person said, "It was very thorough and all the way through they made sure it was what we wanted." A relative commented, "We were told about the services they could offer. I felt a big sense of relief."

The provider confirmed that people's needs were assessed prior to them receiving a service and that family members were involved in the assessment process and records confirmed this. We found that information obtained during the assessment process was used to draw up a care plan.

Staff told us that care plans were important and needed to be kept up to date so they remained reflective of people's current needs. They said that any changes were made immediately to the care plans and risk assessments so that the correct care could be provided. Care plans contained detailed information on people's health needs and about their preferences and personal history. They were based upon the individual needs and wishes of people who used the service.

People were confident if they raised a complaint it would be addressed. One person told us, "I would be more than happy to make a complaint but I know I won't have to. It's that good." One relative said, "I don't imagine having a cause to complain but I would feel comfortable doing so. [Name of provider] is lovely. Very approachable."

We saw that a copy of the complaints procedure was provided to people when they commenced a service. This ensured that people had the information they needed if they wished to make a complaint.

The complaints records showed that at the time of our inspection no complaints had been received by the service. However there were systems in place to ensure any complaints would be dealt with appropriately, fully investigated and any actions taken that were required. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager. The provider told us they were managing the service but they had recruited a new manager who was due to commence the day after our inspection visit.

Staff told us that the provider offered support and advice and was accessible to both staff and people. We were told that they were flexible and hands on' in their approach, willing to work in the field and support staff at any time. This approach was appreciated by people, relatives and staff who were positive in their comments. One staff member told us, "[Name of provider] is very supportive. They are always willing to help out." People and their relatives, all knew who the provider was and told us they visited them regularly. One relative said, "We are very lucky to have [name of provider] on our side. Nothing is too much trouble. We see [name of provider] regularly and they always have a chat and check things are going well."

People and relatives told us that the service promoted a culture which was open and trusting. One person said, "[Name of provider] and the rest of the staff are more than approachable. They always listen to me." Relatives confirmed that the culture at the service was open and transparent. One relative said, "I trust them all 100%."

Staff told us that they received feedback from the provider in a constructive and motivating way. One staff member said, "Once a month we get feedback from [name of provider]." Staff told us that they were regularly thanked and praised if they went above and beyond their role of duty.

There were systems in place to carry out quality control checks as the service developed. The provider told us that spot checks were undertaken on a regular basis and records we saw confirmed this. We were told that satisfaction surveys and internal audits to ensure paperwork was up-to-date and the service was operating in accordance with their policies and procedures were being implemented. Feedback from people was very positive and included, "The carers are professional, cheerful, punctual, respectful and reliable. They make me feel safe. They help to brighten my day." Another comment stated, "Thank you so much for all your care and love and support. We couldn't have done it without you."

We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as staff supervision and complaints. We also saw evidence that the provider had systems in place to carry out regular quality monitoring processes as the service grew in size. This showed that the service undertook regular reviews of its performance so that continued efforts could be made to drive future improvement.

We found that the provider supplied the Care Quality Commission (CQC) with required information, such as notifications of safeguarding incidents, as per their regulatory requirements. This showed that the service undertook regular reviews of its performance so that continued efforts could be made to drive future improvement.