

Extra Hands of Heacham Ltd

Extra Hands of Heacham Limited - Broadland Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Extra Hands of Heacham Limited - Broadland Office provides support and personal care to people in their own homes in Norwich, Holt, Sheringham, Broadlands and surrounding villages. On the day of the inspection there were approximately 151 people using the service who received personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Some areas of the service had deteriorated since our last inspection, and the quality assurance systems in place had not identified this. This meant there was a breach of regulation relating to the governance in the service.

Staff supported some people with medicines, but the support they needed was not always recorded in their care plan. Care records did not always contain accurate, detailed, up to date support around people's needs. Despite this, people in the main received the care and support they required.

Staff supported people safely and were aware of safeguarding processes. There were enough staff to meet people's needs, although some visits were not at always at agreed times. Staff were safely recruited. There were risk assessments in place around people's own environments and any equipment they used, for example to move around.

Staff had access to a variety of face to face training relevant to their role, as well as a thorough induction and supervisions. Staff supported people to eat and drink enough when associated with a care package, and to access healthcare professionals. They ensured consent was gained before delivering care. 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.

There was a caring ethos and people were treated with dignity and compassion. Staff supported people to remain as independent as possible, and involved people and family in their care appropriately.

There was a complaints process and any complaints were investigated, responded to and resolved appropriately.

There was a clear management structure within the service and staff, in the main, felt supported and valued. The registered manager was approachable and available to people and staff. The service was building strong links with the local community which included going into a local school, and hosting events which

people could access.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good overall with Requires Improvement in responsive (published September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have identified a breach in relation to the governance systems in place and accuracy of records.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Extra Hands of Heacham Limited - Broadland Office

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 visit was carried out by one inspector and an assistant inspector. A further two inspectors and an Expert by Experience, assisted with desk-based inspection activity such as phone calls to staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 September 2019 and ended on 6 September 2019. We visited the office location on 5 September 2019.

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 and professionals who work with the service. 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 also received feedback from the local authority quality assurance team. We used all of this information to plan our inspection.

During the inspection

We considered information contained in some of the records held at the service. This included the care records for seven people, and other records kept by the registered manager as part of their management and auditing of the service. This included auditing of medicines management, including policies and procedures.

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, seven care workers, a rapid response care worker, the training manager and a care coordinator.

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 now deteriorated to requires improvement. This meant people were not always supported safely and protected from avoidable harm.

Using medicines safely

- We found that when staff supported people with medicines, there was not always full guidance in place for how staff should deliver this, in people's care plans. There were not always risk assessments in place which specified any risks associated with supporting people to take their medicines.
- We raised this with the registered manager who stated they would address this imminently. One person was prescribed eye drops, and it was not clear when, or how, staff were supporting with this as there was no care plan and the MAR was only signed sometimes. The registered manager later confirmed that the person was independent taking these, however the records had not reflected this. In a review of the care plan on 19 March 2019, the care plan stated, 'assist with medication' but did not specify how to assist, what the medicine was, or when.
- One person's relative said they had raised concerns with the management due to finding that their family member had not always been safely supported with taking medicines. This was because the staff had not been aware of how the person was safely able to take them, which was for staff to put the tablets on a table, rather than in a cup, so they could pick them up. They told us action had been taken and their relative was now safely supported. However, we saw that people's needs and preferences with regards to taking their medicine were still not covered, and therefore reviewed, in care plans. Therefore, the risk of this happening remained.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of safeguarding procedures and knew how to identify potential abuse. Not all staff were aware of reporting to the local authority safeguarding team, but said they would report any concerns to management.

Assessing risk, safety monitoring and management

- People and their relatives felt they were safe with staff. One relative said, "They always check [person] has their alarm on or nearby and they always lock up properly when they leave."
- Risks to people and their home environments were assessed, and guidance for staff was in place to mitigate these risks. This included how to safely support people using manual handling equipment.

Staffing and recruitment

- There continued to be safe recruitment practices at the service, which meant there were checks on prospective staff members before they began working.
- There were enough staff to meet people's needs and ensure visits were covered. The electronic system staff used to keep in touch with the office meant the service could monitor staff and check they had arrived

at the person's address and the amount of time spent.

- There was a contingency plan if regular staff were unable to attend a call, which was a rapid response team. They covered any unexpected calls or dealt with any difficulties relating to people's care, so that care staff's regular calls would not be affected.

Preventing and controlling infection

- One relative told us, "The staff are good for wearing aprons and gloves." There were good practices in place relating to infection control, such as the appropriate use of PPE (personal protective equipment), and special measures were taken appropriately in the case of any infections.

Learning lessons when things go wrong

- Staff told us how they reported any incidents and accidents to the management team. Incidents affecting people's safety were reported and reviewed by the management team, so that lessons were learnt and action taken to reduce risk.

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

- The service discussed people's needs with them before agreeing to a package of care, and assessed whether they were able to meet people's needs.

Staff support: induction, training, skills and experience

- Staff received regular support through a member of management monitoring their performance during care visits, and regular supervisions. A staff member said, "When [management] do supervision with care staff they come and see you in [a person's] house and they see you do medication." Another said, "[Management] check we are doing the job properly."
- Staff received an in-depth, face to face training programme and detailed induction. Staff completed the care certificate. This is a nationally recognised induction which covers all the standards considered mandatory for adult social care.
- A person said, "Staff are quite suitable, they do their job well", closely reflected by a relative who said, "They all seem to be well trained."
- Training included manual handling, dementia and infection control, and in addition specialist areas such as supporting people with catheter and stoma bags. Staff were able to describe examples of how they supported people in these areas. Staff consistently felt training was good, one describing it as, "Very in-depth." Some staff received further training, such as in end of life care.

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

- Where people's support plans specified this need, staff supported them appropriately with eating a balanced diet and preparing meals.
- People said that staff supported them when needed by ensuring they left them with a drink. A relative told us, "They always ensure [person] has drinks to hand between calls."

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

- Staff gave examples of working with other healthcare professionals to ensure they followed recommendations. We also saw from people's records, that staff worked with other professionals, for example, physiotherapists, when needed, to establish people's manual handling support needs.
- Where needed, staff provided people with support to attend appointments, for example, with the GP.
- A relative told us, "[Staff] will signpost me to other services and are very approachable."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One relative told us, "They always ask consent before they do anything, and I feel that the care is very thorough." Although not all staff we spoke with had a thorough understanding of the MCA, they explained to us how they supported people in making decisions and gained consent for delivering care. Where people had variable capacity due to living with dementia, there was no information in their care plans about this.

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

- One person told us, "They're all ever so nice, I think of them as my friends, we have a laugh together." A staff member said, "Some people just want someone to go and talk to them; they say thank you so much, you made my day."
- People told us staff respected their dignity and privacy when delivering personal care, and staff gave us examples of this.

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

- Staff described how they involved people in their care. One said, "We glean a lot from family members about how people like things done."
- People consistently felt consulted and involved in their care. One relative said, "[Staff] are very proactive and communicate even the slightest thing to me."

Respecting and promoting people's privacy, dignity and independence

- People and relatives reflected to us that staff supported people to be as independent as possible. One relative said, "They encourage [person] to be independent where they can."
- Staff were able to give examples of how they supported people in promoting and maintaining their independence. One said, "Making sure [people] do as much as they can if they can wash themselves."

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always planned for.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records held in the office did not always detail exactly what support people required. For example, we saw from one person's daily records that staff supported them with exercises – this was not detailed on the care records we saw. They were not written in a person-centred way, but briefly outlined the tasks care staff were expected to complete on the visit. An example of detail in a person's care plan was, 'full strip wash. Check skin integrity.' There were no further details around what this meant, or guidance for staff on what actions to take.
- The registered manager explained to us that some further information was held on the electronic system which staff had access to, and within the records in people's own homes. One relative said of these records, "The plan reflects accurately what his needs and preferences are, and our opinions were valued." The registered manager told us that if anyone's care changed or staff were visiting a person they did not know, information was verbally handed over to them.
- Care records were not always updated; for example, one care plan we looked at specified that staff should support them with a catheter. The person's relative told us the catheter was removed a month ago, so this was no longer accurate.
- Care records did not always contain people's preferred times of visits, including in their contracts.
- Due to the poor records, there was some risk that care staff visiting someone who were not fully familiar with them did not always have full guidance in place.
- We had mostly positive feedback about whether the service was able to deliver care around agreed times, but some negative. One person said, "About six weeks ago we signed a new contract and said we'd really like it between 09:00am and 10:00am at the latest and that was agreed but it hasn't happened." However, one relative said, "They are excellent with time keeping and the call times are to suit our needs." This was reflected by the majority of people we spoke with.
- One staff member told us, "There is enough guidance so you know how to support people." They described how they remained updated with any changes in people's needs. Another said, "I would know if the care plan changes, they would ring and say there are changes because of what happened. If I need to know I call and ask." A further staff member said, "If things change then we change the care plan." Care staff kept detailed notes of what support they delivered to people.
- People told us they received person-centred support according to their preferences. A person told us, "[Staff] know exactly what I need doing." This was also confirmed by a relative who said, "The care staff talk to each other, know [family member's] current needs. They share information. What they do is very good. There's a copy of the care plan and they have information on their mobile phones."

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.

- The registered manager explained to us that records such as the Service User Guide was available in different, accessible formats such as large print or Braille, if needed.

Improving care quality in response to complaints or concerns

- A relative told us, "[Management] do spot checks and regular care reviews. I feel that I can raise anything with them and you can call them at any time. They are always available at the drop of a hat. When I have spoken to them in the past about something, they responded and made adjustments straight away."
- We looked at the service's records of compliments and complaints this year. There were many compliments received giving positive feedback about the service, and we saw that complaints were properly investigate, responded to and resolved.

End of life care and support

- A staff member described how they had supported someone towards the end of their life. They said, "We were able to support [person] and keep them at home to pass away. So not taken away from home, [person] was used to the [staff] that came in."
- End of life care had not been covered in people's records, and the service had not explored this with people they were supporting. However, the registered manager explained that where relevant, they would discuss this with people and their family.

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 deteriorated to requires improvement. This meant the quality assurance was not always consistent.

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

- There were systems in place to check various aspects of the service, for example quality assurance surveys and audits, but these did not always identify shortfalls in the service, such as the records.
- Quality assurance systems had not always identified where there were gaps in people's care planning and ensured records remained as accurate as possible. Care plans were not detailed enough and there were no capacity assessments where staff were delivering care to people living with dementia.
- Since our last inspection, when we identified that there was not enough guidance in care plans, there had not been a significant improvement in the amount of detail in these care plans. Furthermore, there had been a deterioration in the key area of safe.
- There were regular audits on the medicines administration records to check staff signed them appropriately. In the main, medicines were administered as prescribed where staff supported this, and errors or gaps were identified and action taken. We saw that staff regularly forgot to sign the MAR sheets, which was identified on these audits. It was often the case that they had written in the daily record but forgotten to sign the MAR. They reminded staff about the importance of signing records, however the problem remained.

The above concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had overlooked a notifiable incident and not informed us of this; we discussed this with them to clarify what is notifiable to CQC.
- There was a clear management structure in the service and staff were accountable for their roles. There was an administrative member of staff, four care coordinators and a registered manager, who was also the director of care in the company, as well as a training manager.

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

- People and relatives felt the service was well-run. One relative said, "We have had care before I can say that they are by far the best company we have encountered."
- The management team were available when needed. One relative said, "I have spoken to the manager in the past and have always been pleasant and friendly when I have done. It is a well-run company and everyone is always helpful and flexible too, if I need to change anything."
- Staff were consistently positive about the management, and the support they received. One staff member

told us, "The support network is fabulous, that is what I like, you don't feel on your own, there is always someone you can turn to talk through a problem, whether it's professional or personal."

- The service had a positive ethos of putting people using the service first. The service had won an award of outstanding achievement at the Norfolk Care Awards in 2018, as well as been a finalist in 'promoting dignity and respect in everyday life'.

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

- People and relatives told us staff and the management team communicated about any incidents and if the care staff had any concerns.
- The registered manager and staff explained how they worked closely with people's families, and demonstrated an understanding of the need for transparency and the duty of candour.

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

- A staff member said, "You can be as involved or as distant in the organisation as you want to be the management team do their best to 'keep you in the loop'." There were regular staff meetings where any areas for improvement were discussed and addressed.
- There were incentives for staff, such as a company awards ceremony, where people could nominate a staff member for exceptional care.
- The service had fostered supportive links with the local community, such as going into local schools to provide talks on dementia to children.

Continuous learning and improving care

- The registered manager told us they were looking at new ideas, which they termed, "Looking at what more we can do to enrich people's lives." This included initiating and organising events for people using the service. This supported people to engage in more social events and avoid isolation. This included a coffee morning, a fish and chips meal, and a memory lane event where service users were invited to speak, for example, about their experience in the war. These events provided people with further opportunity to avoid social isolation and connect with others.
- The service was striving to improve in their care provision. This included making further improvements to records relating to people's safety with regards to their finances, and extra checks for people living with dementia. The registered manager also told us they were planning on improving their care planning and support around oral healthcare.

Working in partnership with others

- The registered manager had been on the panel at a recent care conference, and liaised with other providers about delivering a good standard of care.
- The registered manager also worked closely with the provider's other organisation and shared ideas with them and areas of good practice.
- Where appropriate, the service worked closely with people's social workers and other health and social care professionals to ensure consistency of care was delivered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement systems and processes that effectively assess, monitor and determine risks to people or maintain accurate, complete up to date records. 17 (1), (2) (a) (b) and (c)