

Extra Mile Home Care 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

About the service

Extra Mile Home Care Limited is a care agency providing support to 39 people in their own homes.

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

People were supported to live safer lives. There were safe systems for the recruitment of staff in place. People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. Medicines were managed safely.

People received personalised care that met their needs and took account of their wishes and preferences. Staff were efficient and very reliable. Any unexpected delays were communicated to people so they felt reassured.

Care records were person centred, reviewed regularly and updated when people's needs changed. People's physical and emotional needs were met and staff ensured they had adequate nutrition and hydration.

People told us staff were kind and thoughtful. They said staff never rushed them and ensured their dignity was maintained. Staff knew people well and spoke respectfully about those they supported.

There were sufficient staff to meet people's needs. Staff received a robust induction, ongoing training and regular support to carry out their roles with confidence.

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 system in place for auditing and monitoring the quality of the service. People were positive about the care staff, office team, the manager and the way the service was run.

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

Rating at last inspection and update

The last rating for this service was requires improvement (last report published 27 November 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from requires improvement to good.

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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Head 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 was carried out by an inspector and an Expert by Experience. 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.

The service had a manager registered with the Care Quality Commission. At this service, the manager and the registered provider were the same person. They are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave a short period of notice for the inspection because we needed to gain consent to contact some of the people using it. We also needed to be sure that the provider would be in the office to support the inspection.

The Inspection activity started on 18 November 2019 and ended on 22 November 2019. We visited the office location on 20 November 2019.

What we did before 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 used all of this information to plan our inspection.

During the inspection

We spoke with eighteen people who used the service and four people's relatives about their experience of the care provided. We spoke with nine members of staff including the provider/registered manager, training manager, senior care workers, care workers and administrative staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision of staff. We also looked at a variety of records relating to the management of the service, including rotas, audits, training records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with two professionals who regularly work with the service.

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

- Staff were aware of the principles of safeguarding and what was required to protect people from the risk of avoidable harm.
- Training and policies supported staff in identifying or responding to allegations of abuse.

Assessing risk, safety monitoring and management

- People said that staff enabled them to remain safe in their own homes. Comments included: "They always make sure I am safe doing things for myself" and "Staff understand the need to make sure my doors are locked and my key safe is closed. It makes me feel secure".
- An assessment was undertaken to highlight any risks associated with care delivery. Management plans were in place to assist staff in minimising any risks. Changes in people's needs were recorded accurately, and information shared with staff using the service's electronic communication system.
- Contingency plans considered the continuity of the service when effected by external factors such as bad weather or staff sickness. An 'out of hours service' was provided to give staff and people guidance when the office was closed.

Staffing and recruitment

- Safe recruitment processes were in place to ensure that staff were of suitable character and had the skills to work within the service.
- People said that they were supported by a familiar group of staff who were very reliable. If staff were running later than 15 minutes late they were to let someone know. Feedback confirmed this and comments included: "It's nice to get a call from them if they are going to be late so I can reassure my relative that they will be coming" and "If they are running late, they let me know and are honest about why".

Using medicines safely

- There were systems in place to support the safe management and administration of medicines.
- An electronic recording system was used which immediately alerted the office staff if medication had not been signed for or had been given late. This allowed a swift investigation and resolution of any issues.

Preventing and controlling infection

- Good practice around the management, prevention and control of infection was instilled in the staff from the point of induction. This was monitored during direct observations of practice. There were ample supplies of gloves and aprons available for staff to use.
- Any specific actions that were required in regard to the risks associated with an individual receiving

support were detailed for staff to follow.

Learning lessons when things go wrong

- The registered manager was open with staff, people using the service and families where things could be improved. Action plans were in place to remedy any concerns.
- Accidents and incidents were investigated, and actions taken to minimise any reoccurrence.

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 now 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

- Assessments and care plans contained information and guidance for staff specific to each person's needs and wishes. These had been completed in sufficient detail to enable staff to provide the right level of support.
- The service was holistic in its approach to the assessment, planning and delivery of people's care and treatment.
- Staff were kept up to date with current standards and guidance through regular updates, training and supervisions.
- The provider was using technology and equipment to promote effective care and increase the independence for people living with dementia.

Staff support: induction, training, skills and experience

- People had confidence in the staff. One person said, "I would say all the staff who come are very well trained. They're all on the ball."
- Staff received a comprehensive induction to ensure their competence and confidence. A training manager delivered ongoing training which involved classroom sessions, a knowledge check and a direct observation to ensure that "Theory was put into practice".
- Other professionals supplemented this learning for example, an occupational therapist provided training for staff using specific equipment in a person's own home.

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

- Where people needed support to eat and drink, detailed information was available in their support plans to ensure staff knew exactly what to do.
- If people were at risk of malnutrition or dehydration staff recorded people's diet and this was closely monitored

Staff working with other agencies to provide consistent, effective, timely care

- Support plans were developed in conjunction with a host of other professionals to support people to maintain their health.
- There was effective collaboration with health professionals to support swift and safe transfer from other settings such as hospital or respite care.

Supporting people to live healthier lives, access healthcare services and support

- People appreciated staff taking an active interest in their health and wellbeing. They told us staff were very good at recognising when they may need support to call a doctor or nurse.
- Others gave us examples of being signposted to other services. One person said, "Somebody came and talked to us about what we needed and made some suggestions about things we hadn't thought about which was great."

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.

- People confirmed that staff respected their choices and always asked their consent. One person told us, "To be honest they can go overboard asking if it's okay for them to do things. Mind you it's better for them to be like that than just do things without asking."
- Care plans and risk assessments took into account a person's ability to make a decision in day to day matters.
- Where people lacked capacity to make key decisions, assessments were not always specific to this decision and referenced a general consent to care. The provider told us that this would be immediately reviewed to better demonstrate the requirements of the MCA.
- Documentation was in place to confirm where a person had a nominated legal decision maker such as a lasting power of attorney.

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 said "The carers who come are very nice. They sometimes send a new one but when they do, they come with another one who I know so it's not like a stranger coming to the door".
- People had a consistent team of staff. If a new staff member was planned to visit, there was usually an introduction beforehand.
- People were positive about the support received and told us "They are really good when they come. They are kind", "They are more like friends and they don't talk down to me".

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- The service was committed to helping people remain independent. Some people had drastically reduced the support required following a period of enablement and rehabilitation.
- Call times were never less than 30 minutes so that staff had time to listen and involve people in decisions about their care.
- People told us that staff were caring and showed empathy towards them. They also told us that staff demonstrated care and sensitivity when providing support in their homes and when interacting with family members.
- Staff provided support in a way that was enabling and maintained people's dignity. This was captured in feedback which included "I can't fault the carers in terms of kindness. They are very careful about respecting my privacy. Little things like closing the curtains or the bathroom door, "I am very independent, so they are very subtle in how they help me which I appreciate" and "They are respectful and talk to me like a grownup and involve me in anything about me".

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

- Staff were proactive in identifying any change in people's needs and ensured all care plans were reviewed and updated. People's personal preferences, wishes and routines were considered and met.
- The service embraced advances in mobile information technology to ensure staff could access people's records and important information via secure electronic systems on their mobile phones.
- Daily records detailed how people had consented to each aspect of care provided and also where they had declined.

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.

- Information was available in a variety of different formats when needed to ensure ease of access to people and relatives using the service.
- Care plans reflected that an assessment of people's communication needs has been completed.

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

- Staff recognised the impact of social isolation and loneliness of those they visited. Time was often built into the visit for activities aside from personal care.
- People were supported to maintain contact with their family, friends and the local community where appropriate.

Improving care quality in response to complaints or concerns

- People and their families felt able to raise concerns without fear of reprisal. People said "If I had any concerns [about the service] then I'd talk to any of the carers who comes here because they are very kind. I think I'd feel really comfortable talking to any of them" and "I have never had to complain but I would feel quite happy doing so".
- One complaint had been submitted since the last inspection and there had been an appropriate response to this.
- Where informal concerns had been raised, the service was proactive and took immediate action to resolve the matter and reflect on the issue. They considered whether any changes to their approach or improvements were required.

End of life care and support

- The service was sympathetic and compassionate when caring for people in the end stage of their life. They worked with the local hospital to offer a 'rapid response' to enable and support people to come home from hospital quickly.
- People's wishes, and advanced decisions were recorded so that people received the right support, in the right place and at the right time.
- The emotional impact on families, and also the care staff was recognised by the service and appropriate support provided.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the registered provider had not established systems and processes to audit and monitor the safety and quality of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider used an electronic system to monitor the times that staff arrived and left a call. A GPS signal confirmed the location of the sign in. This information was reviewed on a daily basis to ensure that calls were at the right time and for the right duration. Any discrepancies were swiftly addressed.
- Medication administration was reviewed daily via the electronic system and any errors promptly rectified. There was also a weekly audit undertaken by senior staff within the persons home to ensure safe storage and adequate supply of medications.
- Staff signed for each care task on their electronic handset and had to specify a reason if support deviated from the care plan. Again, this was viewed in 'real time' and any short falls highlighted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 families were positive about the service provided and felt it was personalised and effective.
- One person summarised the feedback when they said "The carers will go the extra mile if they can. They told me that's how the company got its name because the owner believes in going the extra mile."
- Staff were encouraged to be open and honest if things had occurred affecting the safety of people supported. Any matters were investigated, addressed and resolved with the involvement of the person that it impacted upon.
- Staff demonstrated a positive attitude and told us they felt proud to work in the organisation.

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

- Views of people using the service were sought through surveys and regular face to face reviews. People felt involved with their care and that they were able to speak to the staff about any changes.

- There were a number of ways that the service engaged with staff such as through team meetings, supervisions, appraisals and an annual questionnaire. The results of the last survey were in the process of being evaluated.
- The registered provider had a website and social media pages to engage with its customers, staff and the general public.

Continuous learning and improving care

- The provider shared with us concerns highlighted by staff in a recent survey around travel time and distance. We reviewed the rota and they explained to us the rationale around some of the planning in order to ensure people using the service had choice and control alongside meeting staff terms of employment.
- The provider had highlighted changes they wanted to make to their auditing tools and care planning system in order to further enhance the quality and efficiency of the business. They had commissioned a bespoke software package ready to implement in January 2020.
- The training manager had completely reviewed the training methods and course content. This was delivered in house and staff were extremely positive about the impact it had on their confidence and competence.

Working in partnership with others

- The staff team worked with other appropriate services to ensure people received care that met their needs.