

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 responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Extra Hands of Heacham Limited is a domiciliary care service. They provide personal care and support to people living 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. At the time of our inspection the service was providing the regulated activity to 140 people, 34 of whom were supported with medicines.

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

The provider had not developed full, accurate contemporaneous records relating to all relevant aspects of people's care. This included full records with guidance and risk assessments around people's needs, health conditions and medicines. They were developing a new electronic care planning system to include all areas of people's care.

Improvements were needed around the recording and administration of people's medicines.

People received care from staff who were knowledgeable about the risks associated with people's care and received effective training related to keeping people safe, including managing risks associated with their health and safeguarding people from harm.

Staff were recruited safely and cared for a consistent group of people they knew well. People received a responsive, person-centred service from competent and caring staff, and they knew how to raise concerns.

There were infection control measures in place which contributed to protecting people from, and managing risk of infection, including from COVID-19. This included staff wearing full personal protective equipment (PPE) during care visits.

There was a strong positive working culture in the service and good teamwork amongst the staff. People, their families and staff felt involved in the ongoing service delivery and were informed about changes.

We have made two recommendations in relation to care planning around risk and end of life.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 02 October 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

## Why we inspected

This was a planned inspection based on the previous rating.

This was a focused inspection to look at Safe, Responsive and Well-led. This report only covers our findings in relation to these three key questions. We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service and no areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Extra Hands of Heacham Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a continued breach in relation to good governance at this inspection.

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

## 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

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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 two inspectors and two Experts 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. This means that 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

The inspection was announced.

We gave the service three working days' notice of the inspection visit. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection visit, and we began inspection activity the day before the inspection visit, such as calling staff and reviewing records remotely.

Inspection activity began on 5 May 2021 and ended on 7 May 2021; the office visit was carried out on 6 May 2021.

#### 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with 20 people who used the service and 10 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, the supporting manager, the training manager and 10 care workers.

We reviewed a range of records. This included 15 people's care records and five medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- At the last inspection we found that there was not always full guidance in place for supporting people safely to take their medicines. At this inspection we found that although some improvements had been made in this area, such as increased risk assessments around medicines, further work was needed.□
- Where people were taking higher risk medicines, such as blood thinners, there was not always guidance for staff around mitigating associated risks such as if the person sustained a fall or injury. However, risk was mitigated as thorough training included first aid in relation to blood thinning medicines and staff were knowledgeable about what action they should take in the event of injury or bruising.
- There were not protocols in place for PRN (as required) medicines. The people who received PRN support from staff were able to request these if needed and had mental capacity to do so, but we discussed with the registered manager that protocols should be in place as best practice. Staff were able to give examples of how and when they administered PRN medicines.
- There were not body maps in place for pain patches, which is best practice. Therefore, there was some risk that staff may not know where the last few patches had been applied and removed from; this was mitigated by consistent staff administering it. □□□□□□□□□□
- People told us staff supported them safely with medicines; one said, "They help with my medications, mornings and evenings, and never get it wrong". People received their medicines as prescribed, from staff who knew them well. Staff were able to explain how they supported people with medicines and they signed the MARs (Medicines Administration Records) accurately to say they had given the medicines.
- Where needed, there was a medicines risk assessment in place. For people who were being supported with eye drops and other medicines, there was full guidance about how they preferred to be supported; some information was missing for one person which we alerted the registered manager to.
- Following the inspection feedback, the registered manager assured us that PRN protocols and body maps for pain patches had been put in place.

### Assessing risk, safety monitoring and management

- People told us staff knew about their healthcare needs. One person said, "I have a blood disorder and have to be careful; staff are aware of this." Another person said, when asked if staff supported them safely with their health condition, "I'm diabetic, they certainly do."
- Staff received training which gave information about health conditions. Whilst there was no recorded information about how they affected individuals and guidance around associated risks, staff knew people's risks well and worked consistently with the same group of people, which mitigated this.
- Staff felt they were prepared with enough information to keep people safe and mitigate risks as they knew

people well and received a thorough induction, shadowing and training. They said that because they worked with the same people, they knew their health risks and any associated equipment well, and were able to give us examples of this, such as regarding catheter care.

- Training enabled staff to mitigate people's risks associated with developing pressure ulcers. One staff member explained, "[Pressure care] is one of our biggest things and we always act quickly. As soon as you see that little red mark, it's time to act. We would call the district nurse and maybe ask for a repose cushion and in the meantime there are other things you can do such as more frequent repositioning."
- 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.

We recommend the provider obtain guidance from a reputable source about creating comprehensive risk assessments and associated care plans in relation to people's healthcare needs.

#### Staffing and recruitment

- There were enough safely recruited staff to provide consistent care to people.
- People received care from a consistent staff group which mitigated some risks associated with missing records. A staff member told us, "I have been seeing the same people for four and a half years."
- There were safe recruitment practices in place, including the appropriate criminal record checks and references.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place which supported staff to keep people safe from harm.
- Everyone we spoke with felt safe using the service. One said, "I'm very well looked after, very safe when receiving care."
- Staff knew how to report concerns and received training in safeguarding.

#### Preventing and controlling infection

- Systems were in place to prevent and manage the spread of infection, including Covid-19.
- One person explained, "The mask goes on as [staff] approach the front door and they put gloves and aprons on as they come in." Staff were provided with personal protective equipment (PPE), and people said care staff wore their PPE safely.

#### Learning lessons when things go wrong

- Incidents and accidents were investigated and action taken to mitigate the risk of recurrence, and staff reported any concerns or incidents in a timely manner.



# 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 now improved to Good. 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

- Care staff were knowledgeable about person-centred care and received a great deal of training relevant to their roles, which supported them in delivering their roles.
- Without exception, people we spoke with felt they received responsive care that met their preferences and needs. One person said, "They're a local company so they're more in touch with their service users. It's a very personal service and I'm known by them all." Another comment was, "Some of the staff go well beyond the call of duty, I can talk to them at any time." People and relatives also told us staff supported people to remain as independent as possible.
- Staff were knowledgeable about the people they cared for, including their interests and care requirements. One staff member said regarding their care visits to the same person over a long period of time; "I think that's really important, you can build a rapport and if you know them well you know if anything's changed, they'll trust you and talk to you about anything." Another said, "[Management] match the person with the right care staff with experience and life experiences to match."
- The 'daily routine' parts of the care plan provided detailed guidance for staff to follow during each care visit. There were no care plans around people's individual health conditions, mental health or life history, but staff were knowledgeable about these despite 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 plans did not fully cover people's communication requirements, for example, where they referred to a person having problems with communication, there was no further guidance around this.
- We found this was mitigated by staff knowing people and their needs well, and they supported them to communicate in the best way possible. We spoke with a family member who told us staff supported their relative very well with their communication difficulties.

Improving care quality in response to complaints or concerns

- We saw that any complaints received had been investigated and resolved wherever possible.
- People and relatives felt comfortable, and knew how to complain, and any concerns they had raised had been resolved. One person said, "Yes, we were told what to do if we had a complaint." Another said, "It's a local phone number and they've always resolved any problems very promptly."

#### End of life care and support

- At the time of our inspection, nobody was receiving end of life care. The registered manager told us the service would discuss end of life care preferences with the person if they were approaching this stage in their life.
- Records did not show that end of life wishes had been considered as part of a person's care planning.

We recommend that the service seeks advice from a reputable source, to ensure that end of life planning and care delivery is in line with best practice.

# 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 remained the same. This meant the service management and leadership was inconsistent. There was not always a full overview of care records.

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

At the last inspection quality assurance systems had not always identified shortfalls such as gaps in people's care planning. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection there was a lack of detail in records relating to risks to people. At this inspection there had been some improvements in the 'daily routines' of the care plans and the medicines risk assessments, but there remained a lack of sufficient records relating to people's care planning needs and risks. The provider had not implemented a sufficiently robust system of record keeping and care planning since the last inspection.
- This had not been identified by the provider, and not all audits were being used to their full efficacy. For example, we saw that for two consecutive months allergies had been missed off a medicine administration record (MAR), which had been found on the audit. For another person, the MAR contained three allergies, only one of which was recorded in the care plan. Action was not taken to ensure the same recording issue did not recur.
- There were no care plans or risk assessments relating to people's mental health where they had a history of depression, or relating to existing health conditions such as stroke, arthritis, diabetes, dementia or multiple sclerosis, or relating to equipment such as pacemakers or catheters. There were no specific care plans or risk assessments for people with a history of falls or pressure ulcers.
- The registered manager had not identified that recorded risk assessment and guidance around these were missing and should be available to staff.
- There was a lack of information about people's communication requirements in care plans.
- Whilst the risks were largely mitigated through staff training, competence and consistency, there remained the risk that staff did not have full information and guidance in records.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities)

The provider had recognised the need for improved care records and had begun moving over to a new electronic system which was planned to include full care plans, risk assessments and information about people.

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

- People and relatives knew who to contact within the management team and had regular contact from the service. They felt the management team were friendly, helpful and approachable.
- Without exception, people felt the staff were very polite and respectful, and worked with a person-centred, caring ethos.
- Staff we spoke with were positive about working for the service. A staff member said, "Staff work well together and we're good at splitting tasks between us. Everyone gets on well."

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

- We saw that where people had made a complaint relating to service delivery, the registered manager had been open and transparent and apologised.

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

- Without exception, people and relatives we spoke with felt involved, informed of changes and that they could raise any concerns if needed. One relative told us, "We just had a conversation with them last week about how [family member's] needs have changed and agreed to change rota."
- Staff felt they could raise any concerns; one said, "Anyone you speak to I'm confident it will be dealt with."
- Quality surveys were completed with staff in 2020. When there was any negative feedback the management telephoned the staff member to discuss this and resolve concerns where possible.

Continuous learning and improving care

- We reviewed the new electronic care planning system which was due to be put in place from 17 May 2021.
- The service had responded to and resolved any problems people raised. People we spoke with felt they did not need any improvements and they were happy with the service they received. One person said, "I'm very pleased with them. I can't fault them at all."

Working in partnership with others

- Staff gave examples of when they requested involvement from other healthcare professionals around people's care and worked with other agencies providing care to people to ensure they received consistent care.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to uphold systems to assess risks to health, safety and welfare of people and maintain complete, accurate records in respect of each service user.</p> <p>17 (1) (2) (b) (c)</p>