

Extra Mile Home Care Limited

Head Office

Inspection report

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01 November 2018

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Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

Summary of findings

Overall summary

Inspection site visit activity started on 31 October 2018 and ended on 01 November 2018. This was the first inspection of this service since it was registered with the Care Quality Commission (CQC). This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, people living with dementia, people with mental health conditions, physical disability and sensory loss.

The inspection was announced 24 hours earlier as the service is small and we needed to make sure that the registered manager would be there.

Not everyone using Extra Mile Home Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 35 people in receipt of a regulated activity.

The service had a registered manager in place. 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.

We identified one breach of the Regulations of the Health and Social Care Act (2008). This related to lack of governance and audits completed by the registered manager. This is discussed in more detail in the well-led section of the report and you can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe. Care staff were trained in safeguarding and understood their responsibilities to report concerns. Processes were in place to ensure any concerns raised were dealt with appropriately.

Risks to people were identified and assessed, but the documentation lacked clarity and detail.

Checks were made on new care staff to ensure they were suitable before they were offered employment. Once care workers had been offered employment they underwent appropriate training and were shadowed by more experienced staff until the management were satisfied they were competent and knew the people they were supporting.

The service had introduced on-line documentation which was available to care staff via a smart phone application. If care staff failed to log that they had arrived at someone's home within 15 minutes of the pre-arranged call time the registered manager received an alert and was able to investigate.

Care staff felt supported and commented that they saw the management team frequently. Care staff told us

the training they undertook provided them with the skills they needed. Care staff had regular formal supervisions but also had frequent informal support from the management team.

People's ability to make decisions for themselves was assessed and kept under review. Where people sometimes lacked the ability to make decisions, efforts were made to help them make the choices they could and family members were involved in making the decisions they could not, in line with the Mental Capacity Act.

People were encouraged to remain as independent as possible and do the things they could for themselves. People working in the service were aware of the needs of the people they supported and knew them well. The managers of the service chose to do care calls to ensure they also knew the people using the service and the care staff well.

The managers of the service told us they kept the service to a size where they felt they knew the people using the service and the care staff well to ensure they were providing the best quality care they could.

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.

People and their relatives told us they felt safe. Procedures were in place to support care staff to raise any concerns.

Checks were made on staff before they were offered employment and the service ensured there were sufficient staff to support people safely.

There was an on-call system run by senior staff so care staff always had a point of contact if they needed to raise a query.

Is the service effective?

Good ●

The service was effective.

People told us they were supported by care staff who were well trained and knew what they were doing.

People were encouraged and supported to have a healthy diet and keep well hydrated.

When people sometimes lacked the capacity to make certain decisions, they were encouraged to make the decisions they could about their care.

Is the service caring?

Good ●

The service was caring.

People told us they regularly saw the same care staff and that the care staff knew them well. Where people preferred to see different care staff this was accommodated.

People were encouraged to be as independent as possible.

People's privacy and confidentiality was protected.

Is the service responsive?

Good ●

People's care was regularly reviewed by the managers of the service. The managers undertook care visits to ensure they understood if the support was meeting people's needs.

The service used technology to organise their care visits and ensure people's needs were updated as and when necessary.

The service provided people with care and support as they neared the end of their life.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service did not have systems and processes in place to audit and analyse the safety and quality of the service provided.

People told us they liked the registered manager and they were empowered to raise concerns.

Staff told us they felt supported by a fair and approachable management team.

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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 took place on 31 October and 01 November 2018 and was announced. We gave the service 24 hour's notice of the inspection site visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was completed by one adult social care inspector.

Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also spoke to the Local authority and commissioning team to gain feedback about the service. The information gathered was utilised to plan the inspection.

During the inspection we spoke with seven staff including the registered manager and HR manager, seven people who use the service and five relatives. We looked at six care plans, three staff files, all policies and documentation relating to safeguarding, complaints, accidents and incidents.

Is the service safe?

Our findings

People we spoke with told us that the service kept them safe. One person told us, "I feel very safe with the carers" and "Yes I am very safe with them".

The service had a clear safeguarding policy and staff we spoke with demonstrated they understood how to recognise and respond to different types of abuse. We saw that where concerns had been raised they had been appropriately referred to the local authority and plans had been put in place to mitigate future risk.

There were risk assessments in place for each person, all major risks were identified and managed appropriately. However, the documentation for this lacked clarity and detail. We discussed this with the registered manager during the inspection, they assured us that risk assessments would be reviewed and more detail added after the inspection. People were supported to remain safe in their home environment.

There were adequate staff to meet people's needs. People were assessed by a senior member of staff when they began using the service, their care needs were documented and the registered manager and co-ordinator allocated the appropriate number of staff to complete their care visit. Staff were allocated to visits based on geographical location, this ensured that staff were not stuck in traffic and were able to arrive at the person's home at the pre-arranged time. Without exception people we spoke with told us that staff always turned up on time and there had been no occasions when care staff did not arrive. Comments included, "They're always on time" and "I can't fault them, they always turn up on time".

People told us that they received their medications correctly and at the correct time. The service operated a smart phone application that the care staff used when they entered a person's home. This required them to log that they had arrived and tick off each task they had completed, including personal care and each medication. If the tasks had not been completed 15 minutes after the required time, an alert flagged up on the registered manager's computer and they would phone to find out why. The provider had a medication policy in place that was clear and robust. Staff received training in medication management.

Safe recruitment practices were in place with each staff member having a full work history documented, professional and personal references which had been verified and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal records and barring checks on individuals who apply to work with vulnerable people.

We saw that staff demonstrated good practice around infection prevention and control. There was appropriate personal protective equipment (PPE) in people's homes, for example, gloves and aprons. Staff received training in this area and people told us that staff always wore the required PPE and washed their hands.

When accidents and incidents occurred, appropriate action was taken and people were protected from future risk of harm. People were referred appropriately for further assessment by health care professionals.

There was an on-call system where care staff could request advice from a senior member of staff. Staff told us that this worked well and there was always someone available to give them advice if they needed it.

Is the service effective?

Our findings

People told us they were cared for by staff who respect their choices and have the appropriate skills. One person told us, "They know what they are doing and they involve my family and I in my care" another person said, "The carers really know what they are doing".

Documentation relating to care planning was person-centred. They explored the person as an individual, what was important to them and how they wished to be cared for. People's diverse needs and preferences were addressed and they were supported to continue to express these as they had done throughout their life.

The service was working in line with the Mental Capacity Act (2005). 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 so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA.

People told us that care staff always gained consent before entering their property and assisting them with tasks or personal care. One relative said, "They are very respectful, they always wait outside politely while she has a shower and only go in once she has said it's ok". Another person said, "They always introduce themselves and always ask me before doing anything".

The on-line application that the service used to record care documentation was available to family members to log into if the person consented to this. This meant families could see via the application that the person had received their visit and all designated tasks had been completed. Not all people using the service chose to have this involvement but those who did told us that it provided a comfort to know they were involved and informed of their relative's well-being.

We saw that people were supported to access healthcare services where required and one person told us that the service was proactive at recognising early signs of infections and informing the GP. Feedback from the local commissioning team was positive with comments such as, "They are prompt with referrals".

As the service had moved to an on-line application for recording of care visits, this could be updated as and when required. Therefore, when people had changing needs the care staff were informed before assisting the person as they had to check the smart phone application as they entered the property.

When new staff were employed they completed a comprehensive induction which included mandatory training and a period of shadowing experienced care staff before working independently. Care staff completed the care certificate, this is a set of standards that people who work in health and social care should adhere to. The service had recently re-structured and part of this was employing a care training

manager who would deliver more training in house to ensure quality and consistency of training.

Care staff received regular supervisions, appraisals and unannounced spot checks. Staff told us they were given support and encouraged to highlight any concerns they might have had.

People were supported to eat and drink enough to maintain a balanced diet. The people who required support with this had detailed documentation within their care notes about what they enjoyed eating and drinking and specific dietary requirements including allergies. Care staff then noted via the smart phone application what and how much someone had eaten or drunk. Therefore, if someone had not eaten or drunk during that visit the registered manager received an alert.

Is the service caring?

Our findings

Without exception people we spoke with told us that staff were kind and caring. We received comments such as, "They have been very good, they always stay the full time and sometimes longer, we're very happy with them", "I like the carers they are brilliant" and "They ask me what I want and respect my choices, I get the same carers so they know me well and I know them well".

Relatives of people receiving care also spoke highly of the care staff and organisation. One relative told us, "They're great, they work around our grandchildren and are always polite". Another relative told us, "They are very caring, we have an open and helpful relationship and they talk to us about everything". One person told us about a time they had been admitted to a care home and the staff sent them flowers and visited them, they told us how happy this made them feel.

Care staff told us they enjoyed working for the service and formed close bonds with the people they cared for. One staff member said, "We get to know them very well and learn what they want us to do". Another said, "I love it here, the clients are great and we get to know them well".

Care plans contained information about people's emotional well-being as well as how they would like to be supported. One person was assisted with calming breathing exercises and care staff were reminded in the care plans to stay and chat with people once they had completed all the tasks that were assigned to them. Care staff were advised to watch certain television programmes with people as this was an activity they enjoyed and found relaxing.

People and their families were actively involved in planning their care. Family views and opinions were sought and respected. Care staff told us that they were encouraged to promote people's independence and assist them to do things for themselves where they were able and willing to do so. One staff member said, "Basically it's their choice, if they can do something for themselves we encourage them to but if they want us to help them we do".

People told us their privacy and dignity is respected, one person said, "They help me without being intrusive". We saw in care plans that care staff are encouraged to maintain privacy by knocking on doors, gaining consent and respecting people's choices. Care staff told us they recognise the importance of respecting people's privacy and dignity. All staff signed a confidentiality agreement when they commenced employment.

People were given the opportunity to request or refuse male or female care staff, we spoke with one person who said they wouldn't want male care staff to help them shower and this had been respected.

Is the service responsive?

Our findings

All the people we spoke with told us they received care that is person-centred and responsive to their needs. One person said, "They do extra things like get the doctor involved if I need it". Relatives we spoke with told us that the care is tailored to meet people's needs and choices. Comments included, "They are flexible to meet our needs, they come when we need them to", another relative said, "They are flexible and that helps us".

The registered manager told us that the on-line system they had introduced allowed them to review and update care plans as and when required. This would then show immediately on the next care staff visit.

Care plans showed that people and their families were empowered to be involved and ensure they received the care that they wanted and needed. One person told us that care staff had started to assist them to go shopping as they have lacked confidence to go out alone.

At the time of the inspection there were no people using the service that had been identified as approaching the end of their life. The service had previously supported people who were known to be approaching the end of their lives. We spoke to the local commissioning team who are responsible for arranging end of life care. They said, "We use [service] often for palliative care, they are good at feeding back and we have no concerns". Staff told us how they would ensure people were comfortable and support relatives during difficult times. Staff demonstrated a good understanding of care required to support a person and their family during such a difficult time. One staff member told us, "We offer as much comfort as we can to people and support their family".

The service had a clear complaints policy. We reviewed a complaint that had been received and saw that it was dealt with thoroughly with all parties kept informed. People we spoke with told us they knew how to make a complaint and would not hesitate to.

The service had received many compliments and thank-you cards. We reviewed these, comments included, "The professionalism and support has been second to none".

The service was meeting the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to ensure that people with disability or sensory loss are provided with information in a format that they can understand. Where people required support to communicate this was clearly documented in their care plan. One care plan we viewed reminded care staff to ensure a person had their reading glasses near them all the time so they could read while care staff were not there. The registered manager told us they could provide documentation in a larger print if this assisted the person to understand it.

Is the service well-led?

Our findings

We asked to look at the service's quality assurance and governance procedures. The registered manager confirmed that this was not something they had been doing. There was no audit of medications, accidents and incidents, safeguarding referrals or care plans. The registered manager did ensure that accidents and incidents were appropriately responded to but the lack of auditing meant that they did not have an oversight and could not demonstrate that they were able to identify trends or recognise potential issues.

This was a breach of Regulation 17 of the Health and Social Care Act (2008). (Regulated Activities) Regulations 2014. The provider did not have systems and processes in place to monitor and improve the safety and quality of the service.

We discussed this with the registered manager during the inspection who assured us that this was something they would instigate immediately after the inspection.

People told us that they liked the management team. One person said, "The manager is good, they address any issues straight away". People and their relatives said that they felt involved in the planning and delivery of care.

Staff told us they were proud to work for Extra Mile Home Care and felt supported in their roles by the registered manager who was approachable and fair. Comments included, "I like it here, that's mainly down to {manager} and the way they help you" and "It's a pleasure to work here as the managers thank you for doing things, you feel appreciated and it's not a dictatorship".

There were regular staff meetings where the management team explained any changes that would occur and staff were invited to make suggestions.

The service worked well with other agencies. We saw records showing advice had been sought from other healthcare professionals such as district nurses or GPs when people's condition changed. Relatives of people using the service confirmed the advice from other healthcare professionals was followed by the care staff. The registered manager said, "we have a good working relationship with GP's and community nurses, especially for end of life care".

The registered manager showed clear values and visions for the service and identified areas for improvement. The recent re-structure, employing a care training manager, implementation of an on-line system and smart phone application for care documentation were examples of this.

The registered manager explained that they had no plans to expand, they cared for 35 people and had 29 staff. They did not want to increase this as that would detract from the small personal nature of the service.

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>The registered provider had not established systems and processes to audit and monitor the safety and quality of the service provided.</p>