

A Little Extra Help Limited

A Little Extra Help

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

A Little Extra Help is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 7 people were receiving the regulated activity of 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.

Staff were not always fully trained. The induction training package did not cover the basic training required for staff working in care, to ensure they were competent to care for vulnerable people.

Safe employment checks were not always carried out. The service had taken on staff from another domiciliary care agency which had closed, but checks on their recruitment were not all complete.

Care plans were in place and described the risks present in people's lives, but associated risk assessments had not always been completed to explain the detail of the risk, and mitigating measures.

Care plans contained sufficient information about people's routines and care tasks, but more person centred information was required to detail people's likes, dislikes, personal history and personality.

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; However, the policies and systems in the service were not always clear. The registered manager told us all the people receiving a regulated activity had full capacity, but there were no care plans in place which detailed capacity, and how this was assessed.

Audits were taking place in some areas, but oversight was not sufficient enough to pick up the problems within staff training, employment checks, and risk and capacity assessment.

Medicines were managed safely. People were encouraged to manage their own medicines as much as possible to promote independence.

People were protected from the risk of infection.

There were enough staff available to meet people's needs. Staff received support and supervision to ensure people's needs were met.

Accidents and incidents were recorded and monitored by the management team. Lessons were learned when things went wrong.

Peoples needs were assessed prior to the service conducting care.

People were supported to maintain a healthy balanced diet.

The service worked in partnership with health care professionals. People were accessing health care services as and when needed.

People were involved in the planning of their care. Systems were in place to support effective communication.

A complaints policy and procedure was in place, and people knew how to use it.

People had developed good relationships with the staff and management team and staff respected people's privacy and dignity.

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

Why we inspected

This service was registered with us on 06 August 2020 and this is the first inspection.

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 will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staff training and general oversight of the service 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement 

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 well-led.
Details are in our well-led findings below.

Requires Improvement 

A Little Extra Help

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

This inspection was carried out by one inspector.

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

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with two family members of people who use the service, three members of care staff, the registered manager, the deputy manager and the administrator.

We reviewed a range of records. This included five people's care records and medication records. We looked at five 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management

- Risks to people had not always been assessed in detail. We saw care plans which described the risk present in people's lives, but associated risk assessments were not present to detail what the risks were, and how they should be mitigated. For example, one person was being cared for in bed, and used skin barrier creams, but there was no formal assessment of any risk to skin damage and pressure sores .
- The registered manager said the service had only been delivering personal care since August 2021, and risk assessments and care planning were still in development. They said would implement the detailed risk assessments immediately.
- People told us that staff supported them in a safe way and they were not concerned about any risks related to the care they received.

Staffing and recruitment

- Safe recruitment checks had not always been carried out. The registered manager told us they had taken on staff from another agency who had recently closed, along with several packages of care. We looked at recruitment folders and found that information around employment references was not always present. The registered manager told us the owner of the company the staff came from, said that references had been received, but this had not been confirmed by the registered manager.
- There were enough staff deployed to meet people's needs. People we spoke with told us that staff generally arrived on time, and they usually got to see the same staff members.
- An electronic log in system was being used to show staff arrival and departure times. This confirmed that staffing levels were currently sufficient to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. All the people and relatives we spoke with felt that safe care was being delivered. One person said, "I have the same staff member see me, and I am very happy and safe."
- Staff we spoke with told us they were confident in following safeguarding procedures, and would report any concerns to the appropriate person when required.

Using medicines safely

- Medicines were managed safely. People were encouraged to be independent with their medicines as much as possible with some people requiring staff assistance. The medicine administration records we looked at were filled in correctly. This included the use of body maps for any topical medicines to ensure the right procedures were followed.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to appropriate PPE (personal protective equipment) to support people. Staff had access to regular testing for COVID-19.
- People we spoke with confirmed that staff always wore the correct PPE when conducting care calls.

Learning lessons when things go wrong

- Accidents and incidents were in place and the registered manager told us any incident would be reviewed and actions taken to reduce the risks present.
- Staff told us information was regularly shared between staff to ensure that lessons could be learned and improvements made where possible.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Staff support: induction, training, skills and experience

- Staff were not always sufficiently trained, and it was not always clear what training had been fully completed. The registered manager told us that all staff had completed the care certificate upon induction. The care certificate covers the basic standards required to work in care, such as the safeguarding of adults and person centred care. We found that due to a misunderstanding with training materials, many staff had not completed the care certificate, and had not been trained in these basic standards for care. The registered manager told us staff would be called in for mandatory training immediately.

We found no examples of harm to people, but the lack of training meant people using the service were being put at increased risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us their induction process included support from the registered manager, and introductions to all the people they would be supporting.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Procedures to assess capacity in the service were not always followed. The registered manager told us all the people receiving a regulated activity had full capacity, but there were no care plans in place which detailed their capacity, and how this was assessed. The registered manager said that going forward, detail around capacity will be documented, and assessments would be carried out when a person may not have capacity to make a specific decision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to them receiving care. The registered manager went out to meet people and discuss their care needs, to ensure that appropriate care could be delivered.

- Assessments included people's health conditions and support needs. This information had been used to plan people's care and support.

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

- People's specific needs around food and drink were documented and supported, for example, one person required a soft textured diet, and had guidelines to follow around food produced by a speech and language therapist. Most people we spoke with needed minimal support in this area.

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

- The staff worked in partnership with healthcare professionals to ensure people had access to health care support when they needed it.
- We saw documented examples of staff working alongside other health care professionals such as district nurses and speech and language therapists.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People had developed positive relationships with staff. One person said, "The staff are lovely. I was supported by them under the old agency, but then they moved across to this company (A Little Extra Help) and it has stayed the same."
- One relative of a person using the service told us, "They are really lovely to my grandparents. Always on time." We saw written compliments from people which said, "Thank-you for everything you have done for me, you are one in a million." And "Thank-you for your wonderful team of carers. We like them all. We feel much happier."
- Staff felt they had consistency in their work schedules and time to get to know people well. Care plans had been developed to ensure people received the support they needed.
- People's, cultural and communication needs were considered by staff and planned into care. People we spoke with felt that staff understood them well, and respected their needs.

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

- The service had only been supporting people with personal care since the beginning of August 2021, so no formal reviews of care had occurred. The registered manager told us that care plans were driven by people's own wishes, and people we spoke with confirmed this. The registered manager planned to review people's care periodically moving forward, to ensure any changes could be implemented as required.
- Feedback from people and relatives was positive about being involved in decision making, and open communication around their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff told us they had the time required to ensure care visits were not rushed, and people's privacy and dignity was respected. One relative said, "From the staff that I see visit [name], they are very good, and respectful."
- Care plans contained enough detail in relation to care tasks to ensure staff knew how to carry out care a per each person's wishes. Staff we spoke with knew the details about the people they were regularly supporting.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met..

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

- Care plans contained sufficient information about people's routines and care tasks, but more person centred information was required to detail people's likes, dislikes, personal history and personality. The registered manager told us the new care planning system had sections to be completed which would contain this information, and would be worked on immediately.
- People told us they were actively involved in planning their care and support and this had been tailored to meet their specific needs, choices and preferences.

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 had not been required to provide any materials in any accessible format, but was able to do so if and when required.

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

- The service supported people to maintain relationships and use their community. One couple were supported by the service to contact a charity who could support one of them outside of the home a couple of times a week. The registered manager told us this gave each person a break and some time to themselves which improved their wellbeing.
- The service had only been supporting people for a short period of time, and staff were still getting to know people, their likes, dislikes and goals. One person said, "The staff do a good job, the new company are doing well."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and people understood how to use it. There had been no complaints made.

End of life care and support

- There was no one on end of life support at the time of the inspection. The registered manager said they

would make sure sufficient training and care planning was in place should this type of care be required.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and oversight required improvement, risk assessments were not always detailed or in place. Nor were capacity assessments and person centred care planning documents. The service was new and had been delivering personal care since August 2021, and the registered manager told us that systems were still developing.
- There were gaps in employment checks There had been a failure to ensure that a robust training package was in place for all staff, resulting in staff delivering care without full training

We found no evidence of harm to anyone, however these failures to ensure systems and procedures were in place put people at increased risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and deputy manager were open and transparent throughout the inspection.

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

- The registered manager promoted a culture of supporting people to be involved in their care, be as independent as possible and achieve their personal goals and aspirations. Feedback from people and relatives was positive about how the service was run. One relative told us, "I email the management and they always respond to anything I ask."
- Staff understood their roles and were positive about the support they got from management, and the ability to provide person centred care. One staff member said, "The registered manager is in constant contact, always checking in to make sure things are going well. I am very well supported."

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

- The registered manager had a good understanding of the duty of candour and the legal requirement. The staff team had good relationships with people and kept them updated on a regular basis.

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

characteristics

- Feedback was sought from people and relatives as questionnaires were provided. This gave people the opportunity to suggest any changes or improvements.
- Staff told us morale in the service was good and it was a good place to work. Staff members felt that communication was good, and that an electronic messaging platform enabled all staff to keep up to date with ease.

Working in partnership with others

- The service worked in partnership with other professionals to ensure people were well supported such as GP's, District nurses and speech and language therapists.

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 Audits were taking place in some areas, but oversight was not sufficient enough to pick up the problems within staff training, employment checks, and risk and capacity assessment.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always fully trained. Errors within the induction training package meant that staff had not undertaken the full training courses they required, to ensure they were competent to care for vulnerable people.