

Extra Help Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This announced inspection took place on 21 June 2018. This service is a domiciliary care agency and provides care and support to adults living in their own houses and flats. Not everyone using Extra Help Care Limited 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, 14 people were provided with 'personal care' by Extra Help Care Limited.

The service had a registered manager at the time of our visit. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people safety were not always assessed or regularly reviewed. Staff supported some people to take medicines, but further information was needed to ensure they had sufficient information about people's medicines. People were supported by a sufficient amount of staff to keep them safe; however, improvements were required to ensure people knew which staff would be visiting them.

People felt safe and were supported by staff who were aware of how to respond if they suspected abuse. Staff were recruited safely. People were supported by staff who understood their responsibilities for maintaining cleanliness and hygiene and to report accidents and incidents.

Staff had sufficient skills and knowledge to meet people's needs. People were supported to eat and drink enough to maintain their health and staff sought medical attention if people needed it. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People were supported by staff who were kind and caring and knew people's likes and dislikes. Staff were provided with a sufficient amount of time on care calls to be able to provide compassionate care. People were supported by staff who respected their privacy and dignity.

Staff met people's needs and provided support in line with their wishes and preferences. People had an assessment of their needs before they started using the service and were involved in planning and reviewing their care. The level of detail in people's support plans was variable and the provider told us of their plans to address this.

People were provided with information about how to make a complaint about the service and their complaints and concerns were responded to. The registered manager provided opportunities for people to provide feedback on the service they received.

People knew who the registered manager was and staff told us the registered manager was accessible and provided clear leadership. The management team monitored the quality of the service provided by carrying out checks. We saw these were effective in identifying and addressing areas of improvement.

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 consistently safe.

Risks to people safety were not always assessed or regularly reviewed.

Further information was needed to ensure staff had sufficient information about people's medicines.

People were supported by a sufficient amount of staff to keep them safe; however, improvements were required to ensure people knew which staff would be visiting them. Staff were recruited safely.

People felt safe and were supported by staff who were aware of how to respond if they suspected abuse.

Staff who understood their responsibilities for maintaining cleanliness and hygiene, and to report accidents and incidents supported people.

Requires Improvement ●

Is the service effective?

The service was effective.

People had an assessment of their needs before they started using the service.

Staff had sufficient skills and knowledge to meet people's needs.

People were supported to eat and drink enough to maintain their health and staff sought medical attention if people needed it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

Good ●

Is the service caring?

The service was caring.

Good ●

People were supported by staff who were kind and caring and knew people's likes and dislikes.

Staff were provided with a sufficient amount of time on care calls to be able to provide compassionate care.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff met people's needs and provided support in line with their wishes and preferences.

People were involved in planning and reviewing their care.

The level of detail in people's support plans was variable and the provider told us of their plans to address this.

People were provided with information about how to make a complaint about the service and their complaints and concerns were responded to.

Is the service well-led?

Good ●

The service was well led.

People knew who the registered manager was and staff told us the registered manager was accessible and provided clear leadership.

The registered manager provided opportunities for people to provide feedback on the service they received.

The management team monitored the quality of the service provided by carrying out checks. We saw these were effective in identifying and addressing areas of improvement.

Extra Help Care Limited

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 provider was given four days' notice to ensure staff were available in the office. The inspection site visit started on 18 June and ended on 21 June 2018. It included telephone calls to people who used the service. We visited the office location on 21 June 2018 to meet with staff, review care records and policies and procedures. One inspector carried out this inspection with the support of an assistant inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The inspection was also informed by other information we had received from and about the service. This included previous inspection reports and statutory notifications. A notification is information about specific events, which the provider is required to send us by law. We also sought feedback from the local authority, who commission some services from the provider.

During our inspection, we spoke with seven people who used the service. We also spoke with three care staff, the registered manager and deputy manager. We looked at the care records of five people who used the service and the recruitment records of four members of staff.

Is the service safe?

Our findings

On our last inspection, we identified that improvements were needed to ensure safe staff recruitment processes were in place. This was because sufficient checks were not always carried out prior to staff commencing work. During this inspection, we found that improvements had been made. People could be assured recruitment checks were carried out to ensure that staff were suitable to work with them. The provider told us criminal record checks were carried out through the Disclosure and Barring Service (DBS) prior to staff commencing employment and that appropriate references were sought. Recruitment records showed these checks had been carried out.

People were supported by staff who understood the risks to people's health and safety and responded appropriately. Staff told us they received training to use equipment, such as a hoist, and felt confident to use equipment safely. One member of staff told us they were "very impressed" with the training they received to use equipment, which was "explained in depth."

Despite the above, records showed that not all people had risk assessments in place when risks had been identified, such as the risk of injury from falls or risk of pressure ulcers due to reduced mobility. For example, one person's support plan identified that a person was at risk of falls and developing pressure ulcers. Although staff were aware of risks and told us how they ensured the person was safe, specific risk assessments were not in place to provide clear guidance and keep risks under review. Other people did have specific risk assessments in place when risks had been identified for example, in relation to the environment or use of specific equipment. The deputy manager told us they were in the process of completing specific risk assessments for people. This meant we were not assured that risks to people's safety were always assessed in a timely manner and kept under review.

Staff were knowledgeable about people's health conditions and the support they required to maintain good health. However, we found that there was very limited information about people's medical conditions in their care plans, which meant that staff were not provided with information about how these should be monitored and what action they should take in the event of a deterioration in health. This meant there was a risk that staff did not have sufficient information about risks in relation to specific healthcare needs.

People told us that they did not always know which staff would be attending their care call. One person told us they did not receive a rota, which meant they had to let staff in through their electronic door without knowing who should be visiting. Another person told us they had, "No rota; no timetable." They told us they had complained about this prior to our visit and this had improved. Despite this, people told us that care workers generally arrived at the time they were expected and stayed for the required amount of time to ensure their needs were met. One person told us, "They (staff) are reliable and on time."

Staff acknowledged that people did not always know which staff member was visiting them but were not aware of any missed calls due to staff shortages. The registered manager told us they were using a recruitment agency to find more staff and in the meantime, the registered manager was covering some care calls. They told us the reason that people were not currently receiving a rota was due to staffing shortages.

They told us they would be providing rotas to people once they had recruited additional staff. We looked at some rotas, which showed that people's care calls had been covered. This meant that there were sufficient staff to ensure people were safe although improvement was required to ensure people were provided with information about which staff would be visiting them.

Some of the people whose records we looked at required staff support to apply creams, which had been prescribed by their doctor. Records showed that people had received this support as staff recorded the support given on medicines administration records (MARs). The registered manager told us they regularly checked medicines administration records (MARs) to assure themselves people were receiving their medicines as required.

A risk assessment had been completed to ensure that people were safe to manage their own medicines. Staff were clear about the support some people required to take their creams. Records showed that staff received training in medicines administration and had their competency to support people with medicines regularly reviewed. However, people's care records did not contain guidance about when and where creams should be applied. In addition, when medicines had been hand written on MAR's these were not routinely signed or checked for accuracy. This presented a small risk that people would not receive medicines as prescribed.

People felt safe with care workers and were supported by staff who knew how to respond to allegations of incidents of abuse. One person told us they felt, "Absolutely safe" with care workers and that staff followed security arrangements in their home to ensure the safety of their home and belongings. In addition, records showed that the registered manager discussed people's safety with them during regular checks and provided people with the opportunity to discuss any concerns about their safety. The service had a safeguarding adult's policy in place and staff were familiar with the process they should follow if they suspected abuse.

Staff were confident the registered manager would take appropriate action in relation to safeguarding concerns. They were also aware of the role of external agencies, such as the local authority, and felt confident to escalate their concerns if required. Records showed that the registered manager had made referrals to the local authority when concerns were raised about possible abuse. This meant that systems to keep people safe from abuse were effective.

Staff understood their responsibilities for maintaining cleanliness and hygiene whilst providing care and support. One staff member told us, "We have (disposable) gloves and aprons. We liaise with the office to make sure we have plenty of stock." Another member of staff told us they had received training in food hygiene and they regularly checked expiry dates on food to ensure people were not eating out of date food items. Staff told us they received training in infection prevention and control and regular checks of staff hygiene practices were undertaken during spot checks carried out by the management team.

People were supported by staff who were aware of their responsibility to report any accidents or incidents. Staff felt confident to raise concerns and admit mistakes and felt these would be responded to appropriately by the registered manager. We reviewed an accident form relating to an incident whereby a person had been at risk of injury during staff support. Records showed that the registered manager had taken appropriate action including requesting an occupational therapy assessment and a risk assessment had been completed. Clear guidance was available to staff about how they should support the person with their mobility in future to prevent a reoccurrence.

Is the service effective?

Our findings

On our last inspection, we identified that improvements were needed to show that people's capacity to consent to different aspects of their care and treatment had been assessed if required. 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. We checked whether the provider was working within the principles of the MCA and found that improvements had been made.

All of the people receiving a service at the time of our inspection were able to make decisions about their care and had signed their care records to evidence this. People told us that staff asked for their consent before providing care and acted in accordance with their choices and preferences. One person told us, "They (staff) know me; what I want and what I don't want."

The provider had a mental capacity policy in place and staff were aware of the principles of the MCA and the need to ask for people's consent before providing support. If there was doubt about people's capacity a mental capacity assessment had been completed. This meant that people's capacity was considered in relation to the care and support they received from Extra Help Care Limited. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager told us people receiving support from the service at the time of our inspection were not deprived of their liberty.

People told us they were supported by staff who had the skills and knowledge to meet their needs. One person told us, "I think they (staff) are well trained. I give them 9 out of 10." Staff told us they received a sufficient induction when they started working for the service and did not work unsupervised with people until they had shadowed experienced staff. Records showed that staff received an induction, which included training the provider had identified as mandatory such as fire safety, health and safety and medicines management.

Staff were required to keep their knowledge and skills up to date. One member of staff told us, "We have refresher courses and get an email if these are due. I am happy with the training, I would let [registered manager] know if I needed more." Training records showed that staff had received training in different areas of care provision, such as moving and handling and safeguarding adults, within the last year. The registered manager checked that staff had the skills and knowledge to meet people's care and support needs. Staff were observed carrying out care and support in people's home as part of the supervision and appraisal system. We saw that supervision records identified any areas of improvement and included actions agreed between the management team and staff member to address these.

Some people who were using Extra Help Care Limited required support to prepare their meals. People chose what they wanted to eat and staff helped to prepare this. Support plans contained information about

people's food and drink preferences during each care call. Staff told us about one person who required encouragement to eat and drink a sufficient amount. We looked at this person's records and saw that staff were recording how much the person was eating and drinking and ensuring they were receiving food supplements, which had been prescribed by their doctor. This meant that people were supported to eat and drink enough to meet their health needs.

People's needs were assessed by a member of staff before they started to use the service and this was used to develop a support plan. Records showed that people's support plans were kept under review and staff provided examples of when referrals had been made to external health professionals for guidance and support when people's needs had changed.

People were responsible for managing their own healthcare and told us that staff provided support if needed. One person told us that staff took them to hospital to attend a medical appointment and they appreciated this support. Staff gave us examples of how they monitored people's health and the action they took if people appeared unwell. For example, one staff member told us, "We had a person who wasn't eating enough. We reported it to the office and they got in touch with the social worker and a nurse came to see them. We remind the person about the nurse's visit and encourage them to drink enough." Another staff member told us, "I rang the office to ring the person's doctor as their heart rate was low. The doctor came to see them." This meant people were supported to maintain their health and access healthcare services.

Is the service caring?

Our findings

People were supported by staff who were kind and caring and got to know them, their likes and dislikes. People were generally complimentary of the attitude and approach of the staff who visited them. One person commented, "Carers are very patient" whilst another person told us, "The carers are very kind people who know my needs well." A third person said, "They (staff) are very committed and give a lot of time to me." Records showed that if people had raised concerns about particular care workers, these were investigated by the registered manager.

Staff understood the importance of providing people with compassionate support. One member of staff told us that some care calls took a long time, as they could not rush people and that other people appreciated staff taking time to have a chat with them. Staff told us they had enough time to spend with people to ensure their needs were met. The provider had an equality and diversity policy in place and staff were aware of the importance of respecting people's culture or religion. When organising support the registered manager took into account people's preferences. People told us they were asked whether they wished to be supported by male or female care workers and that their preferences were respected.

Some people were provided with support with personal care such as washing and dressing. People told us that staff ensured their privacy and dignity were maintained during this support. One person told us that staff supported them to have a shower and ensured they were covered with towels to maintain their dignity. Staff were fully aware of the need to maintain people's privacy and dignity and gave examples such as; asking for people's consent, giving people choices and ensuring doors and curtains were closed before supporting with personal care.

People were supported to maintain relationships with family and friends. One person told us the registered manager kept in touch with their relative who lived overseas and told us they appreciated this. A staff member told us, "Most people we support have family. We talk about their family and encourage contact." Staff were also aware of the support people needed to communicate or understand information. For example, one staff member described the support they provided to a person who was hard of hearing, such as facing them to enable the person to lip-read. Records showed the registered manager regularly checked whether people were aware of advocacy services. An advocate is an independent professional who supports people to express their views or represents their best interests. The registered manager told us they would put people in touch with an advocate if required.

People were supported to direct their own care and maintain and develop their independence. One person told us, "I have the right support and my needs are met. I could not walk when I came out of hospital. With (staff) care and attention, I am now using my walking stick. It's excellent; they (staff) make life easier." Another person told us, "Carers are very patient and give me lots of encouragement to stay independent." This meant people were supported to maintain their independence.

Information about people was kept securely in the office and staff kept personal information about people confidential. The registered manager told us that confidential paperwork was regularly collected from

people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

People felt the staff met their needs and were capable of delivering the service that they required in their preferred way. One person told us, "I get the right support to meet my needs. I am more than happy. They respect my choices and preferences." People told us that staff arrived on time or "pretty much" on time and stayed for the required amount of time, sometimes longer.

People were involved in planning and reviewing their care and support. People told us the service was responsive if they wanted any changes made. For example, one person told us they requested changes to the times of their care calls as they were not receiving support with personal care at a time which suited them. They told us that registered manager contacted them and this aspect of care had improved. Records showed that another person had requested changes to the support which was provided and their support plan had been updated to reflect this. Staff were aware of the changes and confirmed the person was being provided with the support they had requested. People confirmed that if they wanted to cancel a care call they were able to do so if they provided 48 hours' notice. In addition, the registered manager carried out regular reviews to ensure people were happy with the support they received. This meant the registered manager regularly reviewed whether the service was meeting people's needs.

Staff told us that people's support plans provided sufficient guidance to enable them to provide person centred care. We found the level of detail about the support people required was variable and some people's care plans did not contain information about people's preferences, level of independence or any religious or cultural needs. For example, one person's support plan stated they required support with washing and dressing but gave no further guidance for staff to ensure that support was provided in line with the person's preferences. The deputy manager showed us examples where this information had been recorded in more depth and told us they would ensure that each support plan contained sufficient information and guidance for staff. Despite this, staff were knowledgeable about people's needs and preferences and were able to explain how they provided person centred support. For example, how they supported people's communication and awareness of people's religion. Daily records kept of the support provided showed that staff respected people's religious needs, for example, by giving people privacy to pray. This meant that although not fully reflected in support plans, people were provided with support in line with their preferences.

The Accessible Information Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, in a way that they can understand. The registered manager told us that they regularly liaised with relatives to ensure people were supported to understand information. Records showed this to be the case and that the registered manager checked people's communication and advocacy needs during reviews. This meant that the registered manager took action to ensure people were provided with information they needed. People knew how to raise any concerns or complaints and told us their concerns were responded to by the registered manager. Two people gave examples of having raised concerns and told us they were satisfied with the response they received from the registered manager. Both people told us improvements had been made since they raised concerns. We looked at records in relation to a complaint made by another person

using the service. This was in the process of being investigated by the registered manager. This meant that people could be assured that complaints were dealt with effectively.

People were supported to pursue activities and interests that were important to them. A member of staff described the support they provided to a person to enable them to regain their confidence in going shopping and meeting their friends. During these support visits, personal care was not provided and therefore this support is not regulated by us.

At the time of this inspection, the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

The service had a registered manager and people who used the service knew who the registered manager was. People were generally happy with the support they received from the service. One person told us, "It's a very good service." Another person said, "I am very happy. They are there at the end of the telephone if I need them." Some of the people we spoke with told us about concerns they had raised, for example, in relation to not knowing which staff would be visiting. The registered manager was aware of people's concerns and told us the action they were taking in response to this, for example by recruiting more staff.

Staff told us the registered manager was accessible and provided clear leadership. One staff member told us, "[Registered manager] knows people well, is always available and carries out spot checks." They told us that the management team ensured they were clear on their role and responsibilities and carried out spot checks to ensure that people were supported appropriately. Another staff member told us, "It's well managed. I am able to contact the registered manager or care co-ordinator. I get feedback about my performance." Staff were provided with opportunities to attend staff meetings. We saw records of these meetings which evidenced that a wide range of issues were discussed such as recent incident reports, what action to take in an emergency, medicines administration and training needs. In addition, we saw the staff had received communication from the deputy manager about medicines management and improvements, which needed to be made. This meant the provider provided staff with information, supervision and support to improve their performance.

Our records showed that the registered manager had notified us of some specific events that occurred at the service in line with legal requirements. We spoke to the registered manager about a safeguarding referral, which had been made to the local authority, which we had not been notified of. Although measures were in place to keep the person safe, we should have been notified. The registered manager told us this was an oversight and they would ensure we were notified of safeguarding referrals in future.

People told us they knew who to contact if they had concerns and several people told us the registered manager had visited them to review the support they received from the service. Records showed this to be the case. The registered manager had carried out visits to people's homes to ask them about any changes they required to their support, any safeguarding concerns or complaints. Where improvements were identified these had been actioned by the registered manager. In addition, people were given the opportunity to provide feedback in the form of a questionnaire. The feedback we looked at was positive. This meant people were encouraged to give their views and concerns about the service and that any changes or improvements required were acted upon.

The registered manager and deputy manager carried out checks on staff performance, medicines administration records, recruitment files and daily records. We saw that these checks were effective at identifying and making improvements. For example, spot checks identified whether improvements were required to staff time keeping or respect for people's home and belongings, such as using the bathroom without asking. We looked at information, which had been compiled following a medicines audit completed by the deputy manager, and found this had identified a number of improvements. The registered manager

told us of the action they were taking in response to the improvements identified. This included seeking people's permission to request a copy of their prescription to ensure medicines administration records contained accurate information. A system was in place to record whether people received their support on time and daily records were monitored to check they were completed and recorded the care people received. Where incidents or accidents occurred, these were reported to the office and reviewed to identify any patterns or trends. We spoke with the management team about some people's care plans not containing specific risk assessments or sufficient information about people's preferences and level of independence. The management team told us they would review all care plans and implement a check list to ensure they contained sufficient information for staff.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating within their office and on their website.