

Extra Care Home Services Ltd

# Extra Care Home Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 6 and 7 December 2016. We contacted the service before we visited to announce the inspection. This was because the service provides a domiciliary care service to people in their own homes. We wanted to ensure that we could access the service's office and speak with the manager and staff.

Extra Care Home Services Ltd provided personal care to around 14 people who live in their own homes in the North Walsham area. The service provides support with other needs; however with domiciliary care services the CQC only regulates personal care.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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.

People were supported by staff who were safely recruited. Staff were knowledgeable in their roles and demonstrated the skills required. Staff were motivated to provide good care and understood the importance of responding to concerns about people's health. There was a training system in place and staff training was up-to-date. Staff had a thorough induction to the service and their role.

Staff demonstrated they understood how to protect people from the risk of abuse. Staff were conscious of this issue and knew what to do if they had concerns. People and staff were protected from the potential risk of harm as the service had identified and assessed the risks people faced. People had assessments which were person centred.

People benefited from staff who felt valued by the service. Staff worked closely with the manager and found them approachable and supportive. Staff had confidence in the service they were providing. People said they saw the same care staff at regular times, and did not have missed care visits.

Staff demonstrated that they understood the importance of promoting and protecting people's dignity, privacy and independence. They gave many examples of a caring and empathetic approach to the people they supported. People told us they were treated in a respectful and caring way. People formed positive relationships with the staff who supported them.

Staff had received training in the Mental Capacity Act 2005 (MCA) and demonstrated they understood the importance of gaining people's consent before assisting them.

Staff assisted people, where necessary, to access healthcare services. Staff had a good understanding of people's healthcare needs. Staff demonstrated they had the knowledge to manage emergency situations,

should they arise.

The manager and staff supported people in a proactive way to avoid social isolation. People felt comfortable about contacting the manager and raising any issues they may have had. There was a complaints process in place for people to follow if they wanted to make a complaint. The manager sought the views of people, their relatives, and the staff who supported them in order to improve the service.

The manager demonstrated a real commitment to the service and to the people it supported. Staff had confidence in the manager. The manager was actively involved with every element of the service. The manager knew staff and the people receiving the service well.

## 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.

The service had identified, assessed, monitored and responded to the risks that people faced.

Systems were in place to protect people from the risk of abuse. Staff knew what to do if they had any concerns and they were confident in raising these.

People benefited from being supported by staff that had undergone recruitment checks to ensure they were safe to work in care.

### Is the service effective?

Good ●

The service was effective.

The training, induction, and the support staff received, contributed to the effective support people experienced.

People received care and support in the way they wanted as staff understood the importance of gaining people's consent.

When required people received support with food and drink.

### Is the service caring?

Good ●

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

People had been fully involved in planning the care and support they received.

Staff understood the importance of maintaining people's dignity and privacy and worked in a way that promoted and protected this.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs.

People were supported to avoid social isolation.

The service listened to people's views on the care and support they received.

### **Is the service well-led?**

The service was well led.

The manager was active and involved with every element of the service.

There was a positive and open culture at the service.

Staff and people who used the service found the manager was accessible and approachable.

The manager was monitoring the quality of the service on a regular basis.

**Good** ●

# Extra Care Home Services Ltd

## **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 the 6 and 7 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Notice was given as the manager could have been out of the office and we needed to make sure we could access the service. The inspection was carried out by one inspector.

Before the inspection we viewed the information we had about the service. We also contacted the local quality assurance team and local authority safeguarding team for their views on the service.

The manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited the service's office, spoke with six people who used the service and six relatives. We also spoke with the manager, the deputy manager, and three members of staff.

We looked at the care records of four people who used the service and this included the medicines administration records where applicable. We also viewed records relating to the management of the service. These included risk assessments, reviews, four staff recruitment files, training records, compliments and complaints.

## Is the service safe?

### Our findings

People told us the service was safe. We asked people if they felt safe when they received support from care staff. One person said, "Bloody hell, absolutely." Another person said, "Oh yes." A relative told us, "Oh gosh, it's all positive."

The manager and the staff knew how to protect people against potential harm and abuse. Staff and the manager told us they would report any concerns they had to the manager or to social services. The manager showed us a flow chart produced by the local authority giving guidance of what to do if they had any concerns. The manager told us they would contact the local authority to report any concerns they may have. The manager and staff also told us how they would identify if a person was experiencing potential harm. Staff gave the example of people being withdrawn or distressed. One member of staff told us that they knew the people they supported because they visited them on a regular basis, and therefore they would know if their behaviour had changed. Another member of staff said, "You have to be aware, especially when supporting vulnerable people."

People had thorough risk assessments. We looked at some people's records and we saw that people had a full assessment by the manager before care began. People had 'emergency transfer documents' this contained information about the person's health, the medication they were prescribed, if they did not want to be resuscitated and their family contact details. The purpose of this document was to give to paramedics if a person needed to go into hospital suddenly. We were told this information was to support their care while in hospital.

When people were assessed by the manager, health and safety issues were considered in detail. These related to the person in receipt of care and the staff who were going to support them. The manager had identified if people had smoke alarms, what their source of power was, and where their utilities were located. The manager had considered trip hazards in the home and whether there were any risks to staff on the approach to a person's property. One member of staff told us they tested people's smoke alarms and community pendant alarms once a month and recorded this. We saw on one person's record staff used specialist equipment to support this person to mobilise and transfer from one position to another. There was a record of what equipment the person had and when it was last serviced by a particular company and when it was due another service. We were shown a communication log of the manager speaking with this company when one piece of equipment had not been serviced.

The staff we spoke with told us if they had concerns about a person they would speak with the manager. During our visit to the office we saw and heard staff speaking with the manager to update them about a change in two people's health needs. We saw the manager take action to ensure these people's needs would be addressed by a health professional.

The manager had an emergency contingency plan in place in order to respond to situations which could affect the running of the service. This plan had considered a range of possibilities and each had a planned

response. It also included an action plan if the manager was not available. The manager told us the service's records were both paper and electronic. This meant that important information about people could be obtained, if there was an emergency, with the service's office.

The service had a system of reporting accidents and incidents. The manager would analyse these to see if the person needed additional support. The manager also told us they would look at these incidents monthly to spot any trends or patterns. They said they would take action by referring (with the person's consent) to community health teams. One person's relative told us about a recent incident involving their relative, they said, "They [staff] did everything right."

The manager told us that they do not accept new packages of care unless they have the staff to cover the care visits. They also said that they would have an initial conversation with the person to see what times they wanted staff to visit them. If they did not have the staff available to meet these needs the manager told us they would decline the care package. The staff we spoke with told us they had time to spend with people and they had the time available to extend their visits if they needed to. The people we spoke with told us staff were on time, they did not have missed care visits, and it was rare to have a late care visit.

There were safe recruitment practices in place for staff. We looked at staff records and we found the manager had verified staff identity and completed the appropriate Disclosure and Barring Service (DBS) checks, about staff's backgrounds. The manager said these would be updated every three years, we saw records which confirmed this. The staff records we looked all had two references for each member of staff employed. Most members of staff had full employment histories with explanations for any gaps. However, some records we looked at did not have this. We spoke with the manager about this who later confirmed this information had been obtained.

The manager had created systems to ensure people received their medicines in a safe and effective way. The manager produced Medication Administration Records (MAR) every two weeks for staff to complete, when administering people's medicines. Staff were required to sign the MAR to confirm that a medicine had been administered as prescribed. The MARs would be returned to the office on a regular basis and the manager would check these had been completed correctly. We looked at these records and we found no missed signatures.

Staff told us and we saw training records which confirmed, staff had received training in the safe administration of people's medicines. Staff said they felt confident about giving people their medicines and told us how they did this. There was also additional information in people's records which related to people's medicines. It stated what medicines were for, and the possible side effects of taking these medicines.

## Is the service effective?

### Our findings

People told us they received effective care from the staff at Extra Care Home Services Ltd. One person said, "Excellent, they are all very good." Another person said, "Absolutely brilliant, I can't fault them." A relative told us, "Absolutely fantastic, very proactive, they think ahead."

The manager told us once they had visited and completed an assessment they will match people with individual members of staff. This was to utilise the expertise and experience of staff. The manager gave examples of how they did this. One member of staff had experience in a particular mental health condition which was relevant to a person the service supported. The manager and staff told us before care visits started the manager would introduce the allocated member(s) of staff to the person. The people we spoke with confirmed this. One person told us, "[Manager] came out and brought them round." One person's relative told us, "[Manager] visited to check they were suited."

Staff told us that their induction was effective and prepared them for their job. Staff received a period of shadow shifts with the manager or experienced staff. Alongside this staff completed on line and class room training. We spoke with one member of staff who spoke positively about their three day course. They told us they had planned time with the manager to discuss how they were progressing with the training and their induction. We saw that staff had appraisals each year and staff told us they were in regular contact with the manager. We observed this on the day we visited the service's office.

We looked at staff training records and we could see staff had regular and up to date training. Staff received yearly training in safeguarding, moving and handling, mental health, infection control, administration of medication, and health and safety. Some members of staff supported people with their insulin medicine. We saw records confirming staff had received this training from a health professional and refresher training took place each year. Staff told us and we were shown records demonstrating staff completed the 'care certificate' which is a set of standards outlining what good care looks like.

We saw staff received high scores for their training courses which they completed. The manager told us they monitored this and if a member of staff received a low score, they completed the training again. The manager also explained they offered support if this was needed.

On the day we visited the office we heard staff communicating with the manager and vice versa in an effective way. One person had fallen, we saw the member of staff relaying what had happened with the manager. We saw them discuss what they needed to do to ensure this person was safe and then we heard them put these plans into action.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked the service was working within the principles of the MCA.

People told us staff asked their consent before providing support to them. People also told us that they were always given choices. One relative told us about the daily support their relative received; they said it was, "In consultation [with person] with no element of determining."

The manager and staff had a good knowledge of what mental capacity meant and understood the requirements of the MCA. Staff told us how they encouraged people to make their own decisions and choices. People had consented to receiving care visits. When some people had signed over certain powers to their relatives in order to make certain decisions for them, this was documented on their records. In these situations these people's records included proof of this agreement.

Some people we spoke with told us that staff supported them with their meals and drinks. These people told us that staff always asked what they wanted or they knew the types of food they liked. We looked at one person's record and we could see staff were recording what they ate and drank. The manager told us they devised this plan after concerns were raised by staff about this person's appetite. This information was used to pass onto health professionals and to guide staff as to what food this person liked to eat. The manager said they spoke with the person's relative because the person had asked for their relative to be consulted with in relation to their health needs.

With people's permission the manager sent a letter to their GP advising them of their involvement. The manager told us this was to help them share important information about people's health needs. During our visit to the office we heard a member of staff express concerns about a person's skin. We heard the manager contacting a health professional and then the person's relative to suggest that a GP visit was arranged. On one person's records there were contact details for an allocated health team who were involved in managing this person's health needs. We were told this was for staff or the manager to call if they had concerns about this person's condition. We later heard the manager make arrangements to contact this team after speaking with this person's relative. This was to pass on information about a change in this person's health needs.

# Is the service caring?

## Our findings

People told us that they were supported by staff who were caring and kind. One person said, "They [staff] are lovely lovely ladies, it's their whole attitude... We are like friends, nothing is too much trouble." A relative told us, "Hands on heart starting from [Manager] down to all the carers they are all so caring." Another person's relative told us, "[Relative] looks forward to seeing them [members of staff]."

We spoke with one member of staff who told us how they supported one person with their religious needs. They had discussions with this person about their faith. They said, "[Person] takes strength from it."

People told us that they developed friendships with the staff who supported them. One person said, "We have a laugh and a joke." People told us that staff spent time and chatted to them. The staff we spoke with said they had the time and were motivated to do this. One member of staff said, "If [Name] wants to chat I'll pull up a chair and we talk." A relative told us about how a member of staff had brought their relative fruit they had grown in their garden.

The staff we spoke with knew the people they supported. They were able to tell us about people's backgrounds, what and who were important to them. The people we spoke with confirmed that staff knew their 'routines' and what they liked and disliked. One person told us, "They know what I want."

The manager told us about how they took practical action to relieve people's discomfort. Staff had noted one person was presenting as uncomfortable in what they were wearing. The manager spoke with the person and their relative and it was agreed the manager would purchase some new clothes for them. We spoke with this person's relative who confirmed this, they said, "If [Relative] needs something they get it organised."

The people we spoke with said they were involved in the planning of their care. One person told us, "We did the care plan together." People told us how the manager had visited them and they discussed what support they wanted. People also told us that the manager asked for their views on the support they received. One person said, "They send you a questionnaire, I have one here." We saw copies of the last questionnaires which were sent to people.

When we visited the office we saw that people's confidential information was stored securely. We looked at people's daily record notes, in these notes staff referred to people in a respectful way. We heard the staff and the manager discussing people's needs, these were respectful conversations. People told us that staff were polite and treated them with respect.

People told us how staff promoted their dignity and privacy. We asked one person if they were treated with dignity they said, "Oh gosh yes." People said they didn't feel rushed and staff gave them time. The staff we spoke with told us how they maintained people's dignity when they were supporting people with their personal care. This included giving people private time during this support and ensuring curtains and doors

were closed. The people we spoke with confirmed this happened.

We looked at people's records, and we also spoke with people and we could see staff supported people to maintain their independence. In one person's care plan it stated to support this person with their daily exercises. We saw in this person's daily notes that staff had stated on a daily basis they had done this. We spoke with this person's relative who confirmed this support took place.

## Is the service responsive?

### Our findings

The staff and the manager provided support which was responsive to people's needs. One person told us, "They [staff] do everything I want them to, I am sure I will keep on being well, with the help I am getting." A relative told us, "They [staff] fit in around what [relative] wants."

People told us and we could see when looking at people's care records that people were involved and contributed to their assessment and the planning of their care. People told us that the manager visited them and asked them what support they needed and wanted. People and their relatives also told us that they had a review visit to gain their views on the care they received. People also confirmed that the manager was in regular conversation with them.

People's assessments gave detailed information about how they wanted to receive their care. People had been asked what their preferred daily routines were. When we looked at these people's daily notes we could see that staff had recorded they had adhered to these particular routines, as requested by people at their assessments. People also told us that staff respected and followed their preferences of how they wanted to receive support.

The manager told us they explored people's backgrounds, who was important to them and their likes and dislikes, if people wanted to share this information with them. We could see in people's assessments that the manager had gained this information.

People told us they received care and support in the way that they wanted. A person told us, "They do everything I want them to, and very well." A relative told us how their relative received, "100 percent attention, they [staff] are very patient with [relative]."

Staff were able to tell us about the people they supported, their backgrounds and their interests. Staff gave us examples of how they provided person centred care to people. One member of staff told us how they spoke to people at their eye level and gave people time to respond. Staff also told us how they will ask people what support they wanted and chat to people before they would begin completing care tasks.

The manager told us that they would match people to members of staff and they would introduce them to the staff before the care visits took place. The staff and the people they supported confirmed this happened.

People told us they did not have any missed care visits, and they saw regular or the same members of staff. People also told us if the member of staff who supported them was running late either they or the manager would call them. Relatives told us that the staff were flexible, that if the times of the care visits needed to change to meet their relative's needs, this happened.

The staff we spoke with told us how they supported people to meet their social needs. Staff told us they

would talk and chat about certain subjects they knew the person they supported were interested in. Staff told us if they had concerns about a person feeling socially isolated they told the manager. In some situations staff told us how they told people about 'lunch clubs' and gave them the details and encouraged them to attend. The manager gave us examples of how they had provided practical solutions to support people who were distressed and said they felt lonely.

People told us they knew how to make a complaint. One person said, "I would call [Manager's name] if I had any concerns." A relative told us, "I haven't faced a problem, but I would call [Manager's name] first." The manager said they had not had any formal complaints, but we were shown an initial complaint. We could see from the correspondences the manager had taken this seriously, they had engaged with the person who had made the complaint and offered solutions. We saw records confirming the person was happy with the outcome.

# Is the service well-led?

## Our findings

Extra Care Home Services Ltd was a well led service. The people spoke positively about the management of the service. One person said, [Manager] is very professional and respectful...I can't fault [manager]." Another person said, "The boss seems to be very efficient." A relative told us, "All [staff] have a lovely attitude; they must have been carefully selected by [Manager's name]."

There was a positive and open culture at the service. The manager sent out questionnaires to people who used the service and their relatives. We asked people about these, people confirmed they were regularly asked their opinion on the service they received. We were also shown questionnaires completed by staff which asked them for their views on the management of the service. All the people we spoke with knew who the manager was and told us they either spoke with them or saw them on a regular basis. Relatives also told us they experienced regular communication and feedback from the manager. One relative said, "Nothing is too much trouble, you can call any time."

The manager told us they completed care visits as another way of checking people's views on the service and assisted staff as an opportunity to observe their practice. The manager told us they did this in order, "To understand situations and to be approachable." Staff told us they felt confident discussing issues with the manager.

The manager showed us their training records which demonstrated the manager completed the same and additional training courses to their staff. The manager told us how important it was for their training to be up to date, and to know how to respond to issues when they managed people. They said, "The buck stops with me."

The manager told us about the links they had made with the local community. They were involved in a dementia awareness project which had involved the manager visiting primary schools and talking about dementia.

The manager had effective systems to audit the quality of the service. They completed audits of the MAR charts, daily records notes, and observed staff practice.

Staff told us they felt supported by the manager. The staff told us that the manager was actively involved in new member of staff's inductions. Staff had supervisions and regular appraisals. We saw minutes from staff meetings which confirmed these took place on a regular basis.

All the people who used the service said they would recommend the service to someone they cared about. One person said, "Yes I would recommend it without hesitation." A relative said, "I would absolutely recommend the service, they are extremely caring."