

Extra Hands of Heacham Ltd

Extra Hands of Heacham Limited - Heacham Office

Inspection report

13-14 Heacham Hall Industrial Units
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: The service is a domiciliary care service providing the regulated activity of personal care. At the time of our inspection there were about 160 people using the service.

People's experience of using this service:

The service had strong leadership and a well-planned and organised workforce. This ensured people had consistency from a small team of care staff who knew their needs well and could be relied upon. Care calls were electronically monitored to ensure people received a need-based service. There were emergency plans in place to ensure all calls were covered or extra ones could be provided when required. The service had a rapid response team who were not scheduled to cover calls and meant they could respond to people's changing needs and able to avert a crisis or take some of the strain of a family member. For example, when a family member had an admission to hospital.

Staff recruitment procedures were robust and helped ensure only suitable staff were employed. The service invested heavily in its staff and ensured they were well trained, competent and shared the organisation values and upheld the rights and dignity of people they were supporting. This helped to promote staff retention and there were processes in place to support and develop staff.

The service had robust systems in place to monitor the safety and quality of the service they provided. They clearly communicated their high expectations of their service and their staff and took responsibility and accountability for when things went wrong. They learnt from their mistakes and used them to embed and change procedures to ensure sufficient safeguards were in place. They considered best practice and current guidance. Care was planned to take into account new technologies and current risks within the market place.

The service contributed to new ways of working and were part of steering groups looking at policy change. They worked collaboratively with other organisations to help improve outcome for people they were supporting and be an equal contributor in the care sector.

The care was personalised and flexible according to people's assessed needs and wishes. Staff were kind and compassionate and this was an inclusive service which looked after people well, their extended families and the staff providing the care. Good practice was recognised and rewarded as a way of supporting and motivating care staff and helping them feel valued.

The service was seamless with staff at all levels understanding their responsibility to provide good care and safeguard people. There were systems in place to learn lessons when things went wrong and to reflect on practice to identify any shortfalls or come up with new initiatives which would help improve the service.

The service had been compliant since registration and has retained a good rating. There was an inclusive team. The service demonstrated its commitment to high quality care through its membership with investors.

for people, its engagement with the community and its presence at care award ceremonies. It had reached the finals consecutively over many years and contributed to raising the standards in care.

Rating at last inspection: (Good). The report was published 27 July 2016

Why we inspected: This was a scheduled inspection based on our previous rating.

Follow up: ongoing monitoring; possibly more about how we will follow up

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was exceptionally Effective

Details are in our Effective findings below.

Outstanding ☆

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below

Outstanding ☆

Extra Hands of Heacham Limited - Heacham Office

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection team was made up of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both had expertise in adult social care and supporting older people.

Service and service type:

This service is a domiciliary care agency which provides personal care to people living in their own homes. It provides a service to both older people and younger people.

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 48 hours' notice of the inspection visit because we wanted to ensure we could arrange to speak with people using the service and arrange to speak with care staff.

What we did:

Before the inspection we looked at information already known about the service. This included the previous inspection history, any information received about the service including notifications which are important

events the service is required to tell us about. The service had sent in a provider information return when requested. This provides us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

As part of the inspection we spoke with fifteen people using the service and sixteen relatives. We spoke with the registered manager, the care coordinator a member of the rapid team and 4 care staff. Following the inspection, we spoke with the training officer and with the owner. We looked at care plans, staff records, audits and other records relating to the management of the business. We asked for feedback from the Local Authority and this was received.

Is the service safe?

Our findings

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

The service was rated good at the last comprehensive inspection and remains good: People were safe and protected from avoidable harm.

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

There were systems in place to help ensure people were safeguarded from harm and, or abuse and staff knew what actions to take to keep people safe.

- People told us they felt safe and told us care staff put them at ease and helped them feel safe. One person told us, "Yes I do feel safe with them they are all nice to me. I need help to wash and get dressed as both my shoulders have gone and they safely support me and take their time when doing this." A relative told us, "He has dementia and they manage things very safely and well when dealing with him and support him under his arms when getting to shower him."

- There had been no reported safeguarding concerns but there were clear systems in place to support staff in recognising what would constitute abuse and what actions they should take. For example, regular updated training, clear reporting procedures and information for staff to follow. In September the service held a safeguarding awareness week to help highlight the issues of abuse.

- Key staff have training specifically to help them identify domestic abuse and preventing scams. This helped ensure they could protect people or pass on information about any known scams in the area. The service linked in to Norfolk county council website and had updates on any scams they should be aware of.

Assessing risk, safety monitoring and management.

- There were systems in place to assess risk and evidence what actions had been taken to manage and control risk. Regular auditing helped to identify risk and review any incident affecting the safety and wellbeing of people using the service. There was clear provider oversight of this and lessons learnt reduced the likelihood of repeated incidents.

- A comprehensive assessment was carried out prior to delivering a service. This meant the service could be provided safely and in line with the person's needs. A risk assessment of the person's home environment: any support with finances, i.e. for shopping/bill paying, personal care to be provided and any equipment necessary was carried out before support could be agreed. Staff told us they read the care/ support plan, and kept daily records of the care provided. Anything untoward was reported to the next of kin and the office. The office audited and analysed any data to assess that people were receiving their care safely and in line with their care plan.

- Protocols were in place for any specific care needs and there was printed guidance for staff including actions to take if a person had diabetes or if a person was developing septic shock. This would support staff in identifying and taking appropriate actions in an emergency.

Staffing and recruitment

- The service was well planned and most staff told us they had regular care call visits. This meant they could provide continuity of care to people and establish good working relationships with the person and their extended families. Rotas were issued so people knew who was coming and changes to the rotas were communicated. People told us care was delivered as planned and when needed. One relative told us, "when I have been ill I have just rung the number and they have managed to give me extra time on the day I needed it and covered the care till I have got better they are just brilliant."

- An App was used which enabled care staff to log in and out of people's property. This meant the service could monitor staff and check they had arrived at the person's address and stayed the correct amount of time. It also meant they knew staff's whereabouts which helped to keep them safe.

- Staff recruitment was ongoing and additional staff known as the rapid response team could cover care calls and respond to emergencies as required. There had been two missed calls due to scheduling issues but there was a clear process in place to deal with missed or late running calls and lessons learnt. There was no ill effect to people.

- Records showed staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with people who use care services. Enhanced disclosure and barring checks were carried out for all staff and renewed 3 yearly which is good practice.

Using medicines safely.

- The service had an established medicines policy and staff were trained and assessed as competent before administering medicines to people. Care and support plans indicated the level of support people required and medicines were only administered with the consent of the individual.

- Regular medicine audits were completed to help ensure people had their medicines as intended. Staff were supported to improve their practice where errors had been made and there was a clear audit trail for this. No medicine errors had occurred but there had been some gaps in recording which had been quickly identified and followed up. Staff were supported to improve their practice and there was a clear record of this. Spot checks on staff also helped to identify any concerns with staff practice.

- People received their medicines as intended and this was clearly recorded. Time critical medicines were prioritised and the service was planned accordingly.

- People told us staff always wore gloves and either administered or checked people had taken their medicines as required. A relative told us, "The main point of her call is to oversee her meds. They get them out for her and give them to her with a drink and make sure she safely takes the correct ones. Always wear aprons and gloves and always well presented."

Preventing and controlling infection.

- Staff received training in relevant aspects of infection control. Staff were given personal protective equipment such as gloves and aprons which they used when supporting people with personal care. Spot checks were carried out by management to ensure staff were adhering to organisational policies.

Learning lessons when things go wrong.

- The service was proactive in monitoring its staff and taking steps to address any areas of concern to ensure mistakes were not repeated and staff were supported to learn lessons. We saw examples of this. For example, around scheduling of calls and errors made in the recording of medicines. There was a clear audit trail showing actions taken. The registered manager told us their process if things went wrong was to investigate, meet, report, record, apologise, send a letter and reflect.

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

The service was rated good at the last comprehensive inspection and has now been rated outstanding: People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience.

- Staff received an in-depth, face to face training programme and detailed induction. Staff completed the care certificate. This is a nationally recognised induction which covers all the standards considered mandatory for adult social care. During staff's induction they were supported and mentored by senior staff. There was additional monitoring and observation of staff's performance during their probationary period.
- Staff received regular and updated training they needed. Staff said training was thorough and equipped them for their job role. A staff member told us, "The training helps you look at things from the perspective of the person being cared for."
- People and relatives told us staff were very well trained. One person told us about care staff. "They work with me, are patient and caring and have personalities to match their knowledge and skills." A relative told us. "All of them are brilliant. Since we have had them his life has been completely changed for the better. They have sorted out his ulcers on his legs. It is all down to the wonderful training and skills of the carers." Another relative told us that care staff motivated their family member, had a good insight into their needs and attended regular training. One relative commented on how well staff used the hoist to support their family member which in their opinion was evident of how well staff were trained. Another relative said, "With me living away its essential that my mum's carers know what they are doing and I can tell you they really do they all know exactly when it's the right time to let me know when there is a problem we run along nicely together."
- The training officer said all their training was interactive and visual. They told us, "I am always thinking of new innovative ways to train staff and help them understand the individual needs of people they are supporting." In 2017 they won, Delivering Excellence through Learning & Development in the Norfolk Care Awards.
- Training was exceptional because it was provided face to face and included a wide range of additional training around the specific needs of individuals. For example: Percutaneous endoscopic gastrostomy (PEG feeding), Stoma Care, Blood glucose monitoring and robust training around dementia care. This enabled care staff to support people in the way they wanted to be supported in their own homes.
- The service supported staff to develop professionally and provided the opportunity to do enhanced study

and become champions in different area of practice. For example, dementia champions through the dementia care alliance. Strong links had been established through the colleges and other educators to increase training opportunities for staff.

- Staff received regular face to face meetings, spot checks on their work practices and annual appraisals. Whole team meetings were held and staff's attendance to these monitored. Memorandums were sent to staff to keep them up to date with policy changes and what was happening in the service. Staff were involved in policy review. Every staff member spoken with felt well supported and described themselves as happy in their work role.

Assessing people's needs and choices; Supporting people to live healthier lives, access healthcare services and support

- Before a service was provided a holistic assessment was completed with the involvement of the person and their extended network of support which included other health care professionals. Specific members of the team carried out the assessment and were involved in care giving to review the original assessment and establish if the care provided was sufficient to need. The care plan was kept under review and there was regular contact with people to ensure their satisfaction. Care giving was responsive around people's changing needs which helped ensure continuity for the person and enabling people to stay for as long as possible in their own homes.

- Most people told us they could make their own appointments and access the health services they needed but said staff supported them to maintain good health. A relative told us, "They have phoned the surgery not so long ago when they found him a little unwell and immediately phoned to tell me but they arranged it all which I thought was excellent and very caring." Another relative told us, "They did help and sort things out when I was unexpectedly in hospital which was a great help. Otherwise when I am here I do that for him." Staff told us they stayed with people when unwell or needed to go to hospital until a family member could arrive. The service could take people to hospital or health care appointments when this was required.

- People's care plans included details and guidance on people's healthcare needs and medical conditions. There was clear information about their medical history and any consideration this might have for the persons care. For example, support required to mobilise or any risk such as falls. There was clear risk assessment, health action plans and guidance on health care conditions which might impact significantly on a person's health for example diabetic care and the risk of sepsis. This helped staff to be aware of possible changes to people's health and immediate first aid, treatments and actions they should take.

- People's cultural needs were identified during their assessments and care plans reflected this. Staff recruitment and staff induction considered the protected characteristics under the Equality Act. One person said, "I would say they all treat me fairly no issues at all." Another said, "I think they are all excellent and never encountered any discrimination at all."

- The Dementia Training course included discussions around sexual orientation and gender reassignment and how these issues could potentially impact on the individual and the care they received. The Training Manager had added a scenario into the safeguarding training that involves sexual orientation to make the carers question their own response and is it different because of their sexuality. These issues were also covered in the evidence of learning training session. The training was designed to make staff question themselves and their values and any unconscious bias they might have.

Delivering care in line with standards, guidance and the law.

- The provider was following national and local guidance when delivering care and policies were regularly updated to ensure they reflected best practice and in consultation with others.
- Best practice was reinforced through staff training and staff were kept abreast of current changes in health care policy and practice. The service had regular study day. For example, they took part in national dementia awareness week, world hygiene day and insulin safety week. This helped ensure their knowledge was up to date and supported staff to deliver safe, effective care.
- The service worked collaboratively and were members of The United Kingdom home care association (UKHCA), which provided regular updates about changes in the home care sector. In addition, the service attended training and events provided through the council and Norfolk and Suffolk care.
- The work force contributed to developments in adult social care, policy and change. For example, they had representatives involved in the Norfolk Medication Working Party and Workforce Development Group. They also involved themselves in new initiatives and pilot schemes which helped them enhance the services they could provide such as the Collaborative Care Pathway Project which is a project set up to improve and strengthen joint working between sectors.

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

- People's needs were assessed before a service was provided. Care plans gave a description of the care required which in some cases included support with meal preparation, shopping and encouragement to eat and drink. Staff told us they monitored people's health and food and fluid intake and reported any concerns to the care coordinators and the rapid response team. They told us they visited and reassessed anyone who needs were changing to ensure their paperwork was up to date. Additional visits and monitoring would be put in place as necessary and referrals made to other health care professionals as required. Staff were reminded in times of adverse weather to promote fluid intake and ensure people were warm enough.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We checked whether the service was working within the principles of the MCA. Staff received training and had prompt cards to help them remember the five principles. Staff told us they always sought people's consent and this had been established as part of their assessment and review. This helped ensure staff supported people appropriately and knew who to consult if there were concerns about the persons capacity to make certain decision. People's records recorded who could act on their behalf and gave information about people specific wishes. Do not attempt pulmonary resuscitation was an example of this.

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.

The service was rated good at the last comprehensive inspection and is still Good: 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 spoken with told us carers were always cheerful and greeted them with a smile. They said nothing was too much trouble and we saw from people's care plans that care tasks were focused on what was important to the person: For example, feed the cat, change the litter, sit with the person to give their main carer a break or specific personal care. The care plan was explicit in ensuring the individuals needs were clearly described with an emphasis on what the person could do for themselves. A relative told us "We are very happy with the care my mum gets she is treated so well by everyone who comes they are respectful and very caring towards her. If the carers are ever going to be late we are always told by someone from the office."
- Staff demonstrated their empathy when talking about people they supported and were able to draw on their own life experiences as their frame of reference and the training they had received to help them understand the person they were supporting better.
- Staff told us the care coordinators tried to ensure that people were supported by staff who relevant experience in relation to the person's main needs and preferences.

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

- People spoken with said they were involved in the planning and review of their care, although people said they left it to their family members. Everyone was aware of their care plan and the contact details for the office. People were issued with rotas so they knew who was coming, sometimes there were changes to this which were not effectively communicated but this was not a regular occurrence.
- People told us that the office responded to them appropriately. For example, one person told us, "They have listened when I said I was having too many different carers." Another said, "Very well indeed and the office acted well with that poor carer I had once."
- Relatives also said they felt listened too and able to express their view. One relative said, "They even speak to me and ask how I am and can they do anything for me and it's not me getting the care!" Another said "Communication is excellent. When they helped out when I was in hospital they kept me well informed on his welfare every day." Relatives praised both the office staff and carers about their communication skills.

- The service had different ways they engaged with people including coffee mornings, forums, surveys as a means of gaining people's feedback and regular reviews of people's care which included feedback during spot checks. Feedback was collated and acted upon in a responsive way. Respecting and promoting people's privacy, dignity and independence.
- We asked people how staff upheld their privacy, dignity and independence. Everyone said staff did their utmost to provide care which was courteous and respectful. One person told us, "They close the door, hold a towel up for me when getting out of the shower, yes most respectful." Another person said, "After finishing my washing they wrap me up and take me to my bed to dry me and get me dressed. I am always kept covered up. They are very respectful." A relative told us, "Oh yes this is good. You can even hear him laughing with them in the bedroom and enjoying their company so I know all is well."
- Care staff told us how they got to know people and could build relationships and know instinctively how to support people. For example, if people were poorly or would become anxious if staff were late. We heard the receptionist talking to people over the telephone when a carer had been held up. They were skilled in talking to the person and providing assurances that the call would go ahead as planned. It was evident they knew people well.

Is the service responsive?

Our findings

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

The service was rated requires improvement at the last comprehensive inspection and is now Good:
People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us their care was provided around their needs and wishes and they were involved in their plan of care. One person told us, "I do my care plan with them, a copy is here and it is reviewed every so often." Another person told us, "Any changes that are required I will tell them and they amend it for me so is kept for the carers."

- People said the service was responsive to their needs and their care was personalised. We asked people for examples and one person told us the service had arranged a coffee morning and had even gave them a lift so they could attend. We asked relatives how the service had supported them and their family members. One relative told us, "When the weather is better they will take him for a walk along the path nearby to see the ducks. Very thoughtful of them it. He really enjoys doing that." Another relative told us, "Well they have made his life. He loves them, they make him laugh and have changed his life for the good. Huge change in quality of life now. Even friends have remarked how well he now looks and it is all down to them." Another relative told us how the service stepped in when there was a family emergency and ensured their family member received the care they needed and all at short notice. "

- Staff told us that there was information in people's care plans like their life stories which helped them understand people better and respond to their needs.

- Care plans gave clear instruction and were not overly complicated. They clearly described what support people should have and focussed on outcomes and goals for people.

End of life care and support

- People's needs were assessed taking into account any wishes they had in regard to end of life care, or if they wished to be resuscitated should their heart stop. Care staff told us how they provided care and support in line with people's wishes and attended people's funeral in support of the families. Staff told us cards and flowers were sent from the service in memory of people or to celebrate a special occasion.

Improving care quality in response to complaints or concerns

- The service had a complaint procedure and this was given to people at the start of their contract. Everyone was aware of it and no one told us they had made a formal complaint. People told us they had at times spoken with the office and raised concerns. For example, one person told us "Only thing I have spoken to them about was the varied call times but they have actioned this and are putting it right. Two relatives told

us they had concerns with a carer who was not so good but both told us the service sorted it out right away.
"This gave us confidence that the service was responsive to feedback about their service.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture

The service was rated as good at the last inspection and is now outstanding. Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The workforce was very well trained and supported to carry out the regulated activity of personal care. Both the registered manager and the owners/registered provider held professional qualifications and were actively involved in supporting staff and accessible. All staff spoken with knew the owners well and found them approachable. Staff said the registered manager acted immediately on their feedback and maintained personal and professional boundaries. Board meetings were every six weeks followed by a manager's meetings. These were used to review the care provision and any incidents or concerns and lessons learnt.
- There was highly effective management oversight of all areas of the service. The registered manager demonstrated an in-depth knowledge of the people they supported and their staff. They said the owners supported them well and were very personable. The full-time receptionist ensured people were kept informed of any changes and clearly knew people well.

Out of hours on call was shared amongst the management team and they met daily to discuss any calls and emerging risks. This gave them the opportunity to agree actions and share their knowledge.

- There was a schedule of audits which focused on people's experiences and how they could be improved upon. Management discussed these each week looking at: incidents staffing, and complaints/ compliments. Detailed action plans were in place. The service attended events and forums to help update their knowledge and gain new ideas and initiatives about how to support people better. For example, improving dementia care through community dementia care initiatives.
- Management promoted a person-centred approach to care and there were clear values and vision which were shared. There were two separately registered locations owned by the same provider. They told us how they had grown the service from 'little acorns.' They said they heavily invested in their staff as it was them who made their business viable. They said training was hands on to help staff understand how a person might be feeling about getting older and losing their independence and facing losses in their life. They said the training was designed to empower staff and help them have empathy with people they were supporting. They told us, "It's the little things that matter. "
- People and relatives spoken with were asked if they thought it was a well-run service, overwhelmingly they

said yes. They told us communication was very good and someone always got back to them and if they had concerns these were addressed immediately. They said the office kept them informed of any changes and said the service was flexible and helped even at short notice. Comments included. "Yes, very efficient." "Definitely is. Carer's well trained and kept well informed with everything."

- People were mostly very happy with their care but two people said call times could vary as could their rota. These issues had been identified by the service as part of their own quality assurance and there was an action plan in place to show improvements the service was making. The registered manager sent letters out advising people of changes to their rotas particularly when it was peak holiday time where changes were more imminent. The service employed casual bank staff to try and reduce disruption to care.

- Staff were supported through their employment and described the service as nurturing. Several staff members told us of their personal difficulties and how the organisation supported them, through work adjustments and providing emotional and practical support. Staff said there were bonus incentives for good work. Vouchers which were given out in recognition of staff who went the 'extra mile.' Staff were given birthday, Christmas and thank you cards and positive feedback was passed on to them. Staff described their values in care and how this translated in to practice. An internal award ceremony had been established following the death of a long-standing member of staff. This award in their memory was based on nominations from other staff, people using the service and stakeholders.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and relatives spoke very highly of the service provided. One person said, "I couldn't manage without her she has become like a family member." This person told me that the service that is provided is second to none. "Another said, "Extra Hands provides a much better service than those I had previously, and I count myself lucky to have this provider. "

- The service was well planned and considered the needs of people they were supporting and the needs of its workforce. The service had a clear organisational structure and staff responsibility was understood at every level. The service had a long standing registered manager, who was supported by a deputy manager, a training manager, care coordinators and rapid care staff. Care calls were covered on time and to people's satisfaction. Two calls had been missed and this had been due to a scheduling issue. The service demonstrated it took robust actions. Emergency contingency planning was in place and staffing levels enabled the service to respond quickly to any emergency through established on call arrangements.

- Electronic monitoring was in place. Staff logged in and out of people's property and this was a way of monitoring staff's movements and ensuring people received the support they needed. Electronic recording was effective and staff understood how to use the systems. The system was an effective management tool and helped to keep staff safe.

- People told us they were very happy with the service, one person said, "Very happy. They are all very caring and well trained, nothing is too much trouble for any of them." Another described them as 'first class.' One relative said, "Very pleased with the service. Any little issues are immediately sorted out so yes, well pleased." Another said, "They listen and respect their wishes. "

- Management acted on duty of candour when things went wrong. There were tight monitoring systems in place which helped identify what was working well or any gaps in the provision of care. The service

demonstrated how it was committed to continuous learning and development and how it supported its staff when things went wrong.

- There was a robust system of staff support through induction, training and constant monitoring.
- The service logged concerns, complaints and compliments and could demonstrate how they acted on people's feedback.
- Care plans were clearly written and person centred and staff spoken with said they had enough information before providing care and support to people.

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

- Engagement was strong and people, stakeholders and staff could shape and influence the service. There was regular consultation with people using the service. Survey results were analysed and published. Yearly comparisons were made about service performance and emerging themes, threats or opportunities to the business were identified. The outcome of the most recent surveys gave a result of mostly good or excellent. Results were discussed and shared at all levels of the organisation from board level to staff meetings.
- The service looked at other ways to engage people and to continuously improve the service year on year for example they held forums where information about the business was shared with people using the service. Coffee mornings were held so people could connect with each other.
- Feedback was received from regular care reviews, spot checks on staff and routine phone calls. Care plan reviews stood at 100%. Remote monitoring of the service took place through the return of the daily notes and medicine recording sheets.

Continuous learning and improving care.

- The service had its own training officer. They told us there was good investment in staff training and it was great company to work for. They had qualifications in education and teaching and train the trainer courses which required them to complete refresher training. They said they kept their knowledge up to date through networking, attending different forums including: dementia and diabetes forum and were linked in to other organizations. Staff were supported to complete foundation courses and professional qualifications and reported to have good links with local colleges.
- Each year the service entered the Norfolk Care awards and had for many years been finalists in different categories including best employer, for 'learning and development', 'outstanding contributions to care.' 'The homecare worker award.' 'the 'motivational leadership award.' 'promoting dignity and respect in everyday life' award. The owner won the 'Harold Bodmer Outstanding Achievement award' in 2018. Extra Hands were also highly commended in the King's Lynn mayor customer care award. This came from nominations and recommendation. These achievements were attributed to the commitment of a loyal workforce, and because of the investment in its staff.
- The service had an investor in people accreditation and as part of its membership has a three-year service review. The report clearly sets out how the service was meeting key indicators including its strengths and

areas for development. An improvement plan was in place and actions continuously monitored in senior meetings. Business plans and statement of purpose were in place and clearly stated their aims, objectives, training and values.

- The service collated feedback from staff about the effectiveness of their training and this was discussed in their annual appraisal and supervision. Staff could determine their own training and development needs and courses identified. Staff all completed training considered mandatory and all completed dementia care and end of life care. Service specific training included: Parkinson's disease, stoma care, catheter care, multiple sclerosis, mental health, and motor neurone disease. Staff completed additional bite size learning as part of their team meeting and had access to fact sheets. The registered manager said training enhances the service and develops staff knowledge. It gives staff a better understanding and helps them to adapt to each situation they face.

- Staff champions were developed to provide a lead and steer for staff. The service had a domestic abuse champion and a scam awareness champion so they could support people who might be vulnerable in their own homes and sign post them to other agencies. They linked into Norfolk county council as well as using social media so they were aware of any current scams in the area.

Working in partnership with others.

- The service employed two dementia coaches to support good practice in dementia care. Staff told us training was designed around the needs of people they were supporting and could give examples of how they supported people particularly in times of distress. Training in dementia care was provided over three separate sessions and was robust. This resulted staff championing good care and telling us how they could support people and recognize negative behaviour as an unmet need.

- The service linked into dementia friends which is an initiative set up by the Alzheimer's association to highlight the needs of people with dementia living within our communities. Staff were provided with training and access to resources so they could take their knowledge and pass it on. The service linked with and accessed resources which were dementia friendly: such as drop in dementia café. Staff supported people to access services and the community where there was a need for this service.

- Training was provided around harm free care and relatives who were often involved in care giving had access to the training to help share knowledge and encourage partnership working.

- Training enabled staff to work with other organisations where appropriate. An example given was a recent first aid accredited course which resulted in staff requesting a choking rescue trainer vest. This helped staff to practice emergency procedures should a person be choking.

- Staff had done fundraising events and given to charitable causes promoting local charities and establishing links with them. Examples included: Sky Dive and walking the great wall of China for the Alzheimer's association.

- Staff attended other forums and groups such as stroke, diabetes and Parkinson's support groups. This helped them network, pick up ideas and sign post people that used services to groups which might help them.

- Feedback from the commissioners was very positive and if issues occurred there had been a robust

response, and investigation which showed the service worked in an open, transparent way.