

Community Care Experts Ltd

Community Care Experts Home Care Service

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

About the service

Community Care Experts is a domiciliary care agency providing personal care to older people and those with dementia. At the time of our inspection there were 5 people using the service, 2 of which received personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were safe and potential risks were well managed. Staff were safely recruited and had a suitable induction prior to them commencing work. Medicines were safely managed and people received them when they needed to. There were plentiful supplies of personal protective equipment (PPE).

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

Staff supported people with their healthcare issues and ensured they liaised with other healthcare professionals. People's nutritional needs were clearly recorded. Staff received sufficient training and support to enable them to carry out their roles and assess their competency.

People's privacy and dignity were well respected. Staff knew people well and strived to deliver personalised care.

Care records were reflective of people's preferences and supported staff to ensure people's needs were met. Systems were in place to respond to complaints.

The management team was well thought of and ensured people, relatives and staff were involved in the development of the service. Audit systems were in place to support oversight and governance of the service.

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

Rating at last inspection

This service was registered with us on 14 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have made a recommendation in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our 'effective' findings below.

Good ●

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 well-led.

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

Good ●

Community Care Experts Home Care Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 November 2022 and ended on 18 November 2022. We visited the location's

office on 10 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information and intelligence we held on our system. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager. We looked at a range of records relating to the running of the service. This included the care records for both people receiving personal care. We reviewed 3 staff files, medication records and governance systems. Following the inspection we received feedback from 1 relatives and 2 care workers.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines when they needed them. People had medicines risks assessments in place that detailed the medications they were prescribed.
- Staff were clear on how to administer medicines safely. Medicines administration records (MAR) were suitably completed and staff were clear on how to record this on the electronic system.
- We did identify that MAR audits could have been clearer in their completion, however there was a small number of people currently being supported with medicines administration. In addition to this, the provider was migrating fully to their electronic system. We will review their progress with this at our next inspection.

Assessing risk, safety monitoring and management

- Risks to people were suitably assessed and managed to ensure that the likelihood of risk occurrence was mitigated. Risk assessments clarified potential risks that people may experience, however this also included generic information around general risk occurrence. This meant that information in relation to specific risks was sometimes lost within people's risk assessments.
- We were assured that risks to people were suitably mitigated as there was detailed guidance on how to respond to specific risks. We raised the above with the registered manager, who following the inspection sent us updated risk assessments which were clearer and defined potential risks to people. We were satisfied with their response.
- Risk areas covered included specific medical conditions, mobility, falls and the environment.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they received safe care.
- Staff were clear on how to recognise potential signs of abuse. They were confident in raising any allegations with management and knew of the external agencies they could report their concerns to.
- At the time of our inspection no safeguarding concerns had been raised, however the registered manager was aware of the need to investigate and comply with the local authority.

Staffing and recruitment

- People received care and support from staff that underwent a comprehensive pre-employment check prior to commencing their role.
- Staff recruitment files contained an application form with full employment history, satisfactory references, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS provide information including details about convictions and cautions held on the Police National Computer. The information

helps employers make safer recruitment decisions.

- There were enough staff recruited to meet people's care needs. Relatives said, " Staff had enough travel time allocated between calls to ensure they could arrive on time.

Preventing and controlling infection

- Staff understood how to prevent and control the spread of infection. The provider ensured that suitable amounts of personal protective equipment (PPE) were purchased for staff to wear whilst supporting people. This included masks, gloves and aprons.

Learning lessons when things go wrong

- Incidents and accidents were monitored to ensure lessons could be learned and repeat occurrences mitigated. Incidents were documented and reviewed by the registered manager and where appropriate healthcare professional guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received support from staff that received regular training.
- During the inspection we identified staff did not receive frequent one-to-one sessions with the senior staff member. We raised our concerns with the registered manager who told us, they were aware of our findings and circumstances outside of their control had meant supervisions for all staff had not taken place.
- However, when we spoke with staff they informed us they felt well supported by the registered manager and were provided with the opportunity to reflect on their practice. We will review the provider's progress with the maintenance of ongoing staff supervision at our next inspection.
- Records shows staff received an induction to familiarise themselves with the role, people using the service and the provider's expectations.
- Staff undertook training to support their competency in their roles. This included a range of topics relevant to the care they were delivering to people. Any outstanding trainings had been booked with clear deadlines for completion.

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

- People's care needs were clearly assessed prior to them receiving support from the service. These fully detailed any support networks within the community as well as other professionals involved in people's care.
- Assessments were carried out in line with best practice guidance, such as the use of the the waterlow score to assess skin integrity.

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

- People were supported to eat and drink meals of their choosing. Care records detailed whether family supported people with meals or whether they accessed a meal delivery service.
- At the time of our inspection staff were not supporting people with meal preparation. We will review this at our next inspection.

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

- People were supported to access healthcare professionals when they needed to. Records showed that when there were changes in people's needs, staff addressed these in a timely manner.
- Details of other healthcare professionals were clearly recorded in people's care files. Where people needed support to access appointments staff accommodated this where possible.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff were clear on the principles of the MCA and how it applied to their roles. Comments included, "It's for people who may lack the mental capacity to make own decisions regarding their care or treatments. The act states that decisions must be made in their best interests."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for by staff. Staff were passionate about the care they delivered to people.
- Staff understood how to respect any cultural needs and these were clearly defined within people's care records.

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

- People were involved in decisions in relation to their care. Staff told us of the importance of ensuring they consulted people in day to day aspects of their lives. This included making decisions around personal care and choosing clothes to wear.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was well respected. A staff member said, "I cover parts of the body up and one area at a time, a towel over so they feel secure. I tell [person] what you're going to do first, try to get them involved."
- Where able to, people were supported to be independent. Staff said, "I try and talk to [person] with good encouragement and positive energy" and "They [people] should be enabled to do as much as possible for themselves. Be allowed to take risks but never compromise on health and safety."

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that reflected their needs and preferences. This included additional needs outside of personal care such as support with community engagement and stimulation. The provider supported one person to access dementia and memory activities for their home and included support from care staff to help the person keep their mind active.
- Care plans clearly defined the personal care duties staff were required to carry out. This included the ways in which people preferred to receive their care, the products they liked to use and the ways they liked for carers to engage with them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- An Accessible Information Standard policy was in place to define the ways in which the provider supported people to understand information. This included large print where necessary.
- Care records detailed whether people had any sensory impairments and any support they may need with these.

Improving care quality in response to complaints or concerns

- Procedures were in place to ensure that concerns and complaints were appropriately responded to. At the time of our inspection the provider had not received any complaints. We will review this at our next inspection.

Is the service well-led?

Our findings

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

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager did not always have sufficient oversight and governance to effectively monitor the service. This was primarily due to the transition from paper based to electronic records. However, due to the number of people currently receiving personal care, and the registered manager being included in service delivery we were assured she was able to manage issues as they arose.
- Notwithstanding the above, the frequency of the audits undertaken meant issues identified during the audits could be actioned swiftly minimising any negative impact on people using the service.

We recommend the registered manager ensure the transition of records management is robust in supporting oversight of the service.

- The registered manager undertook frequent audits, which included, for example, accidents and incidents, care plans, equipment, medicines management and safeguarding.
- The service carried out regular spot checks on staff, which looked at staff conduct, use of Personal Protective Equipment (PPE), medicines administration records and staff time keeping.

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

- People and their relatives were positive about the service they received. One relative said, "We are very satisfied with the service offered by Community Care Experts."
- Staff felt well supported by management. Comments included, "She's [registered manager] lovely, a really good boss. She cares about her clients and about us as well, likes to make we can all give our 100%" and "She [registered manager] never forgets to say thank you for your hard work and makes you feel valued. She's kind and caring in more ways than one."
- The provider focused on good outcomes for people, such as supporting them with dementia friendly environments and raising money for local charities.

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

- People, relatives and staff were consulted on their views. Regular questionnaires were sent, and we found the most recent results were positive. Due to the number of people using the service, and the length of time

they were operating we were unable to establish organisational learning from this feedback. We will review this at our next inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibility under the duty of candour; including being transparent and apologising when things go wrong.

Working in partnership with others; Continuous learning and improving care

- People received a service that worked in partnership with external professionals to drive improvements. The registered manager was keen to ensure partnership working was embedded throughout the service.
- Records showed the provider worked alongside the falls management team to ensure that care records were up to date and that suitable guidance was in place.