

# ExemplaCare Limited

# ExemplaCare

## 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

ExemplaCare is registered as a domiciliary care service and nurses agency, it provides personal care to people in Buckingham and the surrounding villages. At the time of our inspection there were 31 people using the service.

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 and relatives told us they were happy with the service they received. Comments included, "My overall impression of this service is excellent," "My carers are excellent. They are very good company for me. They take me for a walk and I am very happy with them all. I have no complaints at all" and "They are all very kind towards her and I know she enjoys having them with her."

We found improvements could be made to recruitment practices. We found the service was unable to evidence all the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of safe recruitment. We have made a recommendation about this.

We found improvements could be made with ensuring records relating to people who may have dementia or other cognitive impairments were accurate. Some records referred to decisions being made in the person's 'best interest' however other documents referred to the person as having capacity to consent. We have made a recommendation about this in the report.

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 could be improved to support this practice. For instance, the Mental Capacity Act policy referred to care homes and hospitals.

We found improvements could be made in how the service maintained and checked records for accuracy. We have made a recommendation about this in the report.

People were supported by staff who demonstrated they were kind and compassionate. Staff were interested in people and supported them with their own hobbies and interests.

People had support from staff who responded to any changes in needs. Referrals to external healthcare professionals were made in a timely manner. People were routinely treated with dignity and respect by office and care staff. People told us, "They show respect towards me just by how courteous they are, they are all kind and compassionate towards me" and "They do seem to respect people's life choices and will

never just assume that they can carry on and do things without checking first that it is alright to carry on."

The service worked well with external professionals and helped people to remain in their own home. One health care professional told us they found the service to be "extremely approachable, accommodating and knowledgeable."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 5 March 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

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# ExemplaCare

## 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

The inspection was carried out by one inspector and an Expert 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. They made telephone calls to people who use the service and relatives.

#### Service and service type

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

#### 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

This inspection was announced.

We gave the service 72 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 31 January 2023 when we requested initial information from the service. We visited the location's office on 3 and 8 February 2023. We continued to review evidence until 14 February

2023.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used this information to plan our inspection.

#### During the inspection

We met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We checked a range of required records. These included care plans, staff personnel and training records, a sample of policies, procedures and other guidance, audits, observations of staff practice and medicines administration records. We spoke with 5 people who used the service and 6 relatives.

Emails were sent to all staff inviting them to provide feedback to us. We contacted community professionals who are involved in the care of people who use this service.

# 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.

### Staffing and recruitment

- We found the records relating to staff recruitment could be improved. Schedule 3 of The Health and Social Care Act 2008 (regulated Activities) 2014 clearly states the legal requirements on registered providers when employing staff. We found the application form used by the service did not always provide all of the requirements. For instance, we found the service did not routinely record a reason for staff leaving previous employment.
- We found references were not always requested prior to a new member of staff commencing work. However, the registered manager told us staff were always supervised until all the required checks were made. We sought assurances from the registered manager and were provided with evidence of one member of staffs shadowing programme. Pre-employment checks included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider seeks guidance from a reputable source to ensure robust and safe recruitment processes are followed and recorded.

- There was good oversight of the staffing rosters. The registered manager told us and staff confirmed with us, there was flexibility in assigning staff with similar interests to people. For instance, one person was an avid reader and one of their regular care workers was too.
- People told us care visits were made on time. Comments included, "They come the times required and we have not had any missed visits" and "I have never had any missed visits."

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

- People told us they felt safe in the company of staff. Comments included, "He locks up when they leave and I know he feels very safe with them all", "There have been no accidents whilst they have been with me and they always lock up safely when they leave me. They are very good about that" and "They all treat me with respect and they are very concerned about safety and listen".
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Comments from staff included, "I learned who to inform if an incident occurs or there is suspicion of wrongdoing. I learned the appropriate steps taken to prevent incidents such as theft and financial abuse" and "This is a fundamental part of my role and it ensures my clients are kept free from harm, abuse and neglect".

### Assessing risk, safety monitoring and management

- People were protected from avoidable harm.
- People lived safely and free from unwarranted restrictions because the service assessed and managed safety well.
- Risk assessments were in place to reduce the likelihood of injury or harm associated with moving and handling, falls prevention, home environment, and medical conditions, where applicable. These included diabetic risk assessment and choking risk assessment as examples.
- We noted where changes in people's needs were identified a new risk assessment was written. Staff told us they knew where to read the risk assessments. Comments from staff included "Every clients' risk assessment is located in their care plan. Before each visit we are allocated time to read the full care plan including risk assessments. They are always very informative and if I have any questions I can call on call and someone is always there to answer the phone" and "Risk assessments are located in the 'Documents' section for each client on [database]. I make time to read them before seeing a new client for the first time. They provide all the information I need".

#### Using medicines safely

- People who were supported with their prescribed medicines told us this was done safely. One relative told us "I am sure she is safe. They do give her; her meds and it is all written up on the app on my phone. I get a message every day."
- Staff were trained, and their competency assessed to administer medicines. A medicine administration policy was in place to support staff practice.
- Staff maintained records of when they had given people their medicines.

#### Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) when they supported them.
- The provider had supplies of PPE available to staff. We observed the service had ample supplies of PPE for staff to collect when required.
- Training on infection prevention and control was included in the provider's mandatory course requirements, in addition staff who supported people with meal preparation had received food safety training.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. One member of staff told us "Incidents or accidents have to be reported immediately to the Health and Safety Officer by ringing the on call number and they then have to be recorded in the accident book. Any accidents or incidents would be discussed during group supervisions so that we could learn from them."

# 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 good, and people's feedback confirmed this.

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.

- The service had a Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) Policy dated January 2021 which had been reviewed in January 2023. The policy referred to DoLS "in hospitals or care homes". The policy did not refer to deprivation of liberty for people living in their home, which is where the regulated activity was carried out.
- The registered manager sent us a document which they stated they used as a MCA and best interest tool. However, the document did not prompt the author to ensure all the requirements of the MCA code of practice were followed. For instance, it did not record "who was consulted to help work out best interests" (5.15 MCA Code of Practice).
- We found some documents had the potential to confuse the reader. For instance, one person's care plan stated "Dosette box is stored in lockable box. This is in [name of person] best interests as she does not understand her medication," the same document went on to state the person had consented. We discussed this with the registered manager, and they told us "[name of person] understands that she needs the medication and is happy to take it - consent. She has the capacity to understand that she needs to take the medication, but we are trying to acknowledge that she needs help to actually take it. But she is happy to take it."

We recommend the provider seeks guidance from a reputable source on record keeping around people's ability to consent to care and decisions made in people's best interest. We also recommend seeking support from a reputable source on policy writing to ensure it complies with the code of practice.

- Staff were able to demonstrate how they sought consent from people and supported them to make

decisions. Relatives confirmed they were involved in decisions about their family members' care. A relative told us, "I am involved in all decisions about his care and I find the office staff helpful always."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Prior to a person commencing care a nurse carried out a care needs assessment, this was then translated on to the provider's electronic system. The system itself did not contain an assessment section. We discussed this with the registered manager, who advised they had identified this and would be speaking to the electronic system designer.
- We saw people's interests were captured in their records. For instance, one person was an avid royal follower, another person liked formula one.
- Changes in people's needs were discussed at group supervisions. Care co-ordinators had dedicated office time to update care plans to ensure they reflected people's needs.
- Staff worked well with other agencies. A relative told us "They are all very kind towards her and I know she enjoys having them with her. If she needs to see any health professionals, they will send me a message and then I can sort it out for her."

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction period which included shadowing a more experienced care worker and training.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of individual and group supervision, appraisal and recognition of good practice. Staff told us they felt supported in their role.
- Staff could describe how their training and personal development related to the people they supported. Not all staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We discussed this with the registered manager and confirmed it was not a mandatory requirement, however, is widely accepted as good practice. After the inspection the registered manager confirmed all staff who required the training had completed it or were registered to complete it.

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

- People's dietary requirements were recorded in their support plans, for instance specific information about how a person liked their breakfast tray to be laid out was clearly recorded.
- Information about any risks to people when eating were recorded. Comments from people included "they help him with his meals and he always says how nicely presented it all is" and "they do help with their meals and always wash hands first and wear gloves. The food always looks appetising and they are offered choices."

Supporting people to live healthier lives, access healthcare services and support

- People were referred to external healthcare professionals when needed. For instance, occupational therapy for adaptations to the home and speech and language therapy when concerns were noted about choking risks.
- We received positive feedback from community healthcare professionals about the service. One comment we received confirmed the service acted swiftly when changes in people's needs were identified; "Exempla Care ensure any referrals are followed up and actioned in a timely and accurate manner."
- On the second day of the inspection we overheard a conversation with a community professional. The staff had identified the person was not their 'normal' self and had referred them to the GP practice for a

medical review.

# 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; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and had their dignity preserved. Comments included, "They do seem to respect people's life choices and will never just assume that they can carry on and do things without checking first that it is alright to carry on," "They all show respect towards me. I have all lady carers at the present time but I do only have 1 visit a week. They show respect towards me just by how courteous they are, they are all kind and compassionate towards me" and "She is well trained and shows him respect and they have a banter together."
- Care staff were able to demonstrate they provided a dignified service. One member of staff told us they had a book swap with a person, another member of staff told us they had started to watch a television series and they were both "hooked" on it. A relative told us "All of the carers were able to finely balance being caring, empathetic and good listeners whilst maintaining their professionalism."
- People were supported by staff who took time to develop good working relationship with them. One member of staff told us "I created a memory box for a client with Alzheimer's". The member of staff went onto to tell us how they had researched where the person had lived and found photos of the area. The member of staff said "This, with other items, were useful in starting conversations off. Once he started talking, he would remember so much about his childhood, when in this place he was happy and talkative. Together with his wife we added pictures and other items connected to his past. It was also useful for other carers going to meet him for the first time to help form a bond."

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

- People and their relatives told us they were involved in decisions about their care. Comments included, "They all always ask me how I like things done and don't just assume they can do it the way they want to. They are very good like that. As far as I can recall I was involved in the care plan when I began with them and they all follow it properly and do their best for me," "I am very involved with his care plan and I am kept up to date about everything that is going on. He is happy with his ladies and it is all going very well" and "I was involved with her care plan and they are doing a fantastic job. I was involved in any decisions that were made about her care and I rely on them to keep me informed, which they do. I have no complaints at all."
- People were supported to celebrate their birthdays and religious events. One member of staff told us "I manage the ExemplaCare 'Birthday list'. We take it in turns to buy a card and a present for a client's birthday. I send out the birthday reminders every month and we all volunteer to buy the gift and card. I am amazed at the thought and care that goes into buying these small gifts that so often show how well they have listened to and understood the person, for example, a sign made for an outdoor chair which says 'the cheerio chair' as this is where the lady sits to wave goodbye to her carer; beautifully embroidered book marks with the

client's name for some of our book loving clients; a motor racing book for a gentleman who loves the grand prix - to give a few examples."

- We looked at compliments which the service had received. These demonstrated people and their relatives were happy with the care they received. Comments included, "The carers are all like first class angels", "The care dad has received from ExemplaCare has transformed his physical and psychological life" and "So far I have received excellent service from all my carers."

# 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 were fully involved in care assessments, and their preferences were recorded. A relative told us "Every time that Mum came back from hospital, Exemplacare would reassess her care needs to ensure that the correct package was in place."
- Staff told us "Providing dignified care is part of every visit I carry out... finding out about their interests and talking about them, respecting their opinions. Making myself aware of their likes and dislikes and preferences regarding their care. Picking up on signs about the way they are feeling, physically or emotionally." Another member of staff told us. "I talk through every step of the process so that they are not startled by my movements and I listen to them if they have any questions or objections."
- People were supported by staff who understood their needs. One member of staff told "The individual is always asked what they would prefer and are offered a choice. If someone is on a soft diet this is documented on the care plan. If someone is underweight high nutrition foods are offered and they get weighed to monitor."
- Care plans had been written for each person. These included information about their backgrounds and anyone else who provided support to them. Care plans provided information about tasks care workers needed to perform and how the person liked them carried out.

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 (AIS) 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.

- The registered manager was fully aware of their requirement to follow the AIS, the service had a hard of hearing app facility on their website. Although no-one was using it at the time of inspection people had used the facility in the past.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. Staff were able to demonstrate how they supported people who were apprehensive to share personal and important information with them.

Improving care quality in response to complaints or concerns

- The service had a complaint policy which was available to all via their website. This was undated, however, it did contain relevant information on how people could complain.
- People and their relatives told us "I know who to complain to and have the whole procedure online", "I

would soon complain if not and I know how to" and "We do know who to complain to if we need to but so far we have not had to."

- People and their relatives were confident and knowledgeable on how to contact the office. One person told us "We have no complaints, but I would know how to if necessary. On the few occasions that I have called the office they are great. I don't have a lot of experience in this field, but we are really happy with them and I would recommend them. I feel that they always involve me in anything and I am kept up to date with what is going on".

#### End of life care and support

- The service supported people who were at end of life. Staff were supported with end of life training. One member of staff told us "The nurses always offer advice and support when needed. Good end of life care to people means to ensure dignity and respect is met at all times, good hygiene and oral care and to make sure the person is comfortable and not displaying any pain or discomfort."
- The registered manager shared with us when a person died who they supported, care staff were asked to reflect and record their thoughts of the person. This was then presented to the person's family as a keep sake. The registered manager told us they had received positive feedback from relatives about this.
- Care workers spoke passionately about providing dignified end of life support. One member of staff told us "At a recent ExemplaCare meeting we discussed end of life care due to the sad loss of several clients over the Christmas period, which also gave us time to reflect. We know that we can talk to our seniors or nurse managers at any time to discuss any worries or concerns we may have about end of life care."

# 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

- Throughout the inspection we needed to clarify points with the registered manager. This was because information sent to us or shown to us did not provide us with immediate reassurance.
- We found records could be improved. We found the policies and procedures did not routinely reflect best practice such as the recruitment policy and MCA policy and these were not routinely dated, did not have page numbers or version control.
- We found risk assessments were not routinely dated. For instance, we were sent a person's choking risk assessment which was undated. Other records which had been scanned onto the electronic system did not always contain names of people or page numbers.
- We found risk and medicine assessments were written in the format of guidance rather than identifying the hazard, possible level of harm and what was in place to mitigate the risk. These guidance notes were stored away from other risk assessments on people's care plans. This had the potential for care staff to not read them., however staff knew people they cared for well.
- We found not all decisions and discussions about people's care was recorded. For instance, a care visit had been missed on 24 January 2023 which was recorded as an incident. We asked the registered manager about the actions taken to ensure the person was safe. They advised the missed call was identified on the 25 January 2023 and the GP had been contacted as a medicine was missed. We asked if the conversation was recorded that had been held with the GP. The registered manager confirmed this had not been recorded. The registered manager confirmed that recording issues would be addressed and had already started to do this at the time of writing this report. We found no impact on people using the service.

We recommend the service seeks support from a reputable source on ensuring records are accurate, complete and contemporaneous and provide a full audit trail of events.

- There was a registered manager in post.
- We received positive feedback from people who used the service and their relatives.
- Comments included, "Management are all very helpful and very nice and the carers are very good. They do everything well. I would recommend them to anyone else. They are all nice and do their very best for me." "Management are all very helpful and easy to talk with. We are glad to have them, and she feels safe with them all" and "Management are very helpful. What they do well is that they are helpful and polite."
- The registered manager and nominated individual had carried out a number of audits to manage and assess the quality of the service provided. We found actions had been identified as a result. The service was

supported by external party who they called a "Critical Friend". This person visited the service to provide an objective view of how the service was run.

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

- People told us they felt their care was safe and met their needs. We found there was a strong commitment from the management team, to ensure people received high quality care.
- Comments included, "I do know who management are and they are helpful at all times and very approachable...I am very satisfied with this agency" and "We find management very helpful and easy to discuss anything with. We feel very comfortable with them."
- People were supported by staff who took an interest in helping them to continue activities of their choice. One person who had recently moved to the area wanted to play Bridge. The member of staff helped them to find the local contact details for a group nearby.

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 duty of candour requirement sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- We were shown emails which had been sent to relevant people after care had fallen below the expected standard. Relatives told us they were always kept up to date with any changes in people's care.

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

- People and their relatives felt involved in decisions about their care. Both people and staff were sent surveys to ask for feedback. The service collated the feedback and acted upon this to help improve the service provided.
- The service had a newsletter which promoted local support groups and shared information on help available to people.

Continuous learning and improving care; Working in partnership with others

- There were good working relationships with other agencies. One community professional told us "We always find them [staff] to be very knowledgeable of their clients and their needs." Another healthcare professional told us "All staff look professional, provide holistic care and escalate issues appropriately."
- Both the registered manager and nurse were registered with the Nursing and Midwifery Council, as such needed to comply with continued professional development requirements.
- The service had monthly meetings with staff, the registered manager told us these were part handover meetings and part used for educational purposes. We received positive feedback from staff about the meetings.
- The online system allowed staff to put important information on to alert the management team of any events or changes in people's health. We noted this on the second day of the inspection as an alert came in from 1 member of staff. Alerts were also shared with staff who needed to be updated.