

Capella Care Limited

Expertise Homecare (Ashford)

Inspection report

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Date of inspection visit:
01 March 2023
07 March 2023

Date of publication:
14 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Expertise Homecare Ashford is a domiciliary care service providing personal care to 51 people at the time of the inspection. 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and 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.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. However, staff and people fed back that sometimes staff would run late due to travel time not being factored accordingly. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. People were supported to receive their medicines as prescribed.

Right Culture:

People received good quality care, support and treatment because trained staff could meet their needs and wishes.

Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. There were effective systems in place to learn and improve.

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

Rating at last inspection

The last rating for this service was good (published 19 March 2020).

Why we inspected

We received concerns in relation to staffing, training and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Expertise Homecare Ashford on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Expertise Homecare (Ashford)

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 an inspector.

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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke to 8 people and or their relatives. We spoke with 9 staff including the registered manager, office manager, HR manager and care staff. We viewed 7 peoples care plans, 3 staff recruitment files and other records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. However, people and staff told us they were not always given sufficient travel time between visits, and this could make staff late for the next visits. We discussed this with the registered manager, and they demonstrated that visits were scheduled with differing travel times, and that office staff reviewed and amended travel times when they were made aware of issues. This is an area for improvement.
- People and their relatives told us they always received their care visit. Everyone we spoke with told us that if staff were running late, they would always receive a call to inform them.
- The registered manager had successfully recruited a number of new staff and there were sufficient staff to cover the care visits. The registered manager was working to ensure people received consistency in the staff supporting them, which they identified would be particularly beneficial for people with a learning disability.
- Staff recruitment and induction training processes promoted safety. Before staff started working with people, Disclosure and Barring Service (DBS) checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to report any concerns to the registered manager and office staff. Staff had received training in safeguarding and had access to refresher training as and when needed.
- People told us that when safeguarding issues had been raised, the registered manager investigated appropriately, and they were satisfied with the outcome.
- The registered manager understood their responsibilities to work with the local authority safeguarding team and shared any learning or improvement that was identified with the staff team.

Assessing risk, safety monitoring and management

- Risks had been assessed and mitigated. People told us they were supported by staff who understood their needs and had the skills to support them. Staff supported people with a range of conditions and had the training and competence to support people. Staff told us, "The training has been impactful. Providing key knowledge in understanding my role. It's also interactive, giving me an opportunity to ask questions and gain clarity to areas that I was uncertain of."
- People, relatives and staff told us there was robust guidance in care plans to inform staff how best to support people and how to raise any concerns about people's needs. This included guidance on how to support people with catheter care. A catheter is a tube that is inserted into your bladder, allowing your urine to drain freely.

- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Environmental risks to people and staff had been considered and there was detailed guidance within care plans to inform staff of any risks. When people and relatives had fed back concerns around security these had been listened to and actioned by staff.

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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA. Staff we spoke with understood their responsibility relating to the MCA and told us how they encouraged people to make decisions about their care and support. For example, people decided if they wanted to stay in bed, or what they wanted to wear and how they wanted to be supported.

Using medicines safely

- Medicines were managed safely. People received support from staff to make their own decisions about medicines wherever possible. When people managed their own medicines but needed additional support at times this was provided by staff. For example, a relative told us staff supported them to get some medicated creams for their loved ones. The relative told us, "It was a huge help for us."
- Staff who had been trained to administer their medicines. Staff told us they felt confident in supporting people, and people told us they were assured by the competence of staff.
- There was guidance in place to inform staff how to support people with their medicines. For example, when people had 'as and when' medicines there was guidance to inform staff the maximum dosage people could have in a 24-hour period.

Preventing and controlling infection

- People were asked their preference about staff wearing personal protective equipment (PPE) to support them. Staff who wanted to wear PPE, for example because they were disproportionately at risk of contracting infections were supported to do so.
- Staff told us they had sufficient access to PPE. Any concerns relating to the spread of infection were reported to the office. Staff told us, "PPE we have enough of, if we run out of anything then we go to the office and get more."

Learning lessons when things go wrong

- There were effective systems in place to review and improve when things went wrong. Accidents and incidents were reported by staff to the office, and incident records were reviewed to ensure action was taken to address any concerns.
- People received safe care because staff learned from safety alerts and incidents.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the service was positive. Staff told us there was a positive culture. Staff said, "The carers themselves are very supportive. We work wonderfully together. They are all great," and, "I love working at Expertise Homecare," and, "I think the service provides great, quality care and consistency."
- People and their relatives told us their lives had improved with the support of Expertise Healthcare staff. A person was supported to bath for the first time in over a year with the support of staff. Their relative told us, "They didn't have the confidence, and [staff] have helped them with that. It's a massive improvement for them. It gives them more confidence and self-worth."
- People and their relatives gave us positive feedback about the staff. This included, "They were loving very caring. Well informed," and, "I think they are absolutely brilliant. The staff are very caring," and, "I would recommend them to anyone. They are proper carers, they do it all it's not just a job and they are a really good agency."

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 and provider understood their responsibilities around the duty of candour to be open and honest. The registered manager understood their responsibility to apologise when things went wrong and learn from any incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. Staff told us, "The manager is a good leader and is very strong which is what this company needs," and, "The manager is friendly and approachable. They are a good solid leader."
- There were a series of checks and audits completed by staff and the registered manager to check on and improve the quality of the service. The registered manager was in the process of reviewing and overhauling the care plans to make improvements to them.
- Checks and audits completed on incidents identified that after a new medicines system was introduced medicine errors reduced. The registered manager ensured action was taken when incidents happened, for example referral to healthcare professionals, or requesting re-assessments of people's needs.
- Staff understood the vision of the provider, and their role within the service. Staff told us, "There is a clear

vision for the service and I feel well communicated and involved in the practices of the service."

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- People and their relatives told us they were well informed about their loved ones care. A relative told us, "The office they phone us regularly and update us. They also update us through the portal which seems to be working really well." Another relative told us, "I would rate them 101 out of 100 in every aspect."
- Staff told us they received the support to carry out their role. Staff said, "There is a lot of support in my role from office staff who are always the people I go to about things as they are very understanding and quick to support the problem out despite what it could be."
- There were regular opportunities for staff to feedback any ideas for improvements or concerns including team meetings, supervision and there was also a suggestion box in the office.

Working in partnership with others

- Staff worked with healthcare professionals to provide joined up care for people. People and their relatives told us that staff supported them to contact a range of professionals to provide support to people.