

Exemplary Care Services Ltd

# Exemplary Care Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Exemplary Care Services Ltd is a domiciliary care agency registered to provide personal care to people in their own homes.

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. At the time of the inspection, a total of 92 people were using the service, of which 31 people were receiving support with personal care.

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

People told us they felt safe and staff were kind and caring. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Staff were recruited safely, and relevant checks had been carried out. People were supported by staff who had been trained and were appropriately supervised. People's needs were assessed prior to the receipt of service. People were protected from the risks associated with the spread of infection. People received their medicines safely.

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 practice.

People were positive about the care and support they received. People were treated with dignity and respect, and their independence was encouraged. Staff understood how to protect people from poor care and abuse. People had personalised care plans which considered their needs and preferences.

The management team promoted a person-centred culture which was focused on meeting people's individual needs. The registered manager was focused on providing a quality service to people and was committed to the continuous improvement of the service. The management team and staff sought feedback and worked in partnership with others including health and social care professionals to ensure people received the support they needed.

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 19 June 2022 and this is the first inspection.

### Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the 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.

# Exemplary Care Services Ltd

## 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 1 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service short notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also requested consent from people, their relatives and staff members to call them over the telephone.

Inspection activity started on 9 January 2024 and ended on 10 January 2024. We visited the location's office on both days.

#### What we did before the inspection

We reviewed information we had received about the service and asked the local authority for feedback.

The provider was not asked to complete a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

With their permission, we spoke with 5 people using the service, 3 relatives, a friend and 3 members of staff over the telephone. We also spoke with the deputy manager, the training manager, the recruitment consultant, the field care supervisor and the registered manager at the agency's office.

We reviewed a range of records. This included 3 people's care documentation and associated records. We also looked at 3 staff files in relation to recruitment. In addition, we looked at records relating to the management of the service including policies and procedures and staff training as well as audits and quality checks.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or avoidable harm. One person told us, "The staff are fantastic. They are always polite, nice and kind." Relatives spoken with did not have any concerns for their family member's safety.
- Staff had received training in safeguarding vulnerable adults and were knowledgeable of the internal and external reporting procedures.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's support had been identified, assessed and managed.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances.
- Accidents and incidents were recorded and investigated appropriately. The deputy manager analysed the information to identify any patterns or trends. A lessons learned log had been developed and any information which required action was promptly discussed and distributed to the staff team.

Staffing and recruitment

- A sufficient number of staff were deployed to meet people's needs in a person-centred way. People told us they usually received care from the same team of staff.
- Systems had been established to organise care visits, minimising the risk of late or missed calls. The provider intended to introduce electronic systems to monitor visits in Spring 2024.
- Staff told us they had enough time to support people effectively and to travel between visits.
- The provider followed safe recruitment procedures to make sure staff were suitable to work in a care setting.

Preventing and controlling infection

- The provider had developed systems to help prevent and control the spread of infection. The provider had an up to date infection prevention and control policy.
- Staff received training in infection control and the safe use of personal protective equipment (PPE), to reduce the risk of infections.
- Staff had access to PPE and people confirmed staff used the equipment when providing personal care.

Using medicines safely

- Medicines were managed safely. The provider's systems and processes were designed to ensure people had the level of support they needed to manage and take their medicines safely.

- Staff had access to best practice guidance and appropriate policies and procedures. Staff were trained to administer medicines and checks were carried out on their practice.

# 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.

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

- People's needs were assessed prior to receipt of a service.
- Information gathered during the assessment was used to develop the care plans. People and where appropriate their relatives were fully involved throughout the process.
- People's needs were regularly reviewed to ensure they continued to receive the correct level of support.

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 registered manager and staff had completed appropriate training and applied the principles of the MCA. Staff understood the need to ask people for consent before carrying out care and people using the service confirmed this approach.
- People had signed consent forms to indicate their agreement to the care provided. There were no restrictions placed on people's liberty.

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

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare conditions were documented within their care plan.
- The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Appropriate information was shared when people moved between services.

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

- People were supported to eat and drink in line with their needs and preferences.

- The deputy manager explained food and fluid intake would be monitored as necessary if people were at risk of poor nutrition and hydration.

#### Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and their relatives told us the staff were competent and well trained. One relative said, "I feel the staff are really well trained, they have a good understanding of [family member's] needs."
- New staff were supported through an induction programme, which included the provider's ongoing mandatory training and a period of shadowing. Staff training was monitored, to ensure staff completed their training in a timely way.
- Staff were provided with one to one supervision and group meetings. This facilitated discussions around work performance, training needs and areas of good practice.

# 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's rights were promoted, and person-centred care was delivered. People and their relatives expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "The staff are very thoughtful. I look forward to their visits and enjoy their company."
- The registered manager promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities.

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

- People were given the opportunity to express their views about their care on an ongoing basis. This ensured they were involved wherever possible in decisions about their care and support.
- People told us the staff understood their individual needs and preferences and accommodated these when delivering their care.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- Staff had access to policies and procedures and training about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential.

# 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 person centred care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance.
- People's care plans were personalised to reflect their care needs. The plans covered all aspects of people's needs and wishes, as well as details of the care tasks and desired outcomes.
- People's care plans were reviewed every 6 months or in line with changes of need. The field care supervisor visited people once a month to discuss their care and experience of using the service.
- Staff understood people's needs and it was evident people were supported to make choices and decisions, wherever possible. Staff documented the care people had received, in a respectful way.

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.

- People's communication needs were identified and recorded in their care plans.
- Information was available in a variety of formats and in a way people could understand.

Improving care quality in response to complaints or concerns

- People had access to a complaints' procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- The registered manager and deputy manager had ensured complaints had been investigated and resolved. We saw the deputy manager had carried out a thorough investigation following one complaint and had sent an outcome letter following the investigation.

End of life care and support

- People and their relatives were able to discuss end of life priorities if they wished to. Detailed care plans were implemented to ensure a person's comfort and dignity.
- The management team worked closely with other professionals during this time.

# 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; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. We found staff morale was good and staff felt valued and respected.
- The provider had established systems to monitor the quality of the service. The management team carried out audits and monitored the standards and safety of the service.
- Staff told us they felt well supported and the management team was approachable and accessible.
- The registered manager used various communication systems with staff, to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns and confirmed the registered manager was open to feedback.

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 understood and acted on the duty of candour responsibilities.
- Good relationships had been developed between the registered manager, staff and people who used the service.

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

- The registered manager, deputy manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- The management team and staff respected people's rights and encouraged people to make choices and decisions about their care and support.
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to. One person told us, "Everything is tailored to my needs and they sort out any problems very quickly."
- Organisational policies and procedures set out what was expected of staff when supporting people. Staff had access to these, and they were familiar with the key policies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff involved and engaged people in the service and considered their equality characteristics.

- Good communication was promoted, and feedback encouraged from staff. Staff told us they had regular contact with the management team.
- All people were asked for feedback about their experience of using the service monthly and were invited to complete a bi-annual satisfaction survey. The deputy manager had collated and analysed the results from the survey and we noted people had expressed satisfaction with the service.
- The management team and staff worked in partnership with external agencies to learn and share knowledge which promoted the continued development of the service.