Expertise Homecare (Central & West Kent) Limited

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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
Expertise Homecare (Central & West Kent) Ltd is a domiciliary care service registered to provide personal care for older people, people who live with dementia, people who have learning disabilities or autistic spectrum disorder and people who have a physical disability. At the time of our inspection 65 people were receiving personal care.

Not everyone using the agency received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service and what we found
People and their relatives told us they were frustrated with the lack of consistency with care staff. The registered manager had been made aware of several concerns with the interim management team whilst they were on maternity leave. The registered manager decided to return to the business early and had started to implement changes to improve the quality of care people received. Recruitment and retention processes were amended to retain staff, enabling people to receive continuity of care.

People, relatives and others had been asked for their views about the service. As a result, the feedback an action plan had been developed to improve the service people received. The registered manager had increased staff morale and the retention of new staff.

Recruitment of care staff was underway to address the shortfall. Safe recruitment practices were followed to reduce the risk of unsafe staff working with people. Staff received continuous support, supervision and guidance from their line manager. Staff were trained to meet people's needs including their specialist needs.

People's needs were assessed before they started using the service to make sure staff could meet their needs. Care plans were personalised to meet people's needs. People were involved in the development and review of their care plan.

Staff worked alongside healthcare professionals to ensure people remained as healthy as possible. Guidance was available to inform staff how to meet people's specific health needs. People's personal information was stored securely.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. People were able to make decisions about their care and support and to maintain control of their lives.

People felt safe with staff who understood the action to take if they suspected potential abuse. Potential

risks posed to people had been assessed with action taken to reduce the risk. People's safety within their home had been recorded, and referrals were made to the appropriate healthcare professionals to promote people's safety.

Staff treated people with kindness, care and compassion. People's likes, dislikes and personal histories were recorded within their care plan. People's privacy and dignity was protected whilst encouraging people to be as independent as they were able to.

People's feedback, concerns and complaints were listened to and acted on. There were a range of checks and audits in place to promote a high-quality service and continuously 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 overall with Outstanding in responsive (published 23 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Expertise Homecare (Central & West Kent) 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience who made telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Expertise Homecare (Central & West Kent) Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Inspection activity started on 31 October 2019 and ended on 5 November 2019. We visited the registered office on both days.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave the service five days' 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 needed to gain people's consent to being contacted for their feedback.

What we did before the inspection
Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we already held about this service, including details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used all of this information to plan our inspection.

During the inspection-
We spoke with 11 people who used the service and eight relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the 'customer liaison supervisor', the operation manager and three care staff.

We reviewed a range of records. This included seven people's care plans, risk assessments, daily care records and medicines records. We looked at three staff files in relation to recruitment and staff support and supervision. We also saw a variety of records relating to the management of the agency, including a sample of audits, quality assurance surveys, accidents and policies and procedures.

After the inspection –
We received feedback from other professional agencies who are involved with the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● People told us there had been a lack of consistency with staff visiting them, and at times staff named on their rota would not be the staff that turned up. Comments from people included, "I never know who's coming through the gate and that is sometimes a bit of a worry for me" and "I am mostly happy with them, but they don't have enough consistency in the carers" A relative said, "There is no consistency in the care which does not give her or me confidence in her safety with them."

● The registered manager was aware of these issues and had returned early from maternity leave due to concerns that had been raised from people and staff. Prior to the registered manager returning there had been a high staff turnover with an increase in new starters leaving with under 12 weeks service. Since the registered manager's return staff retention had increased and an active recruitment campaign was underway.

● The registered manager told us that since July 2019 people received support from a consistent group of care staff. The office team went out to complete care calls in the event of an emergency such as staff sickness. People confirmed they received a telephone call if the care staff were going to be late.

● Staff had been recruited safely, completing checks to minimise the risk of unsuitable staff working with people. Staff completed an application form giving a full work history, references were obtained, identity checks and Disclosure and Baring Service (DBS) background check. DBS checks help employers to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

● Despite the concerns raised regarding the consistency of staff, people said they felt safe whilst being supported by the agency. Comments included, "They always remember to lock up which makes me safe", "No concerns for my safety when the carers come" and "I think I am very safe with the carers who are sent to help me."

● Staff had been trained in safeguarding adults and children, knew the potential signs of abuse and the action to take if they had any suspicions. Staff followed the provider's policy and procedure alongside the local authority's policy and protocol.

● Staff had raised concerns to the management team that had been reported to the local authorities safeguarding team. A record was kept of any concerns that had been raised and the outcome such as, investigations and involvement from the police.

Assessing risk, safety monitoring and management

● Individual risk assessments were in place to keep people safe and reduce any potential risks. For example, risks relating to people's mobility, personal care needs and any specific health support.

● Risk assessments were linked to care plans and contained control measures that were used to reduce the

risk. For example, staff were to ensure the house was decluttered and tidy for one person at risk of falls. Other people used aids such as a stand aid or a hoist when mobilising to reduce the risk of them falling.
● Assessments of people's houses were completed to identify any potential risks such as, the internal and external environment, fire safety and whether the person has any pets in the property.
● During the initial assessment people were offered a 'message in a bottle', this was an initiative set up to alert emergency services of the persons essential information. The bottle is stored in the fridge with an alert sticker placed in a visible area to alert professionals.

Using medicines safely
● People were supported to manage their medicines safely from trained staff. Staff followed specific guidance in relation to each person's support required to manage their medicines.
● People's ability to manage their medicines independently had been encouraged with the use of aids. Following attendance at a medicines conference, the registered manager wrote to people advising them of the aids that were available to support with self-administration. One person used an aid which alerted them to the time their medicines were due, this enabled the person to independently manage their medicines.
● Staff completed medicine administration records (MAR) for people requiring support to manage their medicines. These records were audited by a member of the management team to identify any concerns such as, staff not signing the MAR once the medicines had been administered or if a person had chosen not to take their medicines.

Preventing and controlling infection
● Staff completed infection control and hand washing as part of their induction and ongoing training.
● Staff understood the importance of using personal protective equipment, such as, gloves and aprons to reduce the spread of infection.

Learning lessons when things go wrong
● Lessons were learnt and improvements were made when things went wrong. Accidents and incidents were analysed to identify any patterns or trends. Action was taken to reduce the risk of a reoccurrence. For example, referrals were made to the fall's clinic for an occupational therapy assessment when one person was having recurrent falls.
● The registered manager identified case studies from visit and accident logs, these were shared with the care staff to identify what worked well and what could have been done differently. The results were then shared with the care team to make improvements when required.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 with them and their relatives, prior to receiving any care from the agency. Assessments were detailed and included people's personal care needs, mobility, nutrition, communication needs and the outcome people wanted to achieve from receiving support. For example, some people said they wanted support to remain in their own home and other people wanted to increase their independence.

● People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs. This information was transferred to the care plan which outlined the support required from staff.

Staff support: induction, training, skills and experience

● Staff completed a variety of training method to develop and maintain their knowledge; including competency based, simulation, role play and practical training. Staff spoke highly of the training they received and felt this enabled them to meet people's needs. Comments included, "Training is fantastic, they show you practically with equipment" and "Training was interesting, it gave me what I needed to meet people's needs and do the job."

● There was an in-house trainer who taught staff within the registered office; which included equipment which may be used in people's homes such as, a profiling bed, commode and a stand aid. New staff completed an induction which included time to read people's care records and working alongside experienced members of the team. New staff completed 'The Care Certificate' this is a nationally recognised qualification within the care sector.

● Staff said they felt supported in their role by the management team and office staff. Staff received support and guidance through supervision meetings, annual appraisals and spot checks. These meetings enabled staff to receive feedback about their work performance and discuss any training they wanted to complete.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People's needs were assessed in relation to the support they required from staff to maintain their nutrition and hydration. Care plans detailed guidance such as the recording of food and fluid intake during care calls, preparation of meals or leaving drinks and snacks available for people.

● Staff followed guidance from dieticians and Speech and Language Therapists for people at risk of malnutrition, dehydration or a specific health condition. Staff supported one person to follow a reduced sugar diet due to their health condition, this involved planning their menu and completing a shopping list.

● Referrals were made to relevant health care professionals if concerns were identified about a person's nutrition or hydration. For example, the person's doctor or district nurse.
● Staff were trained in food hygiene and understood the importance of encouraging people to eat a healthy balanced diet.
● One person at high risk of falls wore a specialist helmet to promote their safety when mobilising.
Information was available to staff informing them how to keep people as healthy as 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Mental capacity assessments and best interest decision forms had been completed for specific decisions.
● Staff understood the MCA and confirmed they had received adequate training. People told us staff asked for their consent prior to any care or support tasks.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and their relative spoke highly of the care staff. Comments from people included, "They are very kind and I would say very caring people" and "They're friendly girls, they are never in a rush and I am well looked after." A relative said, "Very happy with the care. They're really good, very helpful and caring."
- Staff worked with people to promote their communication by reducing any barriers caused by their health. Staff understood people's specific communication needs which were recorded within their care plans. For example, a communication board was sourced for one person from the Stroke Association. The person used the board to communicate their needs to staff and their family.
- People's care plans included information about their background, likes and dislikes and staff were knowledgeable about these. One person said, "They're lovely carers, they're all very nice, you build a bond with them."

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

- People were supported to express their views and informed the management team of the outcome they wanted from the support. For example, one person's outcome was to maintain and increase their independent living skills. The person's care plan reflected how staff should offer them support.
- Parts of people's care plans had been written in conjunction with other people. For example, one person's moving and handling care plan had been written with the occupational therapist. Another person had support from their relatives to express their views and create their care plan.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible; care plans detailed what people were able to do for themselves and whether additional verbal support was required from staff. One person said, "They're good at their jobs and give me the space I want when I want it, so I am not rushed but enabled to be as independent as I like with help when I need it."
- Staff understood the importance of maintaining people's privacy and dignity whilst supporting them with personal care. Staff said they ensured people were covered up as much as possible, with all curtains and doors shut. A relative said the staff were, "Polite and caring and treat her with dignity."
- Results from the 2019 survey to people showed 100% of people said they were treated with dignity and respect.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now been rated as 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

- Care plans were individualised and recorded what was important to the person and how they wanted their needs met. For example, staff were to test the telephone lifeline pendant on a regular basis. Another person had requested an earlier call on a Sunday to enable them to practice their faith. This information had been written into their care plan and was followed by staff.
- People's care plans were reviewed with them and their relative to ensure they continued to meet their needs. One person said, "I have a care plan here, they are always updating it." People were asked for their preference regarding the frequency of completing a telephone review, as some people liked a regular phone review whereas other chose not to have them as frequently.
- Daily logs completed by the care staff at the end of each care call were monitored and audited by a member of the management team, this was to check care was delivered as described in the person's care plan. Any discrepancies were discussed and reviewed with the person, for example, the gender preference of care staff was double checked with one person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and action was taken to provide information in an accessible way. For example, one person's care plan included pictures as well as written text to meet their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The agency employed a 'client liaison supervisor' whose role included being the main point of contact for people and their relatives. This person also supported people to liaise with health care professionals and appointments. For example, liaising with doctors and arranging a visit to the breast screening clinic.
- There was a commitment to improve the well-being of people at risk of social isolation. A purring pet and a fidget blanket had been purchased by the registered manager and loaned to people that staff had identified to increase their quality of life and well-being. Feedback had been positive from people, their relatives and staff that these had made a positive impact on people's lives.

Improving care quality in response to complaints or concerns

● People and their relatives knew how to make a formal complaint or raise a concern. One person said, "I have no major concerns but they do keep putting my time back which irritates me." A relative said, "The only complaint I have made is lack of consistency with the carers and they try to help."
● A monthly audit took place of people's visit notes, any negative comments were recorded as a formal complaint and acted on. A policy and procedure was followed when any concerns or complaints were made; this included an investigation and a conclusion with any actions. Records showed people complaints had been listened to and acted on. For example, two people had complained that their care calls were too late; this was changed to suit the persons wishes.

End of life care and support
● People were supported to receive the care and support they wanted at the end of their life. Some people had been supported to complete an advanced care plan to ensure their wishes were always respected including when they may not be able to make decisions for themselves.
● Staff attended end of life care training with the local hospice team. Two members of staff had completed additional bereavement training, this enabled them to offer additional support to the family members as well as the person.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- People and their relative told us the office staff were polite and friendly. They felt the agency was well-led and had improved with the return of the registered manager. One person said, "I think it is well-led because they listen to me. I phoned up because my washing machine was broken, and they helped." A relative said, "I think the service is well run because the care is good and the staff are well trained."
- The registered manager had returned early from maternity leave following several concerns that had been raised with the interim management. This included a high staff turnover during the period they were out of the business. As a result, an analysis was completed of the recruitment and retention process. Since the registered managers' return staff retention had risen and staff said they were happier in their role.
- The management team promoted an open culture where they kept staff working in the community informed of changes to their role or the organisation. Regular team meetings were held enabling staff the opportunity to share best practice and to make suggestions for improvements.

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

- People and relatives were involved in the development and review of the agency and the service they received. Annual surveys were sent out to gather feedback, ideas and suggestions about improvements that could be made. Results were collated and changes were made to improve the service based on feedback. For example, three people raised concerns about their care call times. The management team contacted these people and changed their call time.
- Staff completed an annual survey to give feedback about their role, training and support. The registered manager sent out an additional survey following their return from maternity leave in 2019. To increase staff morale and attendance, team building days had been created and an attendance bonus had been started.
- Annual surveys to healthcare professionals had been sent out, initial feedback had been positive however, the return deadline had not passed at the time of our 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 and management team understood their responsibility in line with the duty of candour. There was a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.
- Systems were in place to ensure that any accidents or incidents were investigated to see if any lessons

could be learnt to prevent a reoccurrence.

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

● The management and staff team were aware of their role, responsibility and who they were accountable to. Care staff were given a job description, contract of employment and a staff handbook which outlined their role and responsibility.

● Systems were in place to monitor and improve the quality of the service people received. The management team completed a range of audits which included, incident and accidents, daily report logs and a care records audit. Senior staff completed spot check visits announced and unannounced, observing staff and speaking with people. These visits enabled staff to receive feedback regarding their working practice, that had been observed by the senior staff.

● The registered manager and management team had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as a serious injury or allegations of abuse.

● It is a legal requirement that an agencies latest Care Quality Commission inspection report rating is displayed at the registered office where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had clearly displayed their rating within the registered office.

Continuous learning and improving care

● The registered manager attended various seminars and exhibitions about home care and new ideas and aids that had come to the market. At a recent conference different aids were viewed to enhance and increase people's independence when managing their medicines; the registered manager was keen to try the new aids to improve people's independence.

Working in partnership with others

● The 'customer liaison supervisor' and staff worked in partnership with health care professionals such as occupational therapists, speech and language therapists and district nurses.

● Regular contact was made with commissioners when there had been a change in people's needs to increase or reduce their package of care.