Exclusive Therapies Limited

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Inspection report

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25 July 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 10 July 2017 and was announced. The provider was given notice because the location provides domiciliary care services and we needed to be sure that someone would be in. A second day of inspection took place on 21 July 2017 and this was announced. We contacted people who used the service and staff by telephone on 25 July 2017 to ask for their views.

Exclusive Therapies is based in Hinderwell and provides personal care to people in their own homes within Ryedale area. The service was registered with the Care Quality Commission (CQC) in July 2016 and this was the first inspection. At the time of inspection, 67 older people used the service, some of whom were receiving end of life care. The registered provider, who was the nominated individual as well as the registered manager, was present throughout the inspection.

A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Robust recruitment procedures were not in place. Staff recruitment records did not always contain full employment histories and gaps in employment had not been explored. References had not always been obtained and there was no recorded evidence of interviews taking place.

You can see what action we told the provider to take at the back of the full version of the report.

Risks to people were assessed to keep them safe from harm. When a risk was identified appropriate care plans had been developed along with an associated risk assessment which contained sufficient details to guide staff how to support people safely.

Staff had received training in how to recognise and report potential abuse and ensure people who used the service were protected from harm. Any safeguarding concerns had been appropriately managed.

Procedures were in place to guide staff on the safe administration of medicines and staff had received medicines training. The records we checked showed that people had received their medicines as prescribed.

People who used the service were supported by a regular team of staff who were reliable, friendly and who provided support in a consistent way.

All staff completed an induction to the service. A range of training was provided to ensure staff were able to effectively carry out their roles. Staff were supported by management through a regular system of supervision and competency assessments.

Staff had built strong working relationships with other professionals to maintain and promote people's health. People were clear about how they could get access to their own GP and other professionals and staff at the service could arrange this for them.

Staff demonstrated good knowledge and understanding of the requirements of the Mental Capacity Act 2005. Staff were aware of the procedure to follow if they suspected a person lacked capacity to make decisions.

Some people were supported by staff with meal preparation. Records and people confirmed that they were given choice and appropriate support was provided in this area.

People usually consented to their care and support from staff by verbally agreeing to it. People we spoke with confirmed they had input into their care planning and access to their care records.

Care plans detailed people's needs, wishes and preferences and were person-centred which helped staff to deliver personalised support. Care plans were reviewed and updated regularly. People said they were treated with dignity and respect.

The provider had an effective system in place for responding to people's concerns and complaints. People who used the service were confident the registered manager would investigate and resolve these, wherever possible.

Feedback was sought to monitor and improve the service. The registered manager responded promptly to any feedback that was provided which highlighted areas for improvement.

The registered manager had an active role in the day to day running of the service and staff told us they felt supported by them. They were confident the registered manager would deal with any issues raised. Staff were kept informed about the operation of the service through regular staff meetings.

The registered manager carried out a number of quality assurance checks to monitor and improve the standards of the service. However, the quality assurance processes had not identified our findings with regards to pre-employment checks.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Safe recruitment processes had not been followed. Appropriate checks had not been completed before new staff commenced employment.

Risks to people were assessed to keep them safe from harm. When a risk was identified, appropriate plans had been developed which contained sufficient details to guide staff on how to support people safely.

Procedures were in place to guide staff on the safe administration of medicines and staff had received medicines training.

Staff were aware of the different types of abuse and what action they should take if they suspected abuse was taking

Is the service effective?

Good

The service was effective.

All staff received an induction to their role. Staff had completed an extensive range of training to ensure they had the skills to support people.

Staff were supported in their role through a regular system of supervisions and competency checks in the community.

Staff demonstrated good knowledge of the Mental Capacity Act 2005 and the action they would take if they had any concerns.

People were supported to maintain their health and access professionals, when needed.

Is the service caring?

Good

The service was caring.

People told us they were treated with dignity and respect.

Care and support was individualised to meet people's needs. End of life care plans were in place when required.

People were supported by a regular team of staff who were familiar with their likes, dislikes and preferences.

Is the service responsive?

Good

The service was responsive.

The manager completed initial assessments to ensure they could meet people's specific needs before they joined the service.

Care plans were person-centred and focused on the individual's care needs.

The provider had an effective system in place for responding to people's concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The manager had not ensured safe recruitment processes were followed.

Quality assurance processes were in place but did not identify the shortfalls with regards to recruitment.

Regular staff meetings took place and staff told us they were supported by management.

People were given the opportunity to provide feedback about the service.

Exclusive Therapies Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 21 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service providing support to people in their own homes. We needed to be sure that someone would be available at the office. Calls to people who used the service and staff were made on 25 July 2017 to gain their views.

The inspection was carried out by an adult social care inspector. An expert by experience contacted people who used the service, and relatives, via telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of their expertise was in older people.

The provider had been asked to complete a provider information return (PIR) and this had been returned within required timescales. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan this inspection.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We sought feedback from the Local Authority and other professionals.

During the inspection, we spoke with five members of staff including the registered manager. Following the inspection, we contacted 13 people who used the service by telephone and two relatives to seek their views about the service.

During the inspection, we reviewed a range of records. These included four people's care records containing care planning documentation and daily records. We looked at five staff files relating to their recruitment,

supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

The provider employed 30 members of staff and we selected five staff recruitment files at random. We could see from the records that safe recruitment procedures had not been followed. Applications did not contain full employment history, any gaps in employment had not been explored and interviews conducted had not been recorded. Of the five staff files we looked at, one did not contain any references and three did not contain a reference from the member of staff's last employer.

A Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service and these were all clear for the staff we reviewed. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

We discussed our findings with the manager. They told us, "The deputy has taken responsibility for recruitment and I have maybe taken my eye of the ball a little. I can assure you the process will be thorough in future." They confirmed that interviews had taken place although these were not recorded.

At the second day of inspection, the manager had begun to implement actions to ensure a safe recruitment process was followed. This included requesting references where gaps had been identified. Also updating the checklist to ensure all elements of safe recruitment were completed before a new member of staff began working unsupervised in the community.

While we established that shortfalls in staff recruitment had had no adverse impact on people using the service, this matter would have gone unchecked without it being identified at inspection.

Failure to establish and effectively operate recruitment procedures is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

People told us they felt safe. One person told us, "They sort out my tablets and they put cream on my legs and feet. They make sure I am safe and I feel safe with them." A relative we spoke with told us, "My relative is very safe with the carers. I have absolutely no worries at all about safety."

We looked at a sample of medicine administration records (MARs.) We could see that these records contained the required information to enable staff to administer medicines safely. All MARs had been completed accurately to state when medicines had been administered. However, topical medicines, such as creams were not always appropriately recorded when they had been administered and we identified several gaps in recordings. We could see that MARs had been audited and any gaps in recordings had been investigated by the manager and appropriate action taken. For example, additional training was completed during staff meetings. The manager then monitored MARs to ensure improvements were made.

Medicines that were prescribed 'as and when required '(PRN)' had been administered accordingly and fully recorded. Guidance on when PRN medicines should be administered was available for staff to follow.

Records showed that staff had received appropriate training with regards to medicines and competency assessments had been completed by the manager or senior staff.

Staff were aware of the different types of abuse and what action they should take if they suspected abuse was taking place. One member of staff told us, "I would report any concerns to the manager. We have all had training and I am confident that all staff would report." Records showed that staff had received training in safeguarding and the manager was aware of the processes to follow if a concern was raised. We could see that referrals to the local authority had been made when appropriate.

Risks to people were assessed to keep them safe from harm. When a risk was identified appropriate care plans had been developed along with associated risk assessments which contained sufficient details to guide staff how to support people safely. For example, one person was at risk of falls. A falls risk assessment had been completed which detailed aids the person used, as well as appropriate footwear the person should be encouraged to wear whilst mobilising. We saw risk assessments had been updated when changes occurred so they contained the most up to date information.

People were supported by a regular team of staff. The manager told us that staff worked a regular shift pattern and records we looked at confirmed this. Although there were currently vacancies for carers, there was enough staff on duty to provide the support that was needed. The manager told us, "We have bank staff who will help to cover sickness or holidays but generally we have enough staff. We would never accept a package of care if we couldn't physically provide the correct support. It would not be fair to the person or to the staff.

People we spoke with confirmed they were supported by a regular team of staff. One person told us, "I have regulars who come. I know them really well and they know me. I sometime get different ones but that's only when my regulars are on holiday or something." A relative we spoke with told us, "There's been a different carer when one of the regulars has been ill or on holiday but normally it's the same faces every time. I would say they are consistent."

The manager had invested in an electronic call monitoring system which was implemented in December 2016. The system involved an electronic chip being put into people's homes to allow staff to 'log in' when they arrived at a visit and 'log out' when they left. This was done via a mobile device which connected to the computer system at the office. The monitoring system meant that the risk of missed visits was significantly reduced as a warning would be generate and displayed on the office computer system if the member of staff had not logged in within a specified time. The manager told us they also used the system to ensure staff were staying the full length of time at a person's home.

The monitoring system allowed staff to update people's records electronically via the mobile device. This information automatically uploaded onto the office's computer system. This meant that all staff had access to the most up to date information. One member of staff told us, "The system is really good. We can add notes about the person so other staff that may be visiting are aware. For example, one person needed some bread collecting as they had run out. I put a note onto the system so when the other staff member looked at their device they knew to get bread before they came for the next visit. It is little things like that but they make a big difference."

Good

Is the service effective?

Our findings

People told us they thought staff had appropriate training to provide effective support. One person said, "I think they are all well-trained and know what they are doing." Another person told us, "I've had another company before and there is a big difference between carers who are doing the job because they want to help people and those who are not bothered. I get different people from this company but they are all dedicated and nothing is too much trouble for them. They all seem to have the training they need."

All staff were required to completed an induction when they started at the service. The manager had developed a program that incorporated the provider's policies and procedures, what was expected of all staff as well as elements of the Care Certificate. The manager told us, "Any staff that are new to care are enrolled on the Care Certificate and I monitor progress." Records we looked at confirmed this. The Care Certificate sets out learning outcomes, competences and standards of care expected; it is completed over a 12 week period.

Probation meetings took place after new staff had been employed for three months. These meetings were used to discuss progress, performance and any training needs. Records we looked at showed that these meetings were conducted on a one to one basis and if any concerns were identified, the member of staff's probation period was extended. The manager told us, "I have high expectations of all staff and the quality of care that we provide. If I have any concerns over new staff then their probation is extended. I explain to them why and what improvements I expect to see."

Staff were supported in their role through a system of regular supervisions. These meetings provided staff with the opportunity to discuss any concerns or training needs. Supervisions were generally completed every three months or sooner if concerns were raised. One member of staff told us, "I get a lot of support. Supervisions are done often and I have had a couple of spot checks." Another member of staff told us, "The support I get is brilliant. [Manager] is always available and supports me with work related issues and personal issues. I couldn't ask for better support."

As the service had only been registered for 12 months, staff had not yet received an annual appraisal. Plans were in place for these to be completed.

The senior care workers and manager also completed 'spot checks' in the community. These checks were to ensure staff arrived at a visit at the correct time wearing the correct uniform. Senior staff then observed staff providing support to ensure they met all the expected standards when delivering support. The manager told us, "I identified that stocks of personal protective equipment was lasting longer than it should. As a result, I asked the senior carers to conduct additional spot checks to monitor infection control practices. This identified some issues so I arranged a training session. Since then we have seen vast improvements."

Training records we looked at confirmed that all staff had received training relevant to their roles. The manager had identified a number of mandatory training courses that they required all staff to complete. These included safeguarding, medication, moving and handling and health and safety. Specialist training

had also been provided in areas such as dementia awareness, tissue viability, diabetes, palliative care and falls.

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection.

The service was not currently supporting anyone who lacked capacity to make decisions. The manager was clear about the processes they needed to follow and the principles of the MCA.

Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. We found people had been involved in planning their care and had signed their care plans. People we spoke with were aware of their care plan and told us they had access to it if they wanted. One person said, "They came and talked to us about the care plan at the beginning and I have a folder with information in."

Some people who used the service required support from staff with meal preparation. We found that nutrition care plans were in place and contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic or had any allergies. One care plan detailed that the person preferred lightly toasted bread and porridge made with semi-skimmed milk for breakfast. This level of detail ensured the person's preferences were known to staff.

People were encouraged to incorporate fresh foods into their diet. One person preferred to have a frozen meal at lunch time. Details in the care plan reminded staff to encourage the person to have some fresh vegetables or salad to accompany the meal. One member of staff told us, "People choose what they want for their meals. We just try and encourage a good diet."

All staff had received appropriate training in food hygiene which was confirmed in training records. This meant staff could support people effectively with food and nutrition, where necessary.

Care records contained evidence of staff working closely with other professionals to maintain and promote people's health. These included GP's, district nurses and social workers. People were clear about how they could access their own GP and other professionals and that staff at the service could arrange this for them.

The manager had good working relationships with the district nursing team and local GP surgery. They told us how they were planning a meeting with these professionals to establish how Exclusive Therapies could support their practice to improve the service people received.

Good

Is the service caring?

Our findings

People who used the service commented positively about the approach that was adopted by staff. They told us staff were flexible and familiar with their individual preferences. Also that staff were compassionate and kind and respected their wishes whilst promoting their independence. One person told us, "The carers really go the extra mile all the time. They make sure I am well-cared for." Another person told us, "The staff are brilliant. I can't say a bad word about them; very caring indeed."

Staff told us they worked in a way that protected people's privacy and dignity. For example, by keeping curtains and doors closed when assisting people with personal care and by respecting people's choice and decisions they made. One member of staff told us, "I think it is important to find out what makes people comfortable when providing personal care. Things like closing the curtains and doors, where they prefer to get dressed, if they want us to knock and walk into the property. All these things are about dignity."

We asked people if they felt staff treated them with dignity and respect. One person told us, "Yes, I do. The staff that come know me well and they know how I like things done." Another person told us, "I have no problems around dignity. Sometimes new staff don't know me as well as others but we manage and they always listen."

People told us they were familiar with staff who supported them. One person expressed a concern that new staff were not always familiar with their needs but went on to explain this was only when their main carer was on holiday. Another person described the main staff team as "excellent" and "knew them inside out."

People confirmed they could make changes to scheduled visits if they needed to and office staff were very accommodating in this respect. One person told us, "I have no problems when I need to change times or days of visits. They are very accommodating like that." Rotas demonstrated that visits were scheduled at consistent times and people we spoke with confirmed this. The manager told us, "People are able to choose a preferred time they wish for staff to visit at the initial assessment, and if we can accommodate this, we will. We do ask for 15 minutes flexibility in this time as staff can sometimes be held up in traffic or road works. If staff are going to be late we do try and contact the person to keep them informed."

Staff we spoke with were familiar with people's likes, dislikes and preferences. Staff spoke passionately about the people they supported and discussed how much they enjoyed building relationships with people and helping them remain in their own homes. Comments included, "I love my job and the people I support" and "I feel like I make a difference. I am new to care and I just feel fulfilled when I finish for the day."

Some people were being supported with end of life care. Where required, people had an end of life care plan which gave clear guidance for staff about how best to support them. The information included what was important to the person and their preferences around the end of life support they wished to receive. The manager was currently working on new end of life care plans to improve the current standards.

At the time of inspection, no-one using the service was using an advocate. Advocates help to ensure that

people's views and preferences are heard. The manager told us that they could be arranged for people who wished to have one, and was able to explain how this would be done.

Good

Is the service responsive?

Our findings

During the inspection, we looked at four care plans. We saw that initially assessments had been completed before the person joined the service. These assessments detailed support that would be required as well as personal information such as next of kin, GP contact details, medical history and any other professionals involved in the person's care and support. This demonstrated that the manager had assessed and carefully ensured they could meet people's specific needs.

Care plans identified people's daily care needs and were person-centred. For example, one person's personal care plan detailed the level of support that would be required with washing and stated, '[Persons name] will need assistance to wash lower half of their body.' Another person's care plan detailed that they would require assistance to wash under their right arm only due to right arm weakness. Care plans also contained personal preferences with regards to when bedding was changed and days the hairdresser visited as a different routine needed to be followed. This meant that staff had information available to provide person-centred support.

We asked people if they had been involved in the development of care plans and if discussions had taken place around what was important to them. One person told us, "They came out to see me before the care started. We went through lots of things. They were very thorough." Another person told us, "They came and talked to us about the care plan at the beginning. They've made it very clear that if we find we need more support, they can come and review things with us but that hasn't happened yet. Mind you, we haven't needed it."

We saw evidence that staff closely monitored people to ensure they were receiving a package of care that was sufficient to meet their needs. Care plans were regularly reviewed and staff communicated with the manager if they had any concerns. The manager told us that people had required increases in packages of care due to deterioration in their health. We saw evidence to show this was accommodated when required with input from other professionals.

Staff were able to give details of how they delivered personalised care. One member of staff told us, "I know the people I support as I generally visit the same people. We have built relationships, not just with them but with families too. I like to think I know people well enough to provide support that is to their preference."

The service had received a number of compliments about the support provided. Comments included, "Many thanks for your kindness", "I cannot thank you enough. You have pulled out all the stops. The support provided meant [person's name] could pass with dignity" and "I am so happy with the service. Wonderful."

Everyone told us they knew how to make a complaint. One person told us, "If I was worried about anything I would have no problem in ringing the office. I think the people there are pretty good. I must say though, I have no complaints."

The provider had a complaints procedure in place. The document included guidance on how to complain

and what to expect as a result. There had been no complaints made since the service began operating.

Requires Improvement

Is the service well-led?

Our findings

The manager had registered with the Care Quality Commission (CQC) in July 2016. Prior to this they were employed within a nursing profession and had many years' experience working within adult social care. They had a good understanding of their role and responsibilities. However, we found they had not appreciated the importance of safe recruitment processes, including pre-employment checks being completed before employment commenced. The manager agreed that they had not complied with regulations and that their own quality assurance process had not picked this up.

On the second day of inspection the manager had begun to take action to address the concerns we found in relation to safe recruitment processes.

The manager carried out a number of quality assurance checks to monitor and improve the standards of the service. Quality assurance and governance processes are systems that help the registered provider to assess the safety and quality of their services, ensuring they provide people with good services and meet the appropriate quality standards and legal obligations. Monthly audits were carried out in areas such as daily visit reports and medicine administration records. The manager selected a sample of records to ensure they were completed accurately. Any issues that were identified were discussed with staff during meetings. For example, gaps in recordings on MARs had been discussed, followed by a training session, to ensure staff were aware of how to complete documentation and the importance of this. This demonstrated that action was taken when any shortfalls were identified.

During our inspection, we could see that the manager had an active role in the day to day running of the service, often receiving telephone calls from people who used the service, professionals and staff seeking advice. The manager was supported by a deputy manager to ensure there was sufficient office cover at all times. The manager said, "I have a deputy but they do prefer to be more hands-on in the community so we are looking at making changes to the management structure. We have a new office that we plan to move to shortly which will offer more space for meetings and training. I have a very hands-on approach. I think working in the community is an important aspect of being a good manager."

All the staff spoke positively about the manager and their approach. One member of staff told us, "[Manager's name] is very supportive. They are always available and understand the problems we come across because they have years and years of experience. I have every confidence in [manager's name.]" Another member of staff told us, "[Manager's name] is very approachable. I have never been made to feel like I cannot contact them for anything; quite the opposite. It is comforting to know I have that support. It really is a good team of people."

Staff meetings took place at the end of every month and we saw records to confirm this. Areas discussed included any issues identified by the quality assurance audits, any new ideas the staff team may have as well as additional training delivered by the manager to ensure best practice was being followed. These meetings were well-attended and any staff unable to attend were provided with copies of meeting minutes.

People told us they felt the service was well-led. Comments from people included, "I have met with the manager. They are very nice. I don't know what I would do without them. They are on the ball" and "Always on hand when I need them. Nothing is too much trouble and the office staff are very accommodating."

During the inspection, we looked to see how feedback was sought from people who used the service. Satisfaction surveys had been distributed and returned, but were not dated. We found that they were all positive and when people had made suggestions for improvements, these had been actioned. For example, one person had suggested they should be contacted when a member of staff was going to be late. This had been actioned by the manager and people we spoke with confirmed that improvements had been made. The manager told us that plans were in place for further satisfaction surveys to be distributed over the next couple of months.

People were also given the opportunity to provide feedback during 'spot checks.' Spot check involved a senior member of staff visiting a person's home to ensure the care staff were preforming as expected. During these 'spot checks' the senior member of staff spent time with the person to ask them their views on the service being provided. Any areas that required addressing were discussed with the manager and appropriate action was taken.

The manager had built strong working relationships with other health and social care professionals which had a positive impact on the care and support people received. For example, staff had identified that a person was at risk of pressure damage. The manager had contacted the community nurse and pressure relieving equipment was delivered within a 24 hour period. The manager told us, "We have really good relationships with community professionals and we want that to improve further. I have a meeting planned with the community nurse next week so we can discuss how we can support them to improve the service people receive. This demonstrated the manager's ability to work in partnership with other professionals.

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received the required notifications from the manager in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure that new staff were of good character. Appropriate checks had not been completed.