

Exceptional Home Care Ltd

Exceptional Home Care

Inspection report

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22 September 2020

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11 November 2020

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Exceptional Home Care is a domiciliary care agency providing personal care and support to 21 people who live in their own homes. People using the service are living with a variety of health conditions and range in age between 49 and 97 years old.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service had recently been taken over by another company and was in the process of re-branding. The registered manager was not at the service during inspection and has since left employment.

The provider had placed a management team into the service to provide leadership and support until plans for a new registered manager were in place.

People felt safe and cared for by staff supporting them. However, processes had not always been in place to ensure staff had relevant skills and knowledge to carry out their roles. The new management team had implemented training and supervision to ensure staff could meet people's needs.

The service had not been well managed. The provider was developing systems to assess, monitor and evaluate people's care to provide more consistent care to the people using the service.

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

This service was registered with us on 24/04/2020 and this was the first inspection.

Why we inspected

We undertook this targeted inspection to check on a specific concerns we had about the support people received, and how the service was being governed.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The service has not been rated at this inspection.

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?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Exceptional Home Care

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had around how people's care needs were being assessed, staff training and how the service was being run.

Inspection team

The inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission at the time of inspection. 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. Since inspection the registered manager has left the service and there is not a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff including the operations manager, the care co-ordinator and a covering manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one person who uses the service and five relatives of people who use the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service.

We have not given a rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about how people's support needs were assessed and managed, and how staff were recruited and trained. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- People's needs were not always assessed appropriately. This meant staff may not have been aware of what support people needed, or how to ensure people were kept safe. A covering manager had begun meeting and reviewing all people using the service to assess whether people were receiving care and support that met their needs.
- People's care needs were not always recorded accurately. Care plans were in place, but the quality of the information was variable. The operations manager had started to implement new care plans for all people using the service.
- People did not always have their needs and safety reviewed regularly or as their needs changed. This meant staff may not have been aware of people's current needs. The operations manager showed us their plans to review and audit people's care plans regularly .

Staffing and recruitment

- Staff had not received all training relevant to their roles. This meant people may not have always been supported safely by staff who had the relevant skills and knowledge. A training programme was in place which all staff would complete by November 2020.
- People were supported by small consistent teams of staff. Changes had recently been made to staff rotas to improve the service people received. Some people's relatives told us staff reliability and timings of care calls had improved. Other relatives were unhappy with changes that had been made to their relative's support. The operations manager acknowledged that changes had been made to care based on people's health needs and vulnerabilities. Changes were made in discussion with people and their relatives, and the service was working to meet people's preferences where compromises had been made.
- Staff were recruited safely. Disclosure and Barring Service checks (DBS) for all staff had recently been renewed. Staff records were viewed, and relevant checks had been completed before staff commenced work.

Preventing and controlling infection

- People were protected from the risk of infection. Most of the staff had received Infection Control and specific COVID-19 training, with the remainder of staff due to complete training by the end of September

2020. We were told staff used Protective Personal Equipment (PPE) in accordance with government guidance around COVID-19.

- A person's relative confirmed staff wore PPE when caring for their relative, although they felt there were points where PPE compliance was not always consistent.

Learning lessons when things go wrong

- Reviews of incidents had not taken place, so lessons learnt and ways to improve the quality of care people received did not take place. The operations manager identified this as a concern and had policies and procedures in place to audit incidents and share lessons with staff.

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.

We have not given a rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the service was being led. We will assess all of the key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits and quality assurance were not consistently completed. This meant there was little opportunity to monitor or improve the care people received. The operations manager had plans in place to complete audits and quality assurance to ensure people received person-centred and safe care.
- Staff may not have always been supported in their roles. A staff member told us the new management "have been amazing, they are always there at the end of the phone. I feel much happier." The operations manager and covering manager told us they had an open-door policy and were available at all times to provide guidance and support to staff.
- The previous registered manager had not always undertaken their role and responsibilities. For example, regulatory responsibilities of reporting incidents to the CQC had not always occurred. This impacted upon how the service was led and may have impacted upon the care people received. The operations manager understood the regulatory requirements of CQC and had systems in place to report incidents.

Continuous learning and improving care

- The operations manager and covering manger were passionate about making changes to the service to improve the quality of care people received. Plans to provide regular peer support to the future registered manager were in place, and supervisions to staff were taking place.