Exodus Health Care Services Limited

Exodus Health Care Services

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

Exodus Health Care Services was inspected on 20 July 2016 and the visit was announced. This was the services' first inspection since it registered with the Care Quality Commission (CQC) in February 2015.

Exodus Health Care Services provides personal care to people living in their own homes. They currently provide personal care to approximately twelve people. The majority of people who receive a service from the agency live in the London Borough of Lambeth and are funded by them. Currently there are two people who fund their care themselves.

The service had a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People were positive about the service they received from Exodus Health Care Services. People told us they knew their care workers well which meant they understood their needs. People and care workers told us if they had any issues they were comfortable talking to the registered manager or deputy, and knew their issues would be addressed.

Care plans were individualised and written in a way to maximise people's independence. These plans were regularly reviewed so they reflected people's current needs. The provider was flexible in their approach and could accommodate changes. They had a number of contingency plans in place to ensure the smooth running of the service in the event of an emergency situation.

The provider worked effectively with other services to ensure relevant information was shared in the interests of people receiving a service. The provider took time to make sure people were matched with care workers who could best suit their needs.

Care workers received training which was regularly refreshed so it was in line with current best practice. Their knowledge was regularly checked by the provider to make sure they were giving medicines as prescribed and providing care in line with best practice.

Prior to employment, the provider undertook a range of checks to make sure only suitable people were employed by the service. Care workers were knowledgeable about how to keep people safe and knew about issues of confidentiality.

People's health was continually monitored and necessary action taken when required. Care workers ensured people received food and drink in line with their requirements.

The provider regularly monitored the quality of the service. They had monthly contact with people to make sure they remained satisfied with the service. They also had regular contact with care workers to make sure they felt supported to undertake their role and to ensure they understood the direction and vision of the agency.

Care workers sought consent from people before providing care. They worked in line with requirements laid out in the Mental Capacity Act (2005).

The service had identified risks to people and how these risks could be minimised. Accidents and incidents were recorded and monitored. The registered manager knew when they had responsibilities to notify CQC of significant events which may affect the running of the service.

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. Care workers knew how to keep people safe and the provider regularly checked their knowledge and understanding of what they should do if they were concerned about people.

The provider completed checks to make sure only suitable people were recruited into care worker posts. People received their medicines as prescribed.

Risks to people and staff were identified so action could be taken to minimise the risks.

The service had contingency plans in place to make sure people received a service, should unforeseen circumstances arise.

Is the service effective?

Good

The service was effective. Care workers received training in line with their roles and responsibilities. They undertook an induction period and their existing knowledge and skills were refreshed regularly.

Care workers received formal support from their line managers at least monthly. This helped them to undertake their work more effectively.

The provider prompted care workers to seek consent from people using the service. This helped to ensure people received care which was in line with their wishes.

People's general health needs including nutritional needs were met.

Is the service caring?

Good

The service was caring. People enjoyed the continuity of care workers who were familiar with their needs and wishes.

The provider emphasised the need for matching people with care workers who could best meet their needs.

The provider and care workers were aware of issues relating to confidentiality and ensured this was maintained for people.

Is the service responsive?

Good

The service was responsive. Care plans were written in a way that reflected people's individual needs and wishes. These care plans were regularly reviewed to adjust for any changes in people's needs.

The provider worked with other agencies, for example the local authority and hospitals to ensure smooth transitions between services. The provider was flexible in their provision of services.

People told us they would feel able to raise any issues or concerns. Although people we spoke with were all positive about the service.

Is the service well-led?

Good

The service was well-led. There were a number of measures in place to monitor the quality of the service. This included regular contact with people who used the service, and constant monitoring of care workers and their understanding and knowledge their role.

People and care workers told us the registered manager was open and approachable and they were assured their views would be listened to and acted upon.

The provider was aware of their responsibilities to notify CQC of any significant events that might affect the well-being of people.

Exodus Health Care Services

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 20 July 2016 and was announced. We gave the provider 48 hour notice because senior staff are sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was carried out by an inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's office and spoke with the registered manager and deputy manager of the service. We reviewed the care records of three people who used the service, and looked at the records of two care workers and other records relating to the management of the service.

After the inspection visit we had telephone contact with a person who receives a service, two people's relatives and representatives from two local authorities. We also had telephone contact with two care workers who work for the agency.

Good

Our findings

The provider had a range of measures in place to make sure they kept people safe from harm. Care workers had received training about safeguarding adults at risk which was refreshed regularly. This training included the signs of abuse to be aware of and what care workers needed to do if they suspected anyone was at risk of harm. We saw the provider had policies and procedures to follow if they were required to make a referral to the local authority. This included having knowledge of the 'London Multi-Agency Adult Safeguarding Policy and Procedures' which was particularly pertinent as many of the people who received a service from the agency lived in the London Borough of Lambeth.

We checked care workers understanding of the signs of abuse and what they needed to do if they suspected anyone was at risk from harm. Those we spoke with were clear about the action they needed to take. We saw the provider regularly checked care workers understanding of safeguarding adults at risk as the issue was discussed at team meetings. Their knowledge was also regularly checked at one to one meetings and their responses to fictional scenarios were recorded.

We looked at recruitment information to make sure the provider took reasonable steps to ensure only suitable people were employed. These checks included an identity and address check, two references and a criminal records check at the point of employment, with a policy that stated they would be renewed every three years. We noted for one care worker, there were two personal references and none from a previous employer. We discussed this with the registered manager who stated the care worker had previously not been in paid employment and therefore they could not obtain any work references. However the registered manager did state that as an additional precautionary measure in the future they would telephone referees in order to obtain any further information from them.

The provider had arrangements in place to make sure people received their medicines as they had been prescribed. We saw care workers had received medicines training and the provider checked care workers continued competency to administer medicines during spot checks of care. People we spoke with told us they received their medicines as prescribed. We looked at a number of completed Medicines Administration Records (MAR) sheets and saw they had been completed satisfactorily with no gaps or omissions. Where people had refused their medicines or the medicines had been administered by family members, this had been clearly recorded.

We saw each person had risk assessments and plans to manage those risks. The purpose of these plans was to minimise the risks to people whilst trying to maintain their independence where possible. There were a

range of assessments in place which included people's nutritional needs, risk of falls and moving and handling assessments. In addition, there was an environmental assessment for care workers which considered issues such as access to the person's property, domestic appliances and pets. These risk assessments were scored and then rated into a category of low, medium or high. The assessments were reviewed regularly to ensure they were up to date and reflected people's current needs.

The agency kept a record book of accidents and incidents, so they could monitor any possible trends and try to prevent reoccurrences. Although we noted, there had been no accidents and incidents since the agency had registered with CQC.

The agency had plans in place to maintain the safety of people and to ensure continuity of care to people. There was an emergency on call rota of senior staff so care workers could seek advice if they had any issues or concerns about people. The contact details were also available to people who used the service, in this way there was someone available to them in emergency situations. There were also contingency plans in place to deal with emergencies such as a flood at the offices. The registered manager told us as well as paper and computer records of key information about people, the computer records were also backed up on cloud storage (data storage on multiply servers) should the IT system fail.

Good

Our findings

People told us they felt care workers knew what they were doing in terms of caring for them. Care workers had all undertaken Care Certificate training. The Care Certificate is a set of national standards that social care and health workers adhere to. The registered manager told us the Care Certificate covered 15 subject areas. We saw the provider maintained training records which identified when training had been completed and when it needed to be refreshed. From the information in the records and from what care workers told us, we saw training was extensive and refreshed regularly.

We saw new care workers completed an induction period before they worked on their own. There was a two week period during which they shadowed more experienced care workers. They also met regularly with the registered manager or deputy who ensured they understood their role and responsibilities including areas such as whistleblowing and the providers' own code of conduct.

Care workers told us they felt supported by their line managers and they could raise any issues with them. The registered manager and deputy offered support via telephone supervision, face to face meetings, and appraisals and to monitor work undertaken through spot checks. We checked records and saw for example, care workers over the last seven months had some form of recorded contact with the registered manager at least monthly.

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.

We checked the provider was working within the remit of the MCA. The registered manager was able to tell us about training they had undertaken regarding the MCA and how it may affect the work they were undertaking with people. Written information in people's care plans prompted care workers to always seek people's permission before providing care.

People were supported to eat and drink sufficiently to meet their needs. Care workers could go shopping for people if necessary. They were often involved in meal preparation including those where care workers were living in. We saw numerous examples of prompts for care workers to encourage them to support people to eat and drink. For example, 'leave a drink where they can see it' and 'make sure food is cut up small to make

it easier to swallow.'

Care workers supported people with other health needs. A care worker told us how they knew the person they were working with and were alert to any changes in their health. They went onto say, "I sometimes call the GP for [person's name] and they mainly come because they know that I know her well." The care worker went on to tell us that if they remained concerned or the GP did not attend, then they contacted office staff who would take the issue further if necessary.

Good

Our findings

People had positive statements to make about Exodus Health Care Services. For example one person said, "They do take their time and they don't rush about." People told us they thought the service was caring. They particularly liked the emphasis on providing continuity of care workers. A relative told us, "There are two main carers going in and sometimes a third," which they felt benefited their relative as the care workers understood their needs. Someone who used the service told us, "I like all of them that come to my house."

The registered manager told us about the matching process they used after receiving a referral to provide care for someone. Within 24 hours they would visit and complete their own assessment and gather information relating to the person's needs and factual information including their religion and preferred spoken language. Once they identified two possible carer workers, they would then review after two visits of care, making any necessary changes. In this way, the provider was ensuring the best possible match of care worker to the person receiving a service.

We checked to see if people received continuity of care workers. We saw for one person who had three calls per day, the majority were completed by the same care worker with occasional calls over the weekends by a second care worker. In another example, a person had one of two live-in carers, and the live-in care workers were supported to take daily breaks by the registered manager or deputy manager.

People told us in the vast majority of calls, care workers were on time. This meant people were not left waiting and anxious to receive a visit. A relative told us, "Sometimes the traffic might mean they're late, but I can't remember when they were last late."

The registered manager told us how they would be monitoring the location of care workers. They had purchased a system which used Global Positioning System (GPS) and applications on care worker's mobile telephones. The system identified when a care worker arrived at someone's home and when they left, so there were assurances that people were receiving their allocated call time. Office staff were also alerted if care workers were delayed by 15 minutes, and located the next nearest care worker who could offer care. In this way the risks associated with missed calls was minimised. We saw evidence of the new system which would be going 'live' at the end of July.

We saw care plans had been written in a way to maximise and encourage independence. In this way people could be involved as they wanted to be in their own care and maintain dignity. We saw care plans were

reviewed regularly so they reflected people's current and changing needs. We did note, people or their representatives had not always signed the care plans to show they agreed with them. We discussed this with the registered manager who told us some people were unable or unwilling to sign the documentation. They agreed they would make a note on care plans if people refused or were unwilling to sign.

We saw the provider understood issues regarding confidentiality. Exodus Health Care Services have their own office located in a building shared with other businesses. People's information is retained in secure metal cabinets and the office door is locked when not in use. We spoke with care workers about their understanding of confidentiality. They were able to tell us how they maintained people's confidentiality and were aware they had responsibility at certain times to share information.

Good

Our findings

Care plans were personalised, this was to ensure care was delivered in line with people's preferences. For example, we saw the care plan outlined what the person preferred for breakfast, including how they liked their tea and 'toast with lots of butter and some marmalade.' In another care plan we saw there was guidance about how to care for the person's pet.

The registered manager told us how they worked with other providers and agencies to try and ensure a smooth transition between services. They were provided with information from hospitals or local authorities which detailed the person's needs and the package of care to be provided. Exodus Health Care then completed their own assessments which included risk assessments. The care workers told us they were accompanied on their first visits to people by the registered manager or deputy. They also received information about people which was sufficient to help them care for people in a person centred way.

The majority of people who received a service from Exodus Health Care were referred by a local authority and as such the tasks the agency undertook were prescribed to them. However, the agency did tell us they would be flexible in their approach whenever possible and could accommodate people's additional needs for care or changes in the schedule. For example, if people said they wished to go out in the community, this could be accommodated.

We saw that each person's care plan had a section entitled 'Personal details'. This section was devised in order to give care workers important information about the person's life and family history. Additionally it prompted care workers to find common ground or interests they might be able to share with people. We discussed with the registered manager ways this information could be presented in a more meaningful way, so care workers could easily access the information required.

People told us they knew how to raise issues or make complaints. A relative said, "Everything is written down in the binder, the office number is here and there's a complaints leaflet." No one we spoke with had made a complaint. A relative said, "Never had any trouble, if I did I would speak to the manager." The provider kept a log of all complaints received. We saw the log had details of one complaint received since the service was registered, which had been dealt with in a timely manner.

Good

Our findings

We spoke with two different local authority representatives who referred people to the agency. Both commented that the agency worked well with them, followed up issues appropriately and they had no issues or concerns. The agency worked effectively as a conduit for information from the referral agency which it translated into a suitable format for its care workers. There was also evidence to suggest they were effective in contacting other professionals if it became necessary to ensure people received safe care.

The provider used a range of quality assurance systems to monitor the service. Most significantly the provider contacted people every month either by telephone or by visiting them at home. The outcomes were recorded and action taken if necessary. This was beyond the providers' own policy which stated contact with people to monitor the quality of the service should be every two months. The registered manager told us that whilst the agency was relatively small, they wanted to ensure they got things right for people.

We saw the provider had also sent out questionnaires to people and asked them to comment on the care that was provided and how it could be improved. Questionnaires had just been sent out to people and the provider had not received any responses as yet. The provider had also recently devised a carers' questionnaire which had been sent out to people's primary carers.

People were positive about the registered manager and deputy. All felt able to raise any issues or concerns they had. In addition, care workers spoke positively about the support they received. One care worker said, "Whenever I have a problem I feel free to talk to them." Whilst another care worker said of the registered manager, "Quite flexible, and encourages you to speak your mind."

The provider had a set of values for the service. They shared this set of values through a range of measures so care workers were clear about the direction and vision of the service. The registered manager and deputy undertook unannounced checks of care workers, where they considered issues of punctuality, appearance and monitored that care was provided in line with best practice. One to one meetings with care workers checked their understanding of key aspects of their work. There were also regular team meetings, for example the February team meeting discussed issues around safeguarding adults at risk. We saw there were clear and comprehensive minutes of these meetings which were sent to care workers who were unable to attend.

The registered manager was aware of their role and responsibilities with regard to CQC registration

requirements. The registered manager was able to tell us about significant events such as serious incidents, accidents and events that may affect the running of the service, which they were required to inform CQC about.