

Eximius Live-in Care Limited

Eximius Live-in Care Limited

Inspection report

Regus, Aston Court
Kingsmead Business Park, Frederick Place
High Wycombe
Buckinghamshire
HP11 1JU

Tel: 01494616000

Date of inspection visit:
24 May 2017

Date of publication:
13 June 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 May 2017. It was an announced visit to the service.

This was the first inspection since the provider registered with the Care Quality Commission (CQC) to provide personal care to people. The service supported people who lived in their own homes. At the time of the inspection five people were supported with live-in staff known as support companions.

At the time of the inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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. The previous registered manager de-registered in April 2017. The service had appointed a new manager and they had submitted an application to CQC to become the registered manager.

We received lots of positive feedback from people we contacted. There was an overriding theme that the care provided to people by staff had had a positive impact on people's physical, emotional and spiritual well-being. We were informed health had improved and some people had returned to activities they had not attended for some time.

We received feedback that staff were exceptionally kind and caring. One relative told us "My mother needed to attend a hospital appointment and I had arranged to meet [name of support worker] outside. When I went inside to meet my mother, she was sitting in the café. For a split second I did not recognise her. She was smartly turned out, hair done." The relative went on to say why that was particularly important. They told us prior to the introduction of the support worker their mother had been neglecting herself and was often seen in an unkempt state. They told us their mother had always been interested in clothes and fashion and had always previously taken pride in their appearance. It was clear the staffs' intervention had supported the person to regain their dignity and pride in her appearance. We received lots of other examples of how caring staff were.

The service had an experienced management team in place. The managing director was integral to the running of the service. They were affiliated to a number of business networks which promoted new ideas in the industry, drove improvements and developments for people supported by Eximius.

There was a clear vision by all staff to provide a person centred service which aimed to enable and empower people to live the life they choose. This was supported by what a relative told us, "The company stood out from the start, the response I got from the moment the phone was answered by [name of managing director] was stratospherically way above the other companies I had spoken with."

Staff were recruited through a robust system and people were involved in handpicking their own support worker.

Staff were fully aware of how to promote people's safety and told us they would report any concerns to the office. Staff and relatives told us they had confidence in the office to deal with any concerns raised.

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.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were aware of their roles and responsibilities.

People were cared for by staff who had been equipped with the right skills to provide safe care and treatment.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were supported to live the life of their choice and were fully involved in decisions about their care.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to access a range of healthcare and appointments were made promptly when needed.

Is the service well-led?

Good ●

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled management team to provide effective leadership and support.

People could be confident there was a clear culture to provide a high quality service.

Eximius Live-in Care 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 was planned to check 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.

The inspection took place on 24 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to help with the inspection. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed any information we had received about the service.

We spoke with one person who was receiving care and support, two relatives; the managing director. We also spoke with the care manager and support manager. We reviewed four staff recruitment files and three care plans within the service and cross referenced practice against the provider's own policies and procedures. After the site visit, we sought feedback from relatives and staff.

Is the service safe?

Our findings

One person and two relatives told us the support provided by Eximius staff made them or their relative feel safe. One relative told us "I know my mum is safe. I can now go away without worrying." Another relative told us "My mother's safety has improved. I know I cannot prevent accidents occurring, if something does happen the carer is there." A third relative told us "Over the 10 weeks live-in care has been in place there have been improvements in the safety of [name of person] lifting and transferring abilities. She had suffered a series of falls in the two weeks prior to Eximius being employed."

People were supported by staff with the appropriate experience and character to work with people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. The service advertised for staff in a number of different media outlets. However the managing director advised us they preferred to recruit by word of mouth. The service promoted the fact that staff were "handpicked".

The service held details of staff in the form of a profile. When a new person approached the agency for support the profile was used to match staff to clients. In addition to this new clients were encouraged to meet the staff. One person told us they had asked for additional information on the experience of potential staff regarding their own medical condition. They told us "I think you can tell a small amount from a profile...but you get a much more information by a photo and a proper CV." The person went onto to tell us "They [Eximius] have been getting me a CV which has enabled me to see how much time they have spent with [medical condition patients]." We received positive feedback about the quality of the matching process. One person told us "I undertake a mini interview." One relative told us "When we were first introduced to the agency they told us they tried hard to match staff to people, I was sceptical at first, but actually they do. We have had three [staff] now and so far every single one has been excellent." The same relative told us they had been impressed with how Eximius had handled their initial enquiry.

We did not receive any concerns about the availability of staff. Staff availability was known by the agency in advance. The support manager was responsible for managing rotas for the staff. One relative told us "We always have a handover of care workers."

People were protected from the risk of abuse. The service had a safeguarding procedure in place. staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff informed us that they would contact the local authority or the Care Quality Commission (CQC) if management did not report safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. The service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC.

Potential risks to people as a result of their medical condition had been identified and an assessment was in place to advise staff on how to minimise those risks. For instance one person required specific actions taken when a medical condition occurred. We found there was sufficient information detailed to reduce the risk of

harm.

Risk assessments had been made for internal and external environments. This protected people and the staff. In addition to this consideration had been given to any risks associated with fire, for instance, if the person used cigarettes. One support worker told us "[name] of person smokes but we have smoke detectors and a fire blanket/extinguisher in place." We found other risks were assessed when required for instance, if a person needed support with medicines a risk assessment was in place. We spoke with the care manager and they advised us at the initial assessment visit advice was provided about potential risk. They told us a common issue was rugs laid over carpets. They told us "I advise people about the potential for falling over rugs." One support worker was fully aware of risk assessments they told us, "I have also had the pool shut down as we feel it is now a health and safety issue because she is unsteady on her legs. There is a risk assessment in place that [name of support manager] did and she updates it if needed."

People who required support to take and manage their prescribed medicines. Had support from staff who had received training to ensure this was provided safely. The level of support required with medicines was detailed in the person's care plan. One support worker told us "The medication is assessed on a monthly basis by my line manager [name of manager] as she comes over to discuss any changes and review [name of person] care plan. They also look at my MAR sheets and check they are completed properly."

The service had an incident and accident reporting policy and staff were aware of what events they would report. Staff told us they had confidence that any concerns they had about people's safety were managed well by the service. One support worker told us "I would report hazards to my care manager, but this is normally covered in the risk assessment." This was supported by another support worker who told us "I often had discussions with the management and they would come and meet with me, or deal with it from the office."

Is the service effective?

Our findings

We received positive feedback people received effective care. This was because people were supported to live their lives in the way that they chose. The managing director told us they whole hearted wanted to give people the "Friendliest, happiest and most enriching care anyone could ask for." This was supported by the feedback we received. One person told us "I am particularly pleased with [name of support worker] because she is so easy to have in the home...she has had experience of looking after people with similar condition." A relative told us "We have been so impressed as the agency not only found someone who could meet my mum's needs but they could also meet her individual needs and interests."

The service acknowledged previous training completed by staff as long as it was within a recommended period. Where new recruits did not have a satisfactory level of training this was provided. The agency benefitted from having a qualified trainer as the care manager. This allowed training to be delivered on an as and when basis. The service had identified the need for enhanced housekeeping and cookery training. We acknowledged the content of the cookery training would provide staff with good skills to support people host dinner parties. Good housekeeping skills' training was incorporated into induction training. This equipped live-in staff to fully support people to live in their own home to the same standard as they had been used to.

New staff were supported by a line manager. We were informed support staff were visited on their assignment. One support worker told us they were visited every month. A relative told us their family member received a visit from the office every six weeks. The service had a supervision policy which stated staff would receive support in the form of a one to one meeting every three months. However the managing director told us staff were seen more frequently than that. We noted the service had a document to track when staff required one to one meetings. The managing director informed us about changes they had planned to ensure all contacts with support staff were recorded.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Providers of personal care can only deprive people of their liberty upon authorisation by the Court of Protection. We checked whether the service was working within the principles of the MCA. The provider was not supporting anyone who was subject to any conditions from the Court of Protection.

We noted that consent had been gained from people before care was delivered. We spoke with the managing director about ensuring they only sought consent from a third party when they had legal authority

to act on the person's behalf. Staff were able to tell us how they sought consent from people and supported people to make decisions about their care and treatment.

We received positive feedback regarding how responsive staff were in dealing with any changes in health. One person told us about a recent episode of ill health, they told us how calm and professional the support worker was during the incident and made appropriate telephone calls to the emergency services. A relative also told us how quickly the support worker had attended to their relative when they had collapsed at home. A second relative told us "When her mood is low the support companions have been a welcome diversion. They are encouraging her to become more involved with her former interests particularly in the garden." The care manager told us how they referred people to external agencies when needed. For instance, one person had been referred to the occupational therapist for equipment. A support worker told us "The family trust me to sort out and manage all aspects of her care from arranging hospital/doctors appointments (including physiotherapy, podiatry and acupuncturist sessions)."

People who required support to maintain a healthy, nutritious diet had a care plan in place which detailed the level of support required. One person told us how their support worker had supported them to host a lunch for some friends. They told us "She prepared the whole salmon and asparagus and wine, and made it really special." A relative told us how their relative's nutritional health had improved since the introduction of a live in support worker. The person had gained weight, prior to the live in carer they had been self-neglecting and had lost weight.

Is the service caring?

Our findings

One person and three relatives gave us positive feedback about how the staff supported them. People were supported by staff who consistently demonstrated kindness, compassion and a genuine interest in people they supported. Feedback from relatives was overwhelmingly positive. One relative told us "After a couple of stressful years I feel like we have been rescued by [name of support worker]...She is so good, we cannot imagine life without her." Another relative told us "When we met [name of support worker] we were blown away, she was so relaxed and lovely." A third relative told us "My mother is so much happier now, she always used to tell me 'I am dying', since we have introduced the carer I have not heard her say that once, you cannot put a price on that."

We found that kindness, respect, compassion, dignity in care and empowerment were the key principles underpinning the service. This was communicated from the managing director and adopted by all staff. This was supported by the evidence we received from one person and the relatives who provided feedback. One person told us how their support worker was respectful towards the home environment. They went onto to tell us "I had two Canadian friends whom I have known since I was nine coming for lunch, [name of support worker] prepared the table, she cut flowers from the garden and dressed the table, those extra touches make the home. Not only that, when she noticed some of the heads were dying she went out and cut fresh roses to replace them. It's her willingness to support me I appreciate." One relative told us "My mother needed to attend a hospital appointment and I had arranged to meet [name of support worker] outside. When I went inside to meet my mother, she was sitting in the café. For a split second I did not recognise her. She was smartly turned out, hair done." The relative went on to say why that was particularly important. They told us prior to the introduction of the support worker their mother had been neglecting herself and was often seen in an unkempt state. They told us their mother had always been interested in clothes and fashion and had always previously taken pride in their appearance. It was clear the support worker's intervention had support the person to regain their dignity and pride in her appearance.

One person had been so impressed with the level of support and respect their support worker had provided; they had nominated them for an 'Inspirational carers award' promoted by the Spinal Injuries Association. The person shared the nomination with us. It included the following "[name of support worker] always shows me respect, whether in looking after my personal needs or in her day-to-day dealings with me. Although as my live-in carer she spends many hours of every day with me, she never intrudes on my personal space and always knows when I need time on my own. She is always polite and helpful to the many visitors and family members who come to meet with me. She organises all the household running and monitors my nutritional needs fully."

Staff were able to tell us how they respected people. One support worker told us "I respect his decisions and the way that he wants to live his life." Another support worker told us "I am always polite and consider their opinions. If I am providing personal care I would try to give them privacy while keeping them safe." Another support worker demonstrated they respected a person who had complex mental health concerns. They told us "[name of person] and I sat for hours talking; she needed to constantly repeat her past experiences with her mental health problems. I would sit and continuously listen, it helped to understand her." A relative told

us "Each support companion introduced by Eximius, bar one, started their placement well, effectively demonstrating very appropriate caring attitudes. They have fitted in to the regimented daily routine well and quickly understood the dynamics between my parents. When we have been present the support companions have continued to provide care in an appropriate and dignified way"

People were supported by staff who understood people's individual needs. Staff were skilled in adapting their communication style to meet people's needs. One person told us "We have long discussions about many topics." This was supported by what relatives told us. One relative told us "[Name of support worker] is able to communicate with her and has so much patience." Another relative told us "The main reason is, I think, that they do not patronise her and they ensure that she gets out as much as she wants." A support worker told us how they used communication to educate people about the advantages of doing something. They told us "When he doesn't want to do something (like getting up into his wheelchair) I am just trying to explain to him the advantages and because we are talking a lot each other usually he is trying to do the best for himself." This showed people were supported by skilled staff who were able to effectively communicate and involved them in decision making.

We found positive relationships had developed between support staff and the people they cared for. A relative confirmed this. "Whenever I have visited it is obvious that the relationship between the two carers and my mother is very good and my mother appears happier now than she was before her dementia took hold." We received a lot of feedback from relatives about how the staff had had a positive impact on people's physical, emotional and social health. We heard staff had supported people to regain previous interests and had introduced new interests to people. One support worker had got to know the person they cared for was used to keeping dogs. She approached the relatives about getting a dog. The support worker was aware that by getting a dog, they would need to take charge of it as the person was too frail to do this. The support worker told us "The highlight of my time working here was when we rescued [name of person] a dog! We have had Bentley the Labrador for 3 years now and he has made a huge positive change to her quality of life and has been her main focus ever since! We are out at the river etc. with him twice a day and this motivates [name of person] to get out and about." This was supported by the person's relatives who told us "The main carer introduced a dog a couple of years ago and he has made a huge difference to my mother's life." A support worker told us "During this time I have developed a very close professional and personal relationship to both [name of person] and the family." This meant the staff really did support people to improve their quality of life and sense of wellbeing.

People were supported to maintain important roles in society. For instance, one person was heavily involved in charity work. They told us "One area [name of support worker] excels in is helping with all my administration. I am extremely active still with the staff and managers at Stoke Mandeville hospital, and she manages all my correspondence, typing for me and organising my paperwork. She is discreet and never comments or contradicts what I write. However, I can have a meaningful discussion with her and appreciate her input." A relative told us how their family member had been supported to re-attend a church group which they had not attended since their illness. The relative told us "[name of support worker] found out by mistake that my mother used to attend a church group. Once she found this out, she went about finding out who to contact. She was so proactive. My mother now attends the group regularly. It has really benefitted her." This demonstrated staff helped people to achieve a sense of wellbeing which had a positive impact on them.

People were supported to maintain important family relationships and friendships. One person told us "She also accompanied me to visit family members over the Christmas period." A relative told us [name of support worker] will bring mum up to me for a coffee." Another relative told us "One of the carers had taken my mother to the beach and I received a text message with a photograph of her sitting having an ice cream.

It's little things like that, which counts." This demonstrates how the staff's dedication and support had a positive impact on not only the person but their wider family network.

People were supported to celebrate important events. One person told us "She was with me over Christmas and New year and really helped to make it a happy time. [Name of support worker] put decorations up in my room and helped me with my Christmas present purchasing and Christmas party food." The managing director told us they send birthday cards to people and at the start of receiving a support worker each person was sent a bunch of flowers. A relative told us "They [staff] really care; mum received a Simnel cake at Easter. They [staff] care for us as relatives as well as mum."

Is the service responsive?

Our findings

People were supported by a service that was responsive to their needs. It put people's wishes first and involved them and other people of their choice in making decisions about their support. People had their needs assessed prior to receiving support from the service. One relative told us "We were visited three times before the service started. It was an excellent assessment." We were informed by one person and three relatives that they had time to contribute towards the assessment and were able to provide comprehensive information about the type of support required.

Support assessments including obtaining information about people's physical, emotional and spiritual needs. This helped the service develop a care plan which the staff could follow. Where specific tasks were required from staff this was detailed in protocols. For instance one person needed complex care in the event of a medical emergency. We found the support worker was well informed about the medical condition and the person was confident in the worker's ability to manage any future situations.

Care plans reflected individual needs, and staff told us they always used them as a point of reference. People's likes and dislikes were well known by the service. This helped to match staff with people. One relative told us "I had two stipulations, one that the carer needed to be able to drive and the other they needed to like dogs, and I mean like dogs not just tolerate them. All the carers we have had so far have met that and have befitted my mother."

People were routinely listened to and feedback was sought from them and relatives. One person told us they received regular visits from the office staff to check up on the standard of care delivered. They told us "[name of managing director] will visit me approximately fortnightly. I provide her with feedback. At the moment they do not have a nurse on the team. I think they are looking into this."

Relatives told us there was good communication about their family members care needs. One relative told us, "I received a text from [name of support worker] with a photo of a medical appointment, the carer asked if I wanted to ring the hospital; I am always involved in decisions about my mother's care."

The service had a complaints procedure in place. We noted three concerns had been logged with the service. All these had been responded to well by the service. One person and two relatives told us they would not hesitate to raise a concern and felt the managing director would respond to any appropriately. However the two relatives were keen to advise us they had no complaints and in contrast had recommended the agency to a number of people. One relative who had raised concerns about the service provided told us "I believe Eximius have found this a challenging placement and in spite of the demands have done their best to resolve difficult situations in a timely manner. They have always had my mother's best interests, health and safety at heart and I hope they will continue to be able to provide the service my mother needs."

People were supported to engage in activities of their choice. One person told us "She accompanies me to appointments and any meetings I have. This includes supporting me with transport and ensuring that I am

safe and well treated while out in the community. I am never embarrassed having her with me and she makes what could be a daunting outing run smoothly and minimises the impact on me." A relative told us "My mother has her own social calendar, at one point I suggested she could do this or that and the carer told me they did not have time for that as the calendar was full." Other activities people enjoyed were going to garden centres, walking and meeting friends and family.

Is the service well-led?

Our findings

People were supported by a service that was well-led. Although the service was without a registered manager this was a temporary situation. The previous registered manager had left and a new manager was already in post and had applied to CQC to become the registered manager.

The managing director told us they wanted to provide a high quality service. They told us "The vision for the service is very different; we aim to provide an enabling and empowering service." One relative told us "In summary, I am extremely pleased with the care provided by Eximius. One of the carers employed by Eximius has been the primary carer for my mother over the last 3 years while working for another company and the other one that I have met I have also been very impressed with."

The managing director told us in the PIR "We are active members of UKHCA(United Kingdom Homecare Association is a support organisation for home care providers) and the Live-in care hub. Both organisations meet frequently and provide sessions on best practice and up-to-date new." The affiliation as well as the managing director being part of Business Network International (BNI) and receiving business coaching created a culture of development and improvement.

We found all the staff dedicated and committed to providing a high quality service. This was supported by what people told us. A relative told us, "The company stood out from the start, the response I got from the moment the phone was answered by [name of managing director] was stratospherically way above the other companies I had spoken with." Another relative told us "From my point of view I have never felt I was a business opportunity." A third relative who had experienced some difficulties with finding the right staff to work with their family member told us "A member of the management team has always been available to discuss the problems and they have responded to the best of their ability, with perhaps limited resources."

The managing director told us they had planned to target GP surgeries to advertise the service; they were also planning a press release and social media releases. The service provided to people and their relatives was very person centred. People were visited regularly by office staff. One relative told us, "I hope the service and attention to details does not diminish when they grow."

Relatives were able to remotely access care records. The PIR stated "We have a fully transparent electronic monitoring system that allows us to set up alerts for medication, daily tasks and outcomes agreed with the family, allowing us to maintain safety and wellbeing at all times." The system was used by most people who used the service. Where people chose not to use it, paper records were kept. We found access to records easy to navigate and were well ordered.

There was a very clear structure within the agency. We found the management team worked well and there was good communication between the office and staff.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was

meeting the requirements of this regulation. There had not been any reportable events that met the threshold. However the managing director and care manager were aware of what actions were required should a reportable event occur.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. There had not been any events which needed reporting to CQC.

There was adequate quality monitoring process in place to drive improvements within the service and promote better outcomes for people.