

Expectation Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Expectation Care Limited is a domiciliary care agency. The service provides personal care to people living in their own houses and flats in the community. At the time of our inspection five people were using the service.

People's experience of using this service:

- People received safe care and they were protected against avoidable harm, abuse, neglect and discrimination.
- Specific risks to people's safety were assessed and strategies were put in place to reduce the risks.
- The recruitment practices ensured only suitable staff worked at the service.
- Staff were employed in sufficient numbers to meet people's needs.
- Where the provider took on the responsibility, people's medicines were safely managed.
- Staff received training that enabled them to have the skills and knowledge to provide effective care.
- Staff received in-going support from the registered manager.
- People were supported to maintain good nutrition and hydration.
- People were treated with kindness, compassion and respect.
- Staff encouraged people to maintain their independence.
- People and their relatives were involved in the care planning and reviews of their care.
- People's needs were assessed, and the care provided met their needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- The registered manager led by example, and systems were in place to continuously monitor the quality of the service.

Rating at last inspection: This was the first comprehensive inspection carried out at Expectation Care Limited since they registered with the Care Quality Commission (CQC) on 14 March 2018.

Why we inspected: This was a scheduled inspection 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.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Expectation Care Limited

Detailed findings

Background to this inspection

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

Inspection team: The inspection was completed by one inspector.

Service and service type: Expectation Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats and provides a service to older adults. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Notice of inspection: The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection started on 12 March 2019 by visiting the office location to meet with the registered manager and review records. The inspection ended on the 14 March 2019 by making telephone calls to relatives of people using the service and staff.

What we did: We reviewed information we had received about the service, including information within the Provider Information Return (PIR). 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 looked at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about. We also sought feedback from other professionals who work with the service. We took the information into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with the registered manager, the provider, the care co-ordinator, and one member of care staff. We also spoke with one relative. We checked the care records for three people using the service, and examined other records relating to the management of the service. These included three staff recruitment files, staff training and supervision records, policies and procedures and quality monitoring information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of harm, abuse and discrimination.
- A relative told us they felt their loved one was safe. "I am very happy with the care [Name] receives, I feel they are very safe with the carers."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- The registered manager understood their responsibilities to protect people from the risks of harm and abuse.
- Staff completed safeguarding training to provide them with knowledge of types abuse and how to report any concerns of abuse neglect.

Assessing risk, safety monitoring and management:

- People's care files included risk assessments which had been conducted in relation to their support needs.
- The assessments covered all identified risks and what action staff should take to minimise the risks and they were regularly reviewed.
- People at high risk of falls had a sensor mats to alert family members when the person got out of bed and people at risk of developing pressure sores had pressure relieving mattresses and cushions in place. Staff ensured at each visit the equipment was in working order.

Staffing and recruitment:

- The provider had completed the necessary employment checks before staff started working at the service. They included, obtaining references and checks through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require care.
- Discussions with the registered manager and staff, and feedback from people using the service, established the staffing arrangements were suitable to meet the needs of people using the service.

Using medicines safely:

- Staff had received medicines management training.
- Most people using the service managed their own medicines with the help of family members. Relatives confirmed they worked with staff to ensure people's medicines were managed safely.

Preventing and controlling infection:

- Staff received infection control training and there was an infection control policy.

- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.
- People using the service confirmed staff followed infection control systems when providing personal care and when handling food.

Learning lessons when things go wrong:

- In discussion with the registered manager and staff they told us there had been no accidents or incidents.
- Staff told us if anything did occur they were confident the registered manager would share learning through team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's had their needs assessed to establish how these could be met by the service.
- Staff knew people's individual preferences, likes and dislikes and routines.
- The feedback received from relatives was very positive. For example, one relative said, "Over the years I have received care from 3 other agencies, but this one is the most reliable and very professional".

Staff support: induction, training, skills and experience:

- All staff completed induction training and training on meeting the specific needs of people using the service. One staff member said, "The training is very good, I came with experience, but the company still made sure I did the training."
- Staff told us they felt supported by the registered manager and senior staff. One staff member said, "I feel very supported the manager often works with me."
- The provider said they currently used an external training agency to provide practical training such as moving and handling. They said they planned to undertake a train the trainer course, so they could provide moving and handling training to staff and assess the staff competency on an ongoing basis.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff supported people to eat and drink throughout the day.
- Care records showed people's dietary needs were assessed, and the level of support people needed to eat and drink sufficient amounts. For example, people at risk of choking that required soft diets or thickened drinks.
- The staff monitored the food and fluid intake of people identified at risk of not receiving sufficient nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- The registered manager and staff worked in partnership with other health and social care professionals to maintain people's health.
- Staff were aware of what action to take if people were unwell or had an accident. Although no situations had occurred where they had needed to follow this procedure.
- People's care records contained information about people's medical history, their current needs, and the healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating health.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- Staff had received MCA training and understood the importance of supporting people to make choices and maintain their independence. A relative told us they were often present when staff provided their family members care, and observed the way staff spoke with the person, always asking their consent.
- The registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People and their relatives told us that staff were caring.
- Staff demonstrated a caring attitude to people and showed a good awareness of people's individual needs and preferences. The service received positive feedback from relatives of people that had using the service. For example, 'The carers brought a smile to my mum every day. They paid attention to detail applying creams and combing her hair,' and 'The service was very professional, and we were extremely pleased with the wonderful service they presented.'
- Staff talked about people in a caring, compassionate and respectful way. One member of staff said, "We must have empathy with the people we provide care for."

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

- People were supported to express their views and be involved, as far as possible, in making decisions about how they wanted their care and support to be provided.
- Telephone calls and home visits were carried out to obtain feedback from people on the quality of service they received. All the comments received from people were positive.
- People were, involved as much as possible in developing and reviewing their care plans.
- People using the service were supported by their relatives. Information was made available to people about using an independent advocate if this support was needed. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us their privacy and dignity were respected.
- Staff were able to describe how they provided support to people and promote their dignity. Such as, closing curtains and doors and keeping people covered when providing personal care.
- Staff promoted people's independence. For example, to maintain mobility using moving and handling equipment.
- The registered manager ensured people's confidentiality was respected. All staff signed up to a confidentiality agreement. Electronic records were password protected and information about people's care was kept confidential.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised support specific to their needs and preferences. Staff understood the importance of seeing each person as an individual, with their own social diversity, values and beliefs.
- The care plans gave information on people's individual daily routines, how people wanted to be supported and preferred care visit times.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. People's communication needs were identified so information about the service could be provided in a way people could understand.

Improving care quality in response to complaints or concerns:

- A complaints policy was in place, which had the provider and local authority contact details. The registered manager said no complaints had been received at the service.
- The registered manager told us, and staff and records confirmed, that checks were made at quality care visits to ensure people continued to be satisfied with the care and support they received.

End of life care and support:

- At the time of the inspection no people were receiving end of life support. The registered manager said they planned to arrange for all staff to receive end of life training in the event this level of care was needed.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People and their relatives told us they felt the service was well run and responsive to their concerns and needs. A relative said, "I am very happy with the care, the carers that attend to [Name of person] are really very good."
- People knew who the registered manager was and who they could talk to if they had any concerns. A relative said, "I can't fault them."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, the provider used a secure social media platform to keep in communication with the staff. This ensured staff were kept up to date with schedules and any changes in people's needs. A member of staff said, "We are a small team and we work very well together."
- The registered manager was aware of their duty to inform relatives and stakeholders of accidents and incidents.

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

- The registered manager had a clear understanding of their role and regulatory responsibilities.
- Quality assurance systems were in place. These included, audits of medicine records, where needed, care records and spot checks.

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

- People told us, and records showed the registered manager sought their views about the service during routine care reviews and unannounced spot checks. The feedback from people using the service was extremely positive, all commented they would recommend the service to others.
- The registered manager was actively involved in providing day to day support to people. This meant they were able to understand people's views and needs daily.
- The registered manager regularly worked alongside the care staff to provide support daily. They were aware of the cultural diversity of the area and the need to ensure staff recruitment reflected this.

Continuous learning and improving care:

- The registered manager regularly reviewed all aspects of the service to identify areas for improvement. They also liaised closely with other small care agencies within the area to learn and develop best practice.

Working in partnership with others:

- The service worked in partnership with other care providers to support care provision. For example, GP's, district nursing staff and dieticians.