

Cosmos Care Limited

Expertise Homecare (South East Coast)

Inspection report

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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

About the service

Expertise Homecare South East Coast is a domiciliary Agency providing personal care support to people in their own homes. At the time of inspection, they were providing support to 27 people of whom 26 were in receipt of the regulated activity personal care.

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

People spoke positively about how well they were treated by staff and praised the agency. We found there were some improvements that needed to be made to lessen risks to people using the service. Better communication from the office and being listened were areas cited by staff.

People received their agreed care calls but told us carers often arrived later than scheduled but were kept informed when this happened. The provider acknowledged the difficulties with recruiting staff at present and had taken action to combine routes and hand back to the local authority some harder to cover routes in order to manage and sustain care delivery.

Staff felt the agency was a good place to work, but some said they did not always feel supported or listened to. Staff supervision frequency had increased and team meetings had resumed, but care staff felt distanced from office staff feeling that communication and their concerns were being overlooked. The provider is taking action to address this, and this remains an area for improvement.

A quality assurance system was in place and audits were undertaken weekly, monthly and six monthly, to identify shortfalls, but a few audits needed to be conducted more robustly for example, recruitment. The franchiser also had oversight of the service and undertook annual compliance inspections.

People spoke positively about the agency, they said they felt safe and were happy with the care they received. They said staff always asked them before offering support. They were involved in their care plans which were detailed, and person centred. They were asked for feedback on a monthly basis. They were sent surveys and provided with a summary of survey outcomes and what the service was doing with the information people gave them to aid service development.

Staff were trained to administer medicines safely but we found some improvements were needed around use of 'as required' medicines and pain patches for individuals.

Staff received appropriate induction, and training to undertake their role.

Accidents and incidents were recorded and responded to well, to keep people and staff safe. People told us they knew how to complain and were satisfied with how their complaints were managed. Staff understood how to keep people safe and the provider had shown themselves to be proactive in identifying, and reporting abuse when they found it in their everyday support of service users.

People and relatives felt the management team and office staff were easy to talk with and felt happy and comfortable approaching them at any time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 18/07/2019 and this is the first inspection.

Why we inspected

This was a planned first inspection of this service since it registered with CQC to check whether it was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014. We looked at the overall quality of the service and provided a rating for this.

We have found evidence that the provider needs to make improvements. The provider has taken action to mitigate the identified risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective, and Well led sections of this full report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Expertise Homecare (South East Coast)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted 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. 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

We gave the service a short period notice of the inspection as we needed to ensure that the provider or registered manager would be available in the office to support the inspection.

What we did before the inspection

Inspection activity started on 9 September 15 & 16 September 2021 which involved phone calls to service users, and care staff and correspondence to health and social care professionals. A planned visit to the office location on 29 September 2021 had to be rescheduled to 6 October 2021 due to unforeseen circumstances. Before visiting the Office, we sought feedback from the local authority and professionals who work with the

service including Health watch. Health watch is an independent consumer champion that gathers and represents the views of the public about the health and social care services in England. We received feedback from 10 service users, two relatives, eight care staff and three Health and social care professionals.

We reviewed the information we had received about the service since its registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the franchiser who supports and monitors the service.

We reviewed a range of records. This included four people's care and medication records. We looked at four staff files in relation to recruitment staff supervision and observations. A variety of records relating to the management of the service including, quality audits, staff training records, complaints, accidents and incidents were reviewed.

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. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Procedures were in place for the safe recruitment of staff and appropriate checks as to their suitability, but this was not always carried out robustly. For example, decision making and justification regarding the employment of carers where negative information had been received was not well recorded. Outstanding professional references for carers or appropriate alternatives were not always pursued, these omissions weakened the thoroughness of the recruitment process and is an area of improvement.
- The service was suffering with recruitment problems and people told us their calls were later than usual, but that they were kept informed of when this was going to happen. The provider acknowledged some calls had been late and had taken action to mitigate this by combining rounds and handing back to the local authority harder to cover routes. This enabled the provider to concentrate on core routes and sustain service delivery there.
- People and staff confirmed that calls were not missed. Trained office staff who were familiar with people's needs took calls if required. Most people and staff spoken with said that continuity was maintained for people as far as possible given the current staffing shortages.
- New staff were introduced to service users through a monthly newsletter. This helped to ensure people recognised a familiar face when their call was covered.

Using medicines safely

- Staff provided people with assistance, supervision or prompting with their medicines depending on their specific needs. The level of support they required was clearly documented in their care plans. We noted that where people received pain patches, a system to make clearer the location where patches were applied each time needed improvement, this was acted on at inspection but is an area of improvement going forward.
- We saw that staff worked to generic guidance around the administration of "as required" medicines and creams, and this was not specific to the requirements of the individual.

We recommend that the provider consider current guidance on giving "as required" (PRN) medicines and topical creams and take action to update their practice accordingly.

- Staff told us, and training records confirmed that staff received medicines training before they were able to administer medicines unsupervised. Training was provided by a qualified nurse. Once training was completed, individual staff member's competency was assessed. Training and staff competency were updated every six months.
- The service used an electronic recording system called 'Alice', this alerted them to missed medicines or

unsigned medicine records and helped to reduce the likelihood of medicine errors occurring.

- In the event of a medicine error, staff knew the actions to take to keep people safe and they would be removed from administering medicines until they had renewed their training and competency and they were observed by senior staff.

Assessing risk, safety monitoring and management

- There was evidence that health risk assessments for staff were put in place, but this was not consistent, for example; Covid 19 risk assessments had been completed for service users and staff with health needs who were deemed vulnerable. However, black and minority ethnic staff who the Government recognises as being more vulnerable to Covid 19 had not had individual risk assessments completed for them, where there was no underlying health condition. This was discussed at inspection and addressed immediately during the inspection as an area of improvement.
- Risks to people's health and safety were assessed. These identified those people for example, at risk from falls, poor skin integrity, poor nutrition and dehydration. Risk reduction measures were implemented in people's best interest and guided staff in how to manage risks whilst enabling people to remain as independent as possible.
- There was good evidence that the Registered manager understood their responsibilities to report and act on risk and that the staff had been proactive in identifying a range of risks to people. Partnership working with for example the local authority care management or safeguarding had enabled the service to tackle complex situations and minimise risk to the people they supported.

Systems and processes to safeguard people from the risk of abuse

- Staff spoken with confirmed they were trained to understand, identify and report abuse to people they supported. Staff felt confident of raising alerts with the registered manager and that action would be taken.
- The registered manager understood their responsibilities to report concerns to the local authority, they sent safeguarding referrals attended safeguarding meetings and implemented agreed strategies to safeguard people from harm. They monitored referrals and their outcomes.
- Staff confirmed they always got feedback on safeguarding outcomes to inform their practice.

Preventing and controlling infection

- Staff confirmed that they received infection control training and that this was kept updated.
- Staff confirmed they had received additional guidance about Covid 19 infections and had access to supplies of Personal Protective Equipment (PPE) such as masks, gloves and aprons.
- The Management team and care co-ordinators understood their responsibilities to protect service users and staff by ensuring staff adhered to infection control protocols put in place. They did this through direct observations of practice and through staff supervision and service user feedback.
- People told us that staff always wore PPE when undertaking personal care and staff confirmed there was adequate supplies of this to enable frequent changes between service users. Staff understood they had to dispose of PPE responsibly.
- The provider had been proactive in ensuring staff were testing weekly in accordance with current guidance and taking up vaccinations to help minimise the risk to service users and other staff.

Learning lessons when things go wrong

- An appropriate system was in place for acting on and reporting incidents and accidents. Actions were taken to reduce the likelihood of similar occurrences. For example, staff noted someone they supported was experiencing domestic abuse and took action to report this to the appropriate agencies, as a result the person was rehoused away from their abuser.
- Accidents and incidents were monitored each month and analysed for any trends or patterns that could

indicate additional action was needed to reduce the risk.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff understood that some people had health conditions such as diabetes, and epilepsy, but did not provide specific support around these conditions. It was important, however that staff recognised when people were experiencing an emergency with these conditions and would benefit from clear guidance to inform them. It was agreed at inspection this would be implemented.
- Care staff told us that they reported any concerns they might have about a person's health and wellbeing to the office, office staff made sure relatives and relevant health professionals were informed in case medical treatment or assessment was needed.
- People and their relatives said that staff paid attention to their wellbeing and alerted the office if they spotted something of concern "If they have a sore or something or a problem with the catheter, they report it."
- There were good working relationships with district nurses, GPs and occupational therapists and information was shared appropriately with them to ensure people's healthcare needs were met. For example, a district nurse had been involved in discussing a repositioning schedule for a person for staff to follow to alleviate skin breakdown.

Staff support: induction, training, skills and experience

- Care staff experienced spot checks of their practice and face to face supervisions. These happened alternate months, although the Covid 19 pandemic had interrupted this frequency. A review of online supervision and spot check records against paper records showed these did not match.
- Most staff spoken with said they felt supported and appreciated and were given annual appraisals of their performance. One member of staff commented "I find them supportive the last one was about doing an NVQ3 and I am now involved in that."
- Staff told us they received a period of induction and training prior to working unsupervised. New staff said they were happy with the induction length and what it covered, they said they felt confident, and if they didn't, they felt able to say so. Learning was managed at a flexible pace to suit individual learning styles. Staff were able to shadow more experienced staff until they felt confident of working unsupervised.
- Training records showed that staff completed refreshers of mandatory training for three days each year with additional specialist training provided online to give an overall comprehensive range of training to inform their knowledge and skills. Staff were monitored to ensure they completed all the courses allocated to them.

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

- An assessment of people's needs was undertaken prior to their service commencing. This detailed their needs and choices and showed their religious, cultural, dietary, sensory and other specific needs that needed to be taken account of when devising their plan of care and support. Additional supporting information was sometimes gathered from other sources. The information collected at assessment informed the basis of people's care plans and risk assessment.
- Where assessment identified that the person had a specific need for example a specific gender of carer, that could not be immediately matched the package would not commence until the service had recruited staff who could provide that support.
- Equipment in people's homes used by staff to support them was recorded and assessed to ensure this was in good working order, and that this was serviced regularly to ensure people and care staff health and safety was protected.

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

- People's specific dietary needs and risks around this were identified within their initial assessment. This informed guidance for the nutritional element of the care plan and what level of assistance the person required around this.
- Where people required support with their meals, or assistance when eating or drinking, instructions were recorded in the care plan for care workers to follow, including any swallowing or choking risks if known. Care plans made clear what people could do for themselves to maintain a level of independence in their meal taking.
- Staff ensured that fluid and food monitoring was in place where people's nutritional intake was a source of concern. Fluid outputs were also recorded where needed for those with catheters to highlight any emerging problems. Where necessary referrals to GP's, Speech and Language, and dietitians were made to ensure the person was receiving the right support for their dietary needs.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training to understand the Mental Capacity Act and Deprivations of Liberty Standards. People's capacity was assessed as a part of their initial assessment. Staff said they always sought consent from people irrespective of whether they had capacity or not.
- People told us staff always asked them when offering support in accordance with their care plan and risk assessments. These were discussed with them and their consent to care recorded.
- People were not subject to any restrictions, but the registered manager and staff knew how to apply this

should a need arise.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- Staff have all received training to understand equality and diversity. People's records make clear any special requirements around the gender of care staff who attend them, or any special characteristics people may need staff to understand and be supportive of.
- Feedback from people was consistently positive with people telling us that staff were very kind, friendly and professional in their manner towards them. "They make sure I don't fall, when they are supporting me." another said, "They are compassionate, very good to me, I would recommend them to anyone." "I don't feel rushed."
- People said that staff understood their individual needs and treated them respectfully around their disability and other protected characteristics. "I can't fault them with my mum, they are really attentive." A staff member told us, "I wish Expertise had looked after my mum."

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

- People told us they were consulted about decisions around their care and this was reviewed with them on a regular basis.
- Office staff maintained contact with people through monthly review telephone calls. These gave people the opportunity to feedback about their care. This was analysed and a summary of feedback produced to identify any common themes that needed to be looked at.
- People's care records contained detailed information about their choices and preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us that their dignity and privacy was respected.
- Care plans made clear people's preferences for how they should be supported to ensure their privacy and dignity was maintained. For example, in one care plan viewed it described how staff were to use separate wash cloths for a person's personal hygiene routine and spoke of using curtains to maintain privacy from the rest of the family.
- Care workers were able to describe the ways in which they would protect people's privacy and dignity whilst assisting people with their personal care.
- People were encouraged to maintain as much of their independence as they could manage.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People received personalised care in accordance with their assessed needs and preferences.
- Care plans were person centred and contained details about people's primary needs but also information to provide staff with a holistic picture of the person they supported.
- People and their relatives were involved in the development and ongoing review of care plans.
- Staff said they were mostly kept informed of changes in people's care needs.
- Most people spoken with said that for them continuity was quite good and that they were mostly cared for by staff who were familiar with their needs. One relative told us "I honestly believe they are the best company."
- People received support to access the local community, activities of interest and health appointments if that was part of their agreed package of support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People said communication with them was mostly good and that they were kept informed of changes.
- Care plans made clear where staff needed to provide additional support around communication. For example, the provider information return informed us that care staff used white boards, note pads, pictorial references to communicate with some people. Other people used new technology to help with their communication with care staff.
- The nominated individual informed us that information could be provided in a range of formats and where needed different languages to ensure people were informed and involved in their care.
- People were offered access to their care records by the service and their response is recorded in their care notes. People and relatives can have access to the electronic visit notes daily or can request a paper record of their care plan if they prefer.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People were aware of the complaints process and had received information about this when they were taken on by the agency. Some were confident of raising concerns directly with staff. One person told us, "If I had a problem with a carer I would speak to her directly." Others said were confident raising concerns with the office, if they had to.

- People who had made complaints spoke positively about how these had been addressed to their satisfaction. One person told us "I made a complaint about a care staff member I didn't want, and they dealt with it immediately."
- A record of complaints was maintained, and progress of complaints monitored. The complaints record showed these were investigated thoroughly and not complete until the complainant was recorded as satisfied with the outcome.

End of life care and support

- At the time of inspection, the service was not supporting anyone who was End of Life.
- The service did have experience of working with people at the end of their life and worked closely with the person their family and relevant professionals to ensure they experienced dignified, comfortable and pain free support.
- Staff had received End of life training. Not all staff were comfortable in providing support to people at the end of their life, so the provider ensured only care staff who were willing to do so attended calls.
- The agency recorded if people had 'Do not resuscitate' authorisations in place. And were expanding this information to include last wishes and advanced decisions, so staff were informed about people's final wishes.

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. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was managed by an experienced registered manager. Staff understood their roles and responsibilities and there were clear lines of accountability. Whilst staff received support to provide a good service, a small number felt communication needed improvement. One member of care staff told us, "Office staff can be rude and blunt." Another told us, "No point in putting in survey comments." These staff did not feel their concerns around this, and other issues had been listened to. The registered manager and nominated individual were taking this seriously and hoped recent actions were giving staff an improved experience.
- Other staff spoken with praised the service for the quality of support to people one told us, "I feel listened to and valued." I would recommend 100%, they care, I love working for them." Another told us, "There is an open-door policy for management and office staff, people go out of their way for each other."
- There was a quality assurance system in place that worked well most of the time producing action plans to highlight any areas of compliance that needed attention. However, some individual audits needed better interrogation of information to ensure some of the issues highlighted by this inspection are picked up. For example, the recruitment file audit had not picked up the issue with a missing professional reference for one staff member, or the lack of detail around decision making for employing another with negative feedback.
- The service receives an annual compliance audit from the franchiser and some functions previously undertaken in-house by the service are being centralised for greater oversight such as the out of hours on call service, finance and staff training and induction
- The service is currently between two systems and this can lead to some information not being kept updated for example, staff supervision records recorded online and those on paper were not in sync with each other. They did not always record the same dates as the paper records to provide a continuous record of supervision. A care plan for bathing created weeks before was not in place at the site visit. This is an area for improvement.
- The nominated individual demonstrated appropriate knowledge of their regulatory responsibilities, and when to alert CQC to notifiable incidents.

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

- Staff had opportunities to feedback about the service and had reinstated team meetings where they able to express their views. Staff told us that although they felt the agency was a good place to work, things had

changed, and they felt less comfortable coming into the office and did not feel their concerns were being listened to or acted upon effectively.

- The registered manager informed us that staff survey comments were analysed, Care staff comments and feedback to these was circulated to the whole team via email.
- Team meeting minutes in May 2021 recorded similar staff concerns, which were repeated in a more recent staff meeting and to CQC as part of this inspection. The nominated individual confirmed this was a complex issue that they were working on to address and hoped staff experiences were now improving.
- People using the service told us they received surveys, and their feedback was analysed, and they were kept informed of outcomes and any actions coming from this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service has supported service users in several ways during the pandemic and gone over and above what they are contracted to do in order to support people and achieve the best outcomes for them. For example, supporting people to access their Covid-19 and flu vaccinations, escorting people to hospital through lack of patient transport. They have helped with arranging a military funeral for a former service user. They have provided support for service users left without gardeners during the pandemic and helped with Covid 19 testing to enable a service user to access a nursing home.
- Last Christmas staff delivered Christmas dinners to those service users unable to meet with their families. Each service user received a Poinsettia for Christmas. Staff were provided with lunch bags as a thank you for their hard work in lieu of Christmas parties and summer BBQ's cancelled due to the pandemic.
- The provider understood their responsibilities to be open and honest when things went wrong. There had not been any incidents requiring the provider to act under the duty of candour policy. Staff knowledge and understanding of duty of candour was promoted during induction and training.

Continuous learning and improving care; Working in partnership with others

- Action plans were in place to aid service quality development and improvement.
- Staff told us that they were kept informed of incidents and safeguarding and their outcomes, and any practice learning from these.
- The service is described as 'proactive' by other agencies. They have shown themselves to be able to identify health concerns and report them quickly to relevant services. During the pandemic they kept in touch with health professionals through video calls where face to face visits were not happening for people. They have worked closely with other professionals such as the Speech and Language team, Occupational therapists, Physiotherapists, and District nurses to effect good outcomes for people's health and wellbeing.
- During the pandemic the service helped other services with excess PPE where they had enough supplies.