

## EXPERT CARE SOLUTIONS LTD

## Expert Care Worcester

**Inspection report**

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25 April 2022

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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

Expert Care Worcester is a domiciliary care agency providing personal care for older people or those with dementia. At the time of our inspection there were 6 people using the service.

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

People received safe care from a team of staff that understood how to respond to potential safeguarding concerns. Medicines were administered at times that people needed them. People and relatives reported that staff were on time to deliver care. Incidents and accidents were responded to appropriately.

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.

Staff received suitable training, supervision and appraisal to support them in delivering effective care. Other healthcare professionals were consulted to ensure that people's healthcare needs were met. Steps were in place to ensure people were supported to eat and drink, in line with their preferences.

People and relatives felt that staff were caring and treated them with dignity and respect. Staff knew people's care needs well and we reviewed positive feedback about the nurturing and considerate nature in the ways staff cared for people. People were supported to be as independent as they were able to be.

Care records were personalised and detailed people's history and the ways they wished to be cared for. People were consulted on their views about their end of life wishes. Complaints were responded to efficiently.

The registered manager was clear on their role and responsibilities and ran a service that people, staff and relatives were happy with. Quality assurance systems, and engagement with others reviewed the running of the service and supported improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 29 December 2020 and this is the first inspection.

### Why we inspected

We inspected this service as their first inspection since their registration with the Care Quality Commission.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Expert Care Worcester

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 April 2022 and ended on 28 April 2022. We visited the location's office on 25 April 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed information we held about the service such as statutory

notifications and feedback from others. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and a care assistant. We reviewed three people's care records and the medicines administration records (MAR) for one person. We reviewed documents such as incident and accident and safeguarding records. Following the inspection, we reviewed staff files and received feedback from three relatives of people receiving care from the service. We were unable to make contact with any people using the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We identified that for one staff member they were missing a reference from their previous employer. The registered manager immediately suspended their duties and sought an appropriate reference. Following the inspection, the registered manager sent us an updated record of employment for the staff member. We were satisfied with their prompt response and action to remedy this issue.
- Staff were subject to a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Electronic call monitoring records (ECM) showed that there were some issues with punctuality and travel time for staff. However, this was contrary to the feedback we received both verbally and through quality assurance records.
- People received their care calls on time or were notified if there were travel issues. A relative told us, "Yes [staff arrive on time]. They have been running late only a couple of times in the last six months and I always get a call."

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

- Safeguarding processes were clear in ensuring staff knew how to report any signs of abuse. Clear guidelines were in place to support staff to recognise potential signs of abuse. A staff member said, "We have to report to management, communicate to any relatives. We could take it to the council."
- At the time of our inspection there were no current safeguarding concerns being investigated.

### Assessing risk, safety monitoring and management

- Risk assessments were clear and detailed specific guidance for staff as to how to mitigate risk occurrence. This included areas such as mobility, falls and medicines. These provided clear guidance for staff as to how to support people. Where one person needed some support to shower, the steps staff needed to take to support them to mobilise were clear.
- Risk management was reviewed regularly, and relatives told us they felt their loved ones were safe.

### Using medicines safely

- People received their medicines at the times that they needed them. A medicines administration record showed that staff signed for people's medicines appropriately.
- A medicines risk assessment was in place and detailed for staff the medicines people were prescribed and any potential side effects.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- Incidents and accidents were promptly recorded and investigated when they occurred. Records showed that the registered manager took any appropriate action to improve people's care and liaised with other professionals where necessary.



# 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.

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

- People's care needs were appropriately assessed prior to their care package commencing, to ensure that the service was able to meet people's individual needs.
- Records included an overview of people's history and assessed key areas such as falls and skin integrity.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the skills to meet people's presenting needs. Staff were also supported to obtain the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular check ins with management through supervision sessions. These supported staff to reflect on their development and any additional learning they may require.
- A full induction was provided before staff delivered care independently. This was signed off by a supervisor to ensure they were competent.

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

- At the time of our inspection people were independent in eating and drinking; or supported by family members.
- There were occasions where staff prepared people's meals. Their care plans highlighted people's preferences, and daily records showed that people were supported to make choices as to what they would like to eat or drink each day.

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

- The provider worked with a range of other professionals to ensure people's care needs were met. This included local hospitals, people's GP's and local authorities.
- Care records showed that one person required support in following guidance from a physiotherapist. Staff had clear guidance as to how they needed to support the person at each care call.

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 MCA 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.

- People's consent was sought when receiving care. Staff ensured they checked with people before providing personal care duties.
- Staff and the registered manager were clear on the MCA and how it applied to their roles.

# 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

- Relatives reported that their loved ones were well treated. Comments included, "Expert Care are taking wonderful care of [relative]" and "They [service] consider [relative's] every need with perfection care and respect and have kept us informed on every level."
- Care files reflected whether people had any religious or cultural needs that staff needed to be aware of. These needs were often met by family members, such as visits to places of worship.
- Staff understood the importance of treating people well and ensuring their care needs were met. A staff member said, "We make sure they [people] contribute in conversation, don't feel left out, be in constant communication during personal care."

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

- People were supported to detail how they wished for their care to be delivered. Care plans were regularly reviewed to ensure that where people's needs changed staff were clear in how people liked to be cared for.
- Relatives told us they were consulted and involved in care plan development and review.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of ensuring people were treated with dignity. Staff told us, "We have to communicate what you're going to do. So, if a strip wash, you have to cover the person up, let them know and where you're going to wash them." This ensured that people's dignity was preserved whilst receiving personal care.
- Care records indicated the tasks people were able to carry out independently. For example, one person's care plan clearly detailed the elements of personal care they would do themselves and those areas they required extra support.

# 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

- Care plans reflected people's preferences. This included an overview of their life history included previous employment and family life. A relative told us, "They [staff] consider [person's] every need with perfection care and respect and have kept us informed on every level."
- People were encouraged to discuss their preferences in areas such as eating and drinking, their daily activities and their chosen routine for the delivery of their personal care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had a suitable Accessible Information Standard policy in place which supported the distribution of information in ways such as large print or in an easy read format.
- Care records stated whether people had a sensory impairment and guided staff as to the ways in which they could support people with any communication in relation to that impairment.

Improving care quality in response to complaints or concerns

- Any complaints that had been received clearly detailed the provider response and action taken to apologise and reduce the likelihood of reoccurrence.
- At the time of inspection there were no ongoing complaints or concerns.

End of life care and support

- People were provided with the opportunity to discuss their end of life wishes. Where people had 'do not resuscitate' orders in place, this was made clear in their care file.

# 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 good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives were positive about the registered manager and the support they received. Comments included, "Yes [It's well managed]. [Registered manager] is always available and we meet with regularity."
- A staff member told us, "He's very brilliant, very understanding, takes into consideration what is happening. When clients are there, he's on top of it, he's always able to arrange cover, He takes care of the clients and the relatives."

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 registered manager understood how to respond to any incidents or complaints with transparency; and knew of the need to apologise where the provider was at fault.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager knew of the statutory notifications they need to submit to the Care Quality Commission in a timely manner.
- Regular quality checks were carried out by the registered manager in areas such as medicines and care plans. We reviewed these and found that any updates or improvements were made in a timely manner.

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

- People, their relatives and staff were fully consulted on their views of their service. This included regular questionnaires to seek people and relative views and feedback. We reviewed the most recent survey and the results were positive.
- Some of the positive comments we reviewed included, "We count ourselves as very fortunate in having [registered manager and carer] as our regular carers over the past year and enjoy their company" and "I have been very satisfied with the service, the kindness & understanding. [Person] is kept clean & treated with respect."
- Staff were invited to complete regular surveys to share their employment satisfaction. They were also subject to regular spot checks.

#### Working in partnership with others

- The registered manager worked alongside partner agencies, funding people's care to ensure their care calls were delivered in line with their assessment of need.
- Records showed that staff were efficient in highlighting additional or changes in care needs to other healthcare professionals such as physiotherapists and district nurses.