

Exemplar Homecare Limited

# Exemplar Homecare Limited

## 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

Exemplar Homecare Limited is a domiciliary care agency providing personal care to 23 people across Nottinghamshire. 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:

People told us they felt safe with staff and staff arrived on time for the calls. Risks were assessed in key areas and people were provided with safe care. Environmental risk assessments were in place, but these did not include reference as to how to make people safe in an emergency.

The provider ensured safeguarding processes were followed. People's medicines were managed safely. The risk of the spread of infection was safely managed. The provider had systems in place to help staff to learn from mistakes.

People received care in line with their assessed needs. Staff training was up to date and staff practice was regularly assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to maintain a healthy diet. People had access to other health and social care agencies where needed.

People and relatives liked the staff and found them to be respectful, kind and caring. Staff treated people with dignity, including when personal care was provided. People were encouraged to do as much for themselves as possible. People were able to make decisions about their care and their wishes were acted on. People's records were stored securely to protect their privacy.

People's care records were person-centred and focused on what was important to them. People's care was planned with them, to ensure their preferences about their care was reflected in the care they received. Complaints were responded to in line with the provider's complaints policy. People were not currently receiving end of life care. The registered manager will discuss this element of care in people's future reviews.

Quality assurance processes were in place; and these were effective in highlighting and addressing any issues with care. People were asked for their views during telephone interviews; however, no analysis was conducted to identify any trends. No annual survey was completed to enable the provider to assess the quality of the service provided for all. This could hinder the opportunity for continued learning and development.

People and relatives felt staff responded well when they raised any issues and spoke highly of the registered manager. People found the registered manager to be approachable and open to making improvements and

acting on feedback. The registered manager had a good understanding of the regulatory requirements of their role

Rating at last inspection:

This service was registered with us on 11/07/2017 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

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.

# Exemplar Homecare 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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started and ended on 11 July 2019. We visited the office location on 11 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service and 10 relatives about their family member's care. We spoke with 2 care staff, a senior care worker, the registered manager and the quality manager.

We reviewed a range of records. This included all or parts of records relating to the care of 3 people as well a range of staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

#### After the inspection

We asked the manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

# 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 as Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- ☐ The risks to people's safety had been assessed and were reviewed to ensure they met people's current needs. Risk assessments were in place in all key areas of care including; personal care, medicines and mobility. These assessments were reviewed regularly to ensure they continued to meet people's needs. When changes were needed, these were completed in good time and staff were informed of the changes. This meant the possible risks to people's safety were reduced.
- ☐ Regular checks of people's home environment were carried out. The regular reviewing of these procedures helped to reduce the risk to people's safety. However, plans were not in place to guide staff on how to make people safe in an emergency if staff were present at their home. People's needs varied; some would be able to leave their home when needed, with others, due to limited mobility being less able. This could place their safety at risk. The registered manager told us they would amend this process to include an evacuation or 'make safe' procedure.

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

- ☐ People told us they felt safe when staff supported them in their home. They felt staff understood how to keep them safe from avoidable harm. One person said, "I am definitely (safe) because they [staff] show they care and make sure I am alright with everything." A relative said, "Yes [my family member] is absolutely (safe) because I have met them [staff], they are professional and know how to deal with [my family member]."
- ☐ Staff were aware of the signs of abuse and could explain how they would report any concerns they had and felt these concerns would be acted on by the registered manager.
- ☐ Records showed no allegations of abuse or serious concerns about people's safety had been made since the service became registered with the CQC. However, the provider had the systems in place to ensure the relevant authorities were notified of any allegations of abuse or neglect. The registered manager was knowledgeable and understood their regulatory responsibilities to refer when needed. This would help protect from avoidable harm.

### Staffing and recruitment

- ☐ People told us staff arrived on time, completed all tasks and people received the staff they expected on most calls. A person said, "I know who is coming, they usually introduce new people and yes I get a rota." A relative said, "They always let me know if they are going to be late." Another relative said, "Some (calls) are later than normal but there is a window of time, it is never too late that it is a problem."
- ☐ Calls were carried out time. Analysis of the arrival times for the three months prior to the inspection showed that less than 1% of calls were late and outside of the agreed grace period for each call. This meant the risks to people's safety were reduced due to consistent and punctual arrival times.
- ☐ The registered manager had a process in place that ensured any member of staff who was not visited a

person before was accompanied either by them, the senior care worker or a member of staff who knows the person well. People told us they appreciated this approach as it made them feel at ease when a new member of staff came to their home.

- There were procedures in place that ensured new staff were appropriately vetted before they commenced their role. This helped to reduce the risk of people being cared for by inappropriate staff.

#### Using medicines safely

- People's medicines were managed safely. People received their medicines when they needed them. One person said, "The carers check that I have taken my medication." A relative said, "[My family member] is prompted by the carers every morning and they won't leave until they have taken it."
- Staff had received training on how to ensure people were supported safely with their medicines. There was a continual process of assessment that ensured staff practice remained safe. Where any errors were identified, staff were offered support to improve their practice via, shadowing and re-training. This helped to assure the registered manager that staff practice remained safe and in line with current best practice guidelines and legislation.
- An electronic recording process was being introduced which staff completed each time they administered a person's medicines. This meant if a medicine had not been given, an alert was sent to the provider's office. This meant the error could be rectified immediately. These processes would further enhance safe medicine practice.

#### Preventing and controlling infection

- People were protected from the risks of the spread of infection. Staff were aware of the actions needed to prevent the spread of infection and this included having access to and using personal protective equipment. An in-house trainer, skilled at infection control procedures was used to offer training for staff. This meant the risks associated with the spread of infection were reduced.

#### Learning lessons when things go wrong

- The provider had a process in place to ensure that if an accident or incident occurred, it was appropriately investigated and if needed, reported to the relevant authorities. Records showed there had only been one incident since the service became registered with the CQC. This incident had been appropriately investigated. However, there was no recorded evidence that the actions recommended by the registered manager had been reviewed. After the inspection the registered manager informed us they had amended this process which they felt would aid continuous learning and development when this went wrong and would reduce the risk to people's safety.



# 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 physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines.
- ☐ Where people needed support with specific health conditions, staff had acted to support people with their health needs. Guidance from recognised health and adult social care bodies were used to help protect people and for care to provide in line with their assessed needs. We saw guidance on protecting people in extreme weather, helping people to identify the early signs of a stroke and cancer and supporting people living with dementia were just some of the guidance incorporated into people's care records. This helped people experience positive outcomes when staff supported and cared for them.

Staff support: induction, training, skills and experience.

- ☐ People felt staff were well-trained, skilled and experienced and understood how to care for them. One person said, "(They are well-trained), I have been very happy with each of the girls I have had." Another person said, "They take notice of what I ask them to do and do it." A relative said, "Yes I do very much so (think staff are well-trained) because when I have spoken to them, and I have had constant dialogue with the carers, they sound well versed."
- ☐ Staff completed training the provider had deemed mandatory for their role to enable them to carry out their role effectively. They received regular supervision and assessment of their practice. This helped to ensure people continued to receive care from competent and skilled staff.
- ☐ Staff felt well trained and supported. Staff were offered the opportunity to complete nationally recognised qualifications in adult social care. The numbers who had completed this were low; however, the registered manager told us they were continually looking for ways to develop their staff's skills and more staff will be completing these qualifications soon. This will help to ensure that staff are upskilled and continually develop their knowledge to provide people with high quality care and support.

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

- ☐ People received support from staff with preparing and eating their meals when needed. People told us they welcomed the assistance they received from staff. One person said, "They make me something to eat if I ask, they are really caring." A relative said, "They make [my family member] breakfast and a sandwich for tea, the fridge is always full of choices."
- ☐ People's nutritional needs had been assessed. If they were at risk of dehydration or malnutrition, guidance was in place for staff to follow. This helped ensure the person had enough to eat and drink a balanced and healthy diet. Processes were in place to ensure that if people were at risk referrals could be made quickly to dieticians or other health agencies.

- People's preferred food and drink choices were recorded to help staff to understand people's preferred options. People felt able to ask for staff support with their preferred meals.

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

- People had access to their GP and other healthcare agencies to help them lead healthier lives. On occasions staff have supported people with accessing their GP or dentists.
- People's day to day health was recorded in daily running records. These helped senior members of staff assess whether any changes to people's health required a referral to other agencies such as falls teams and occupational therapists. This helped ensure people received effective and timely care.

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.

- The application of the MCA was effective. Currently MCA assessments were not needed, because people could make decisions for themselves. Where able to sign their care plans to give consent to care, people had done so. When family members or other relevant person were involved with making decisions about people's care, their legal right to do so was recorded. This will ensure that people's rights were respected.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; equality and diversity

- ☐ People liked and enjoyed the company of the staff who supported them. All felt comfortable with the staff and felt they treated them well. One person said, "They talk to me and listen to me, they act upon what I say, they are very attentive." Another person said, "I feel that I am very lucky (with their staff)." A relative said, "From what I have seen they are very caring with [my family member] they chat and keep them engaged."
- ☐ Staff understood how to communicate with people. Words such as 'patient' and 'understanding' were used by relatives who welcomed the friendly approach of staff. One relative described how staff supported their family member when they became upset. They said, "They are very patient, they sit and talk with [my family member] and if she gets upset they calm her down." Care records contained individualised guidance for staff that advised them how to communicate with people. It was clear from the responses we received that staff did so effectively.
- ☐ People's diverse needs were discussed with them when they first started to use this service. Where people had expressed their chosen religion, this was recorded within their care records to ensure staff were informed. One person had specific religious beliefs that staff needed to be aware of when supporting them. This was documented in the person's care records. This helped to ensure people's rights were respected and acted on.

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

- ☐ People were involved with making decisions about their care. People knew they had a care plan and told us this had been discussed with them and they agreed with the content. One person told us how they increased and decreased their care package when it suited them. A relative said, "I feel fully involved, it is a partnership, I adjust visit times, adding and removing visits, suggesting things they can do, and they suggest things to me to."
- ☐ People's views on the quality of their care were regularly taken during quality monitoring phone calls. The registered manager told us on occasions people have requested certain staff attend their home calls, and, due to the small size of the business, they have been able to accommodate people's wishes. This helped people to be involved with decisions that directly impact their care.
- ☐ A service user guide was in place. This informed people of what they should expect from their staff and how to raise concerns if they felt they were not receiving the quality of care they expected.
- ☐ Information about how people could access an independent advocate was provided. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered further support with having their voice heard.

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

- ☐ All people and relatives felt staff treated them or their family with dignity, their privacy was respected, and staff treated all with respect. One person said, "They don't embarrass you." A relative said, "As well as you can expect, they close the curtains when they dress [my family member] and they respect their privacy."
- ☐ People felt staff offered personal care in a dignified way that also encouraged independence whenever possible. One person said, "I trust them." A relative said, "The curtains and doors are always shut when they wash [my family member]." Another relative said, "There is always a great deal of respect shown and we are very happy with that."
- ☐ People's independence was promoted. A relative praised the approach of staff when supporting and encouraging independence. They said, "They let [my family member] go in the bathroom and wash themselves after they have run the bath for them."
- ☐ People's care records were treated appropriately to ensure confidentiality and compliance the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

# 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

- ☐ Prior to starting with the service, people met the registered manager and/or the senior care worker to discuss their needs. Once care had been agreed, care plans and risk assessments were quickly put in place to enable staff to have all required information to care for people, in line with their personal preferences.
- ☐ People and relatives told us their or their family member's care was provided in accordance with choices and preferences. People's care records contained personalised information about how they would like their care to be provided. This included the times they would like their calls, the level of support they needed with medicines, meals and personal care and whether they needed any support with activities. Information about each person's background, life history and hobbies and interests were also recorded.
- ☐ As well as personal care, some people received support from staff with domestic calls or calls to improve social inclusion. Some people went with staff to local shops, pubs and cafes, others took part in hobbies of their choice. A relative told us staff helped their family member with gardening and taken them out on day trips. Another relative told us they often left magazines and crafts for staff to take part in with their family member and their family member enjoyed this time. This helped to reduce the risk of people experiencing social isolation.

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

- ☐ The registered manager told us their knowledge of this standard was limited. However, they also told us that they would now discuss people's requirements with them to establish whether they wanted records, policies or other documentation provided in a different format. They also told us this would now form part of initial assessments when people started to use the service and during care reviews in case people's needs had changed. This would further improve people's ability to understand records that related to them.

Improving care quality in response to complaints or concerns

- ☐ All people and relatives felt able to make a complaint and would do so if needed. A relative praised the approach of the registered manager, "Whenever we raise any concerns they are dealt with immediately and to our satisfaction."
- ☐ The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found the small number that had been received had been dealt with in line with the provider's complaints policy. The policy included guidance for people to follow if they were unhappy

with the outcome of their complaint. This ensured an open and transparent approach to managing people's complaints.

#### End of life care and support

- ☐ End of life care was not currently provided; however, this has been provided in the past. End of life care plans were not always in place and the registered manager was aware of their responsibility to ensure that people were able to express their wishes about how they would like to be cared for when they neared the end of their life. The registered manager told us they would discuss people's preferences and choices in initial assessments and on-going reviews of people's care.

# 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 told us they received a good quality service. All people and relatives we spoke with would recommend this service to others. One person said, "The service is brilliant." Another person said, "The service was recommended to me by [person]. I would do the same." A relative said, "[My family member] has an exceptional service."
- ☐ The registered manager and the provider focused on providing people with an individualised, person-centred service. The registered manager told us they had regular contact with people and had met all people who use the service. They welcomed the fact the service was small as it enabled them to provide a 'personal touch' to the service provided.
- ☐ People achieved good outcomes as a result of the care provided. Care plans were written in a way which promoted independence and encouraged people to take control of their own care package. When people wanted to make changes to their package, this was addressed positively by staff and the registered manager. Customer satisfaction was the aim for this provider and this was clearly achieved.

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

- ☐ The registered manager understood how to comply with the regulatory requirements of their role. The registered manager was aware of their responsibility to apologise to people and/or their relatives when mistakes were made. We saw examples of this in the provider's complaints log.
- ☐ People were supported by staff who understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.
- ☐ Quality assurance processes were in place. These were effective in identifying good practice and areas for improvement and development. These were reviewed, and action plans were in place to address any issues. There was regular contact with the provider to address on-going performance and compliance with regulatory requirements.

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

- ☐ All people and relatives felt the service was well managed. They praised the approach of the registered

manager and other office-based staff. Many commented on the good levels of communication. One person said, "If staff are going to be late they do something about it, they ring me, they work as a team." A relative said, "Whenever we need to speak to them we can contact them day or night and they always get back to us immediately."

- ☐ Regular telephone monitoring phone calls and visits were carried out to gain people's feedback about their care. People welcomed these calls and felt able to raise any issues they had with the registered manager and/or the senior care work. Feedback from these calls was recorded for review. No formal analysis of these calls was completed. We also noted there had not been an annual survey completed. Annual surveys offer providers then opportunity to formally request people's feedback and to identify any trends and themes which could be affecting the service people received. The registered manager told us they address this.
- ☐ Staff felt able to raise any issues with the registered manager and that any concerns would be acted on. Team meetings were held with staff to obtain their views about the service.

#### Working in partnership with others

- ☐ Staff worked in partnership with other health and social care agencies and assisted them in providing care and support for all.