

## Exclusive Allied Services Limited

# Exclusive Care Services

### Inspection report

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Date of inspection visit:

02 August 2019

06 August 2019

09 August 2019

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11 September 2019

### 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:

Exclusive Care Services is an independent domiciliary care agency which provides personal care and support for people in their own homes. The agency provides care and support for people in the Gravesend area of Kent. People receiving care and support were predominantly children aged six years old and up, young adults while some were elderly. At the time of our inspection, they were supporting 15 people.

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 we spoke with said, "The service is okay. They are good" and "The girls are lovely. They are fine."

People received safe care and support from Exclusive Care. The registered manager and staff we spoke with knew what their responsibilities were in relation to keeping people safe from the risk of abuse.

Care plans contained detailed risk assessments. This mitigated any identified risks. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

Staff were skilled in carrying out their role. The registered manager ensured staff were appropriately trained.

People told us that staff communicated well with them and they felt at ease with them.

People's needs were assessed prior to receiving a service including their protected characteristics under the Equalities Act.

People were encouraged to raise any concerns they had or make suggestions to improve the service they received.

The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided at the time we inspected.

Staff told us there was an open culture where they were kept informed about any changes to their role. Staff told us the registered manager was approachable and listened to their ideas and suggestions.

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:

This service was registered with us on 31 August 2018 and this is the first inspection. The service is Good.

Why we inspected:

This was a planned comprehensive 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.

# Exclusive Care Services

## 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:

The inspection was carried out by one inspector.

#### Service and service type:

Exclusive Care Services is an independent domiciliary care agency which provides personal care and support for people in their own homes. The agency provides personal care and support for 15 people who are living in the community.

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:

This was a comprehensive inspection, which took place on 02, 06 and 09 August 2019 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open, people and staff would be available to speak with us.

#### What we did:

We reviewed information we had received about the service since registration with Care Quality Commission on 31 August 2018. This included details about incidents the provider must notify us about, such as abuse or when a person dies. 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 contacted healthcare professionals for feedback. We received no feedback. We took this information into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection, we visited two people in their homes after we sought their consent, spoke with one relative, three care workers, the registered manager and the nominated individual.

We reviewed a range of records. This included three people's care records, risk assessments, daily records and health records. We also looked at three staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as staff meetings minutes and surveys they completed to share their views.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the training data sent to us in a timely manner.

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

Systems and processes to safeguard people from the risk of abuse

- One person said, "I definitely feel safe with the staff. The registered manager introduces staff to me before they started, which makes me feel safe."
- The provider had safeguarding processes in place. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "It is about keeping people we support from harm. Protecting people from abuse. If I suspect abuse, I will report to my manager immediately. If nothing is done about it, I can blow whistle by calling the police or social services."
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I observe bad practice, it is my responsibility to report it to my line manager. If they have not done anything about it, I can refer to an outside agency by checking the policy for the contact information."
- The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required. There had been no safeguarding concerns since the service was registered.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. The risk assessments identified the hazards; deciding who might be harmed and how; evaluating the risks and decided on precautions. It recorded significant findings and review dates. For example, one person who was at risk of falls, had a comprehensive falls risk assessment with guidance for staff to follow in their care plan.
- Adequate processes were in place to identify and reduce any environmental risks to people. Staff were protected from risks from the environment. Potential risk and hazards such as uneven surfaces, appliances, inadequate lighting or trailing wires within the person's home had been adequately identified and appropriate risk assessments were in place.
- Staff had a good understanding of risk assessments and told us how they promoted positive risks. For example, a member of staff said, "When I go visit people, I encourage people with poor mobility to do things for themselves, which promoted their ability."

Staffing and recruitment

- Staff were recruited safely, and checks were completed. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them.
- People's needs, and hours of support were individually assessed. Staffing rotas showed that there were enough staff employed to meet people's needs. Staff were given enough travel time between visits which

enabled them to meet people's needs safely without rushing.

- People and their relatives and staff had access to an out of hours on call system manned by the registered manager.

#### Using medicines safely

- People that required support to manage their medicines received them safely.
- Each person had specific guidance for staff to follow, detailing the support that was required for the administration of medicines such as prompting.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- Suitably trained staff followed arrangements in place to ensure people received their prescribed medicines.
- Systems were in place for the auditing of people's MAR sheets. These were checked during spot checks and monthly to identify any missing signatures or errors.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection.
- Staff were trained in infection control.

#### Learning lessons when things go wrong

- There had been no near misses, incidents or accidents at the service.
- There were policies and systems in place to ensure that incidents were recorded actioned. There was also a system in place to record any late or missed calls. These would be analysed if they occurred.



# 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

- The registered provider undertook an initial assessment with people before they started providing care and support. People and their relatives were fully involved in the assessment process. One person said, "They gave me a lot of information and developed a care plan."
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. For example, administering medicines. New staff worked alongside experienced staff.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- As a newly registered service, staff had not yet had an annual appraisal. Evidence showed that staff had monthly supervision meetings with the registered manager. We observed during the inspection that staff had unrestricted access to both the registered manager and provider. A member of staff said, "I can approach them easily. I have requested training before and it was fulfilled."

Supporting people to live healthier lives, access healthcare services and support

- Staff were not directly involved in people's healthcare needs. However, care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before support started.
- Staff told us that they would report any concerns they have about the person's health to the relatives who would in turn take required action.

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

- Staff supported people to maintain their hydration, food and some with their assisted eating device safely. Assistive eating devices are used by people when they have difficulty eating or drinking independently.

These could include devices utensils, plates, bowls with lips that make scooping food easier, cups, mugs, and even a standard disposable straw can be considered assistive drinking devices.

- Staff received training regarding nutrition and diet, so they had the knowledge to support people to eat healthily.
- Staff demonstrated that they understood the importance of following set guidelines in place. They followed people's care plans which detailed the support they required with eating and drinking.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- The registered manager, provider and staff had training about MCA. They understood people had the right to make their own decisions about their care. When people might be unable to give consent, they knew the MCA process to be followed.
- People confirmed to us that staff always ask for their consent before doing anything. One person said, "He asks for my consent before doing anything."

# 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; equality and diversity

- One person said, "They treat me with respect and dignity at all times." A relative said, "They treat our home with respect."
- Staff knew the people they were supporting well.
- The people's care records contained information about their background and preferences, and staff were knowledgeable about these. For example, one person preferred a driver, who could take them out and this was met.
- The registered manager and provider were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. We observed in the office that computers were password protected.

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

- One person said, "They are easy to communicate with. Everything is just smooth. I am involved, and they make good conversation."
- People were supported to express their views regularly and their relatives were involved in making decisions about their care and support.
- Relatives were involved in the formulation, reviewing and the delivery of care. This was confirmed by a relative who was present when we visited people in their homes.
- We were informed by people who received care and support that they were able to express their needs and received the care and support that they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- One person said, "They shut the door when I am having my bath. I feel at ease with the way I am treated."
- Staff understood the importance of respecting people's individual rights and choices.
- Care plans included what people could do for themselves and where they needed 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 meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and placed people's views and needs at the centre. People's care plans were detailed and informed staff what the person's abilities were and support they required from staff.
- People confirmed to us they had a care plan folder in their home that contained the plan of care. We saw these when we visited.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured communication between staff and relatives were good which benefitted the care of the person. For example, the care plans were reviewed regularly with individuals in their homes with their relatives present. This showed that the care plans were personalised.

Improving care quality in response to complaints or concerns

- One person said, "I was given information about how to complain. Both my son and daughter will support me with that if I need to."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).

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 that they made documents available to people they supported in different formats such as large print if needed.

End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered manager told us that they were prepared to have in depth conversations with people and their relatives about end of life plans whenever they accept anyone at the end of life. However, care plans contained people's preferences for end of life 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.

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

- There were effective systems in place to monitor the quality of the service.
- A range of quality audits such as care plans, medicine, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered provider. This meant that the registered manager had a robust system in place for monitoring the quality of the service.
- The registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on the providers website.

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

- There was a management team at Exclusive Care Services. This included the registered manager and the provider. They were directly providing care and support for people. Both were also available to staff. This ensured continued compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff told us that the management team to encourage a culture of openness and transparency. A member of staff said, "I can speak to the manager at any time regarding any problem."
- There was a positive focus on supporting staff to communicate and express their views. A member of staff said, "They are compassionate, they listen to staff, they hold people's satisfaction in high esteem and they take every suggestion on board."
- People and their relatives were fully involved in people's care and support. A relative confirmed this when we visited. A member of staff said, "There is a care plan in the home and I read this regularly. The manager also updates me regularly."

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

- Staff told us that they were able to share their ideas and felt listened to. Comments from members of staff included, "Management is good, they are good in treating staff equally. I can approach them easily. I have requested training before and it was fulfilled."
- Feedback was sought from people and their relatives during care reviews. One person said, "I will recommend your service to friends and family, you are all amazing." A relative said, "A very big thank you for the care and support given to my father. We are all very appreciative and have thoroughly enjoyed getting to know you."

Continuous learning and improving care

- The management team told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care. A member of staff said, "They do brief us on changes."
- The management worked with the relatives of the person supported in a joined-up manner in meeting the person's needs.