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Executive Care

Inspection report

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11 October 2016

12 October 2016

14 October 2016

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 10 October 2016 with an announced visit to the service. In addition, phone calls were made to people and their family members and representatives on 11, 12 and 14 October 2016.

Executive Care provides a domiciliary support service within Milton Keynes and surrounding areas. The service enables people to live independently in their own home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last comprehensive inspection on 18, 24, 27 August and 1 September 2015, we asked the provider to take action to make improvements to care plan and risk assessment documentation and in reporting statutory notifications to the Care Quality Commission (CQC).

This was in breach of Regulation 12 (1) (2) (a) (b) of the HSCA (RA) Regulations 2014 and Regulation 18 (1) (2) (e) of the (Registration) Regulations 2009.

We received an action plan from the provider telling us how the relevant legal requirements would be met. We carried out a focused inspection on 13 May 2016 to follow up on their actions and found that they had been completed. We could not improve the ratings from requires improvement, at the focused inspection, because to do so required consistent good practice over time.

The provider had carried out risk assessments to identify potential hazards for people using the service and staff. Risk assessments for moving and handling, pressure area care and nutrition were regularly reviewed to identify changes in people's needs and they were amended accordingly.

People's care, treatment and support was set out in a written care plan that described what staff needed to do to make sure personalised care was provided. The care plans contained sufficient detail to inform staff on the type of support people needed to maintain their health and well-being.

The provider had reported safeguarding concerns to the local authority safeguarding team and to the CQC to safeguard people from abuse or improper treatment. They had also kept CQC informed of other events at the service as required by law.

Internal quality audits, surveys and reviews, were used to monitor the service provision. However robust records were not always maintained on the actions taken by the provider, in response to the audit findings. The registered manager told us they planned to put action plans, with timescales in place. This would ensure that robust records were available to demonstrate the actions they had taken to continually drive improvement of the service.

Staff recruitment procedures ensured that only suitable staff were employed to work at the service. However robust records were not always maintained regarding checks carried out on car drivers using their vehicles for work purposes. Having proof of current insurance and MOT certificates held on file, would demonstrate the provider's commitment to continually manage the staffs' on-road risks.

Staff understood their roles and responsibilities to safeguard people and to report any concerns. The provider had informed the Local Authority in relation to safeguarding concerns.

Where the provider had taken on the responsibility systems were in place to manage people's medicines safely. Medicines audits were regularly carried out to check that people consistently received their medicines safely.

People were involved in making decisions about their care; where they lacked the capacity to make their own decisions, decisions made in their best interests were made in line with the Mental Capacity Act (MCA) 2005.

Staff received appropriate training and systems were in place to ensure that staff received regular supervision and support.

People were encouraged to eat and drink sufficient amounts to maintain good nutrition and hydration. Staff contacted the relevant healthcare professionals in response to any sudden illness or emergencies.

Relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. Staff took the time to explain things to people and provided them with sufficient information before carrying out any care tasks.

People using the service and their relatives were involved in planning their care and the staff were knowledgeable of people's needs. Systems were in place to seek feedback from people using the service on the quality of the care they received. The provider had a complaints procedure and complaints made to the provider had been responded to appropriately.

The registered manager had an open door policy and was available to people using the service, their relatives and staff. Communication between the provider and the staff was effective and staff felt supported in their development.

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 

Staff recruitment procedures ensured that only suitable staff were employed to work at the service.

Staff understood their roles and responsibilities to safeguard people and to report any concerns. The provider had informed the local safeguarding authority in relation to safeguarding concerns.

Risk assessments for moving and handling, pressure area care and nutrition were regularly reviewed to identify changes in people's needs and they were amended accordingly.

Where the provider had taken on the responsibility suitable systems were in place to safely manage people's medicines.

Is the service effective?

Good 

Staff received appropriate training and systems were in place to ensure they received regular supervision and support.

People were involved in making decisions about their care; where they lacked the capacity to make their own decisions, decisions made in their best interests were made in line with the Mental Capacity Act (MCA) 2005.

People were encouraged to eat and drink sufficient amounts to maintain good nutrition and hydration.

Staff contacted the relevant healthcare professionals in response to any sudden illness or emergencies.

Is the service caring?

Good 

Relationships between staff and people using the service consistently demonstrated that staff preserved people's dignity and respect at all times.

Staff took the time to explain things to people and provide them with sufficient information before carrying out any care tasks.

Is the service responsive?

People's care, treatment and support was set out in a written care plan that described what staff needed to do to make sure personalised care was provided.

The care plans contained sufficient detail to inform staff on the type of support people needed to maintain their health and well-being.

Good ●

Is the service well-led?

Records in response to the audit and survey findings did not always evidence the improvements made to the service.

Records were not always available to evidence that car drivers using their cars for work purposes were insured and their vehicles had a valid MOT (when applicable).

The registered manager had an open door policy and was available to people using the service, their relatives and staff.

Communication between the provider and the staff was effective and staff felt supported in their development.

Requires Improvement ●

Executive Care

Detailed findings

Background to this inspection

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

This inspection took place on 10 October 2016 and was announced with a visit to the service. Following the visit, phone calls were made to people, their family members and representatives on 11, 12 and 14 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that staff and people would be available to speak with us. The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also gathered information from Local Authority Commissioners. We spoke with one person using the service, three relatives and a representative of a person using the service. We also spoke with the registered manager, the recruitment manager, an administrator and four care staff.

We reviewed the care records belonging to four people who used the service to ensure they were reflective of their current needs. We looked at the recruitment files of four staff and other records in relation to staff supervision and training. We also looked at records in relation to the quality monitoring of people's care and the overall management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection on 18, 24, 27 August and 1 September 2015, we found the provider needed to take action to make improvements to documenting and reviewing risk assessments.

This was in breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act (HSCA) (Regulated Activities) Regulations 2014.

We received an action plan from the provider on how the relevant legal requirements would be met. We carried out a focused inspection on 13 May 2016 and found the actions had been completed. The provider had ensured that risk assessments had been regularly reviewed and updated with particular attention to moving and handling and pressure area care. We could not improve the rating from requires improvement, at the focused inspection, because to do so required consistent good practice over time.

At this inspection we found the provider had consistently carried out risk assessments to identify potential hazards for people using the service and staff. The assessments were regularly reviewed to identify changes in people's needs and they were amended accordingly. The staff told us they were aware of the risks to the people they provided care for, such as, falls, moving and handling constraints and malnutrition. They told us that equipment used in the home assist with moving and handling people, such as, hoists and wheelchairs were checked on a daily basis. One relative said, "The staff need to use a hoist to help move [Name of person], I have seen them use it and [Name of person] is safe in their hands."

One member of staff said, "We always have two staff to assist people that need to use a hoist." They confirmed that any defects in the equipment were reported to the registered manager immediately. They told us that a record was maintained of all accidents and incidents, and measures were put in place to reduce further risk of harm, to promote people's safety. We saw that records were maintained of accidents and incidents and the actions the provider had taken to reduce the likelihood of repeat incidents.

Safe recruitment practices were followed. All staff spoken with confirmed that they did not take up employment until pre-employment checks had been carried out. The staff recruitment records contained proof of the staffs' identity, their eligibility to work in the United Kingdom. Written references had been obtained and vetting through the government body Disclosure and Barring Service (DBS), that included a criminal record check and a check on the barred list.

One member of staff said, "I had to provide evidence that my car was road worthy, taxed and insured." However when checking the staff files we found that some car documentation required updating and some was not available. For example, the MOT certificate held on a staff file had recently expired. In another staff file documentation was not available to evidence that the provider had checked the member of staff had valid car insurance and a valid MOT certificate. We brought our findings to the attention of the registered manager they told us they would obtain copies of the relevant documentation from the staff as a matter of urgency. Having records of current insurance and MOT certificates held on file, would demonstrate the provider's commitment to managing the staffs' on-road risks.

Where the provider had taken on the responsibility systems were in place to manage people's medicines. People told us they had no concerns about the staff administering their medicines. One person said, "I always get my tablets on time." A relative said, "We collect [Name of person's] tablets from the chemist and the staff make sure he gets them on time." We saw that people using the service or their representatives had given their consent for staff to take on the responsibility of managing the medicines. The staff told us they received training to provide them with the skills and knowledge to administer people's medicines, which also included shadowing other staff and being observed administering medicines.

One staff member said, "We assist the clients with their medication if there are in blister packs." Another staff member said, "When we give the clients their medicines and pop it out the packet we put a dot on the MAR sheet. When the client has taken the tablet we sign the sheet. This way reduces the risk of errors being made."

The medicines administration records (MAR) charts held in people's homes were audited and records of the audits identified areas for improvement, for example, gaps in staff signatures on the MAR charts. The registered manager said they had met with the staff concerned to address the shortfalls in record keeping. They said they planned to strengthen the medicines audit systems by drawing up action plans with timescales following the audits. This would ensure that robust records were available on the actions they had taken with staff to continually drive improvement.

People told us they felt safe when they received care and support from the service. One person said, "I feel very safe." A relative said, "We haven't been using the service that long, but we feel we have made the right decision, the staff seem to know what they are doing and that is reassuring."

The staff were provided with safeguarding training that included how to recognise and report abuse. They told us they were also aware of the whistleblowing procedure for reporting safeguarding concerns with other external authorities, such as the local authority safeguarding team or the Care Quality Commission (CQC), if they felt that the provider did not take action to protect people from abuse. One member of staff said, "If I suspect or witnessed a client was being abused. I would report it to the manager." Another said, "I once witnessed an incident of abuse and I reported it straight away to the manager."

The provider had notified the local safeguarding authority and CQC of safeguarding matters. They had taken appropriate action to investigate safeguarding incidents and had put measures in place to keep people safe.

The staffing numbers were adequate and people told us they usually had the same staff to attend to their care, this helped them to have continuity of care. They also told us they felt the staffing levels were right to meet their needs. The staff also told us they thought there were sufficient staff available to keep people safe and to meet their needs. One staff member said, "I think there is enough staff, I have sufficient time to support the clients and I am not rushed off my feet." The general consensus was that there was enough staff working at the service to cover the shifts required.

Is the service effective?

Our findings

People told us they felt that the staff had the skills and competencies to meet their individual needs. The staff told us they received induction training before commencing work. One member of staff said, "I completed three days induction, which covered the mandatory courses. I then worked alongside an experienced staff member for a further two days to see how people were being supported." Another member of staff said, "I had induction training which covered topics such as, safeguarding, health and safety, safe handling of medicines, fire awareness, food hygiene and moving and handling. I have also had regular updated training that is done via e-learning or face to face. For example, I recently had training in end of life care, which I found very interesting." All the staff we spoke with confirmed that they went through the same induction process.

The staff training records showed when staff had attended training and when updates were due. We saw that some staff had been provided with service user specific training such as, stroke and diabetes awareness, dementia care, catheter care and mental health awareness.

The staff were supported in their professional development. One staff member said, "We have regular supervision and the manager would ask us about our training needs and identify courses that would help us to improve in our roles. For example, I recently attended training in dementia awareness and end of life care." We saw that records of staff supervision had identified areas for further training. The registered manager told us that he ensured that training needs were followed up with individual staff.

Staff told us that they received regular supervision and spot checks from the registered manager and the care-co-ordinator. One staff member said, "I receive feedback on my performance and it helps to build my confidence. The manager is always happy to provide us with additional training if we request it." We saw that staff team meetings took place and minutes of the meetings were made available to staff, who had been unable to attend the meetings. In addition day to day communications took place with staff, via mobile phone text and internet based chat blogs from the provider.

People using the service and their relatives told us that staff asked for people's consent before they provided them with any care or support. One person said, "They always ask me before they do anything." A relative said, "The staff are very good; they take their time to explain what they need to do, they won't go ahead if [Name of person] does not agree with it." The staff reiterated that it was very important that they sought people's consent before they provided them with any care. People's care plans demonstrated that their consent to their care and support had been sought and recorded before their care package started.

The staff told us that they involved people in making decisions about their care. One member of staff said, "People's likes and dislikes are recorded in their care plan. The information helps us to provide people with the right support." Another said, "I ask people if they are okay with me supporting them and I always explain what I am going to do."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The staff understood the importance of people being supported to make their own decisions. One member of staff said, "I find if you give people time they can often make their own decisions." Another said, "I am aware of what best interests' decisions mean; usually when family members make decisions on the person's behalf." We saw that capacity assessments had been carried out by the placing authorities that identified areas where individuals lacked capacity. For example, people unable to manage their finances or safely self-administering their medicines.

People were supported to eat and drink sufficient amounts. People told us they were supported by staff to have their preferred snacks, drinks and hot meals. One person said, "The staff are very good, they heat my meals up for me in the microwave." A relative said, "The staff make sure that [Name of person] has plenty of fluids, as they are prone to getting urine infections." The staff told us that they supported people with their meals. One staff member said, "We only prepare microwave meals and make sure it is warm through." Another said, "We prepare drinks and sandwiches for the clients or whatever they feel like eating. I usually tell them what they have in the fridge and they make their own choice." The staff told us if a person was observed as not having adequate amounts of food and fluids they would report it to the manager and seek professional advice via the person's GP.

We saw that staff had received training in food safety and they were aware of safe food handling practices. They also told us that where there was an identified need for support with monitoring people's food and drink intake this was recorded at every visit. People's care records identified the level of support people needed to eat and drink.

People had access to healthcare support when required. People and their relatives told us the staff took appropriate action in response to changes in their health conditions. We saw that the staff recorded day to day observations of people's well-being and any changes in their health within the daily care logs. Relatives told us they were confident that if their relative became ill that the staff would contact them, the person's GP or call the emergency services in the event of a medical emergency. One relative said, "[Name of person] has diabetes, the district nurse gives him his insulin, the staff know what to look for if he has a hypo. He had one once, the staff brought him round and called an ambulance." The staff confirmed that people's family members supported them with escorting people to hospital and GP appointments.

Is the service caring?

Our findings

The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. The people and relatives we spoke with confirmed that staff were caring and compassionate and their dignity was not compromised. One relative said, "The staff are really nice, they care for [Name of person] with dignity and compassion and are very patient." Another relative said, "It took a little while for the staff and [Name of person] to get to know each other, [Name of person] can be very difficult at times, but they get on tremendously well with each other." People told us their care was generally provided by the same staff that they had got to know and trusted. People talked fondly of the relationships they had built with the staff and how they looked forward to the visits.

People told us the staff maintained their privacy and dignity. One staff member said, "I treat the clients the way I like to be treated. When supporting them with personal care I ensure that their dignity is preserved and they are not exposed." Another staff member said, "I enable the clients to choose their clothes and I always call people by their preferred name." Staff told us that people were enabled to maintain their independence. One staff member said, "I encourage the clients to brush their hair and teeth if they are able to."

People said they did not feel rushed when receiving their care, they told us the staff took the time to explain things to them and provided them with sufficient information before carrying out any care tasks. Staff told us they involved people in making day to day decisions. One member of staff said, "Some clients let you know what they are able to do for themselves and you provide them with support to maintain their independence."

People using the service and their relatives said they were involved in planning their care. We saw that most of the care plans had been signed by the person or their representatives to show they were involved in making decisions and in agreement with the care to be provided for them. All of the staff we spoke with said they enjoyed working for the care agency; they were knowledgeable of the needs of each person they provided care for. They spoke about people with affection and consideration for each of their individual needs. They told us that during the visits they had adequate time to spend with people to sit and socialise with them. One staff member said, "We usually have about one hour, and forty-five minutes, to provide care to people. I never feel rushed. I am able to give them quality time and involve them in everything I do." Another said, "I am usually able to complete all my tasks within the allocated time. Sometimes I stay over the allocated time. If this happens regularly I report it to the supervisor who would request for the care package to be reviewed with the social worker."

People were consulted on how they wished to be cared for. All the staff we spoke with confirmed that people using the service were supported to make choices and be fully involved with their care needs. The staff were aware of the service's confidentiality policy and had a good understanding of keeping people's information confidential.

Is the service responsive?

Our findings

At our comprehensive inspection of Executive Care on 18, 24, and 27 August and 1 September 2015 we found that care plans were not in place or had not been updated with particular attention to pressure area care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received an action plan from the provider on how the relevant legal requirements would be met. We carried out a focused inspection on 13 May 2016 and found the actions had been completed. We could not improve the rating from requires improvement, at the focused inspection, because to do so required consistent good practice over time.

At this inspection we found that people's care, treatment and support was set out in a written care plan that described what staff needed to do to make sure personalised care was provided. We saw that people's needs were assessed by the placing authority and the service before the care agency took on the role of providing the care. The care assessments formed the basis of the initial care plans that were put in place. The care plans contained sufficient detail to inform staff on the type of support people needed to maintain their health and well-being. We saw that people identified at risk of developing pressure sores, due to ill health and poor mobility had pressure area care plans in place. The care plans informed staff on what they needed to do to prevent the development of pressure sores.

People using the service and their representatives told us they felt fully involved in the care planning process and their views were sought about the way in which they wanted their care or support needs to be met. One relative said, "We moved care agencies because we were not very happy with the last one, we had a meeting with [registered manager], we explained what we needed, we have been very happy with the service [Name of person] is now much happier, it's like a big weight lifted off our shoulders." We saw that visit schedules were set up with the person or their representatives and the areas of support required to be provided during each visit.

People told us a member of staff came to visit them in their homes to discuss the content of the care plans and make sure the information was current and accurately reflected their needs. One person said, "They come and check that everything is okay and whether I need anything changing."

The staff told us that they were provided with sufficient information on the needs of people using the service. One staff member said, "The care plans are clear and easy to follow." Another said, "If I visit a new client, I always read their care plan, as it contains all the information that I need to know on how to care for them." Other staff members made similar comments.

Systems were in place to seek feedback from people using the service on the quality of the care they received. One person said, "They ask me how things are going, I have the opportunity to say how I feel about things, generally I am very pleased with the company." We saw records held at the agency office of questionnaires that had been completed by people using the service or their representatives. There was also

records of telephone interviews having been carried out, seeking feedback from people.

People and their representatives told us if they wanted to raise any complaints about the service, they would not hesitate to speak directly with the registered manager. They said the registered manager was approachable and they felt confident any concerns brought to their attention would be taken seriously and appropriately addressed.

The provider had a complaints procedure and people were provided with a copy of the procedure when they started using the service. One staff member said, "The clients have a copy of the complaints procedure in their folder." The staff told us that if a person using the service made them aware of a complaint they would record it and inform the manager. They said they felt confident that complaints brought to the attention of the registered manager were dealt with satisfactorily. We saw that records of complaints were available and the provider had responded to complaints appropriately.

Is the service well-led?

Our findings

At our comprehensive inspection of Executive Care on 18, 24, and 27 August and 1 September 2015 we found the provider had not always informed the Care Quality Commission (CQC) of incidents that affected the health, safety and welfare of people who used the service, as required by law. This was a breach of Regulation 18 CQC (Registration) Regulations 2009.

We received an action plan from the provider on how the relevant legal requirements would be met. We carried out a focused inspection on 13 May 2016 and found the actions had been completed. We could not improve the rating from requires improvement, at the focused inspection, because to do so required consistent good practice over time.

At this inspection we found the registered manager had reported safeguarding concerns to the local authority and the Care Quality Commission (CQC) to ensure that people were safeguarded from abuse or improper treatment.

The management quality monitoring systems included audits of care plans, risk assessments, medicines administration records and daily reports. In addition feedback on the quality of the service was regularly sought from people, through face to face home visits and telephone surveys. The registered manager confirmed they followed up on areas requiring improvement by meeting with people using the service and staff to discuss the improvements. We saw these had included increasing the frequency of calls for some people to improve communication with them. They had also met with individual staff to address areas for improvement such as, the need to consistently sign the medicines administration records and have sufficient detail in the daily notes. The registered manager confirmed they would formalise the audit systems by having in place action plans with timescales for completion. This would ensure that robust records were kept on the actions taken to continually drive improvement at the service.

We found that robust records were not always maintained regarding checks carried out on car drivers that used their vehicles for work purposes. Having proof of current insurance and MOT certificates held on file, would demonstrate the provider's commitment to managing the staffs' on-road risks.

Staff knew of their responsibility to report safeguarding concerns to the provider and of their responsibility to raise any safeguarding concerns with the local safeguarding authority and / or CQC, if they believed the provider did not take appropriate action to safeguarding people using the service.

People told us they had good relationships with the registered manager, they said he was approachable and that he always made himself available if they needed to speak with him. One person said, "There manager is very nice and very accommodating, I have no problems, all the staff are lovely." One relative said, "The service we receive is fantastic."

The staff said they felt supportive and valued by the manager and that they would recommend the service to a family member or a friend. One staff member said, "The manager is very approachable and easy going. He

is very helpful and you can discuss anything with him. For example, once I was not sure about a client's mobility and he was able to provide me with all the information I needed."

Staff told us that regular staff meetings took place. One staff member said, "We feel we are able to make suggestions and that we are listened to. For example, if we suggest that a client's care package needs to be increased, the manager listens to us and arranges a review with the social worker." They told us they were kept informed of any changes in people's care packages. One staff member said, "Every Monday we get a text to inform us if there are any changes, sometimes this is followed up with a telephone call." We saw that a 'live chat' communication system was used to keep staff updated on daily changes.

Staff told us they had been provided with training on whistleblowing. One staff member said, "I am 110% positive if I reported any concern to [name of manager] he would address it promptly." Another staff member said, "If I witness poor practice I would report it to the manager or care co-ordinator and if it were not addressed I would go higher." Should this information be moved up with the paragraph above relating to safeguarding concerns?

Staff told us they were supported through formal and informal supervision and their training and development needs were met.