

Expert Care UK Services Ltd

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## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Expert Care UK Services Ltd provides personal care and support to people living in their own homes. Eighteen people were using the service at the time of our inspection, three of whom were receiving live-in care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received safe care from staff who knew their needs well. People saw the same staff regularly, which they said was important to them, and told us they had developed positive relationships with their care workers.

The provider had improved the systems used to monitor the quality and safety of the service since our last inspection, including the auditing of medicines.

People were regularly asked for their views about the care they received and the provider acted on their feedback. People and relatives told us the provider was approachable and were confident the provider would respond to any concerns they raised.

Staff received an induction when they joined the agency and had access to relevant training. Staff competency was assessed before they provided care and their practice was regularly assessed at spot checks.

The agency worked effectively with other professionals and agencies involved in people's care. This included highlighting when people's needs changed and following professional guidance about people's care.

Staff were well-supported by the provider and felt valued for the work they did.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 5 December 2019. A breach of

legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Expert Care UK Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Expert Care UK Services Ltd

## 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 two inspectors. One inspector visited the agency's office and another inspector spoke with people who used the service and relatives.

#### 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 we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 April 2021 and ended on 21 April 2021. We visited the office location on 15 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the provider's nominated individual at the agency's office. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We checked four people's care records, including their risk assessments and support plans. We looked at four staff recruitment files, quality monitoring systems and the arrangements for managing medicines.

We spoke with six people who used the service and five family members by telephone to hear their views about the agency.

We spoke with two staff by telephone and received feedback from five staff via email about the support and training they received from the provider.

#### After the inspection

The registered manager sent us further information, including evidence of training booked for staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At our last inspection we recommended that the provider improve their systems for auditing medication. At this inspection, we found the provider had implemented this recommendation and that people's medicines were managed safely.
- Any medicines administered by staff were recorded both electronically and in paper form on medicines administration records (MARs). The app staff used to record the administration of medicines enabled the provider to monitor this in real time. The registered manager audited paper MARs regularly.
- There had been no incidents in which staff had failed to give people their prescribed medicines. The registered manager's MARs audits had identified a small number of recording errors, which had been addressed with staff.
- Staff attended medicines training and their competency was assessed before they administered medicines to people.
- Staff understood any individual needs people had in relation to their medicines. For example, one person needed their medication to be administered at a specific time each day. A member of staff who supported this person told us, "We are always there before he is due his medication to make sure it's not late."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe and comfortable when staff provided their care. One person said, "I am extremely comfortable with them and I trust them." Another person told us, "I feel safe with them. It's usually the same carer, which is very reassuring."
- Risk assessments were carried out before people began to use the service to identify any risks involved in their care. Areas assessed included moving and handling, medicines and the environment in which care was to be provided.
- Where risks were identified, guidance was put in place for staff about how to mitigate these risks. Risk assessments were kept under review to take account of any changes in people's needs.
- Staff told us the provider responded if they highlighted changes in people's needs. One member of staff said, "If there is a change needed, [nominated individual or registered manager] will come around and do a risk assessment and put changes in place."
- Accidents and incidents were recorded and reviewed to identify measures which could reduce the likelihood of a similar incident happening again.
- There were systems in place to ensure staff learned from incidents or adverse events. A member of staff told us, "We share information about important incidents because we go to most clients." Another member

of staff said, "We have catch up meetings about any concerns."

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training and knew how to report any concerns they had about abuse, including reporting outside the agency if necessary. Staff said they would feel confident to speak up if they had concerns about people's safety or well-being. One member of staff told us, "I know the [reporting] protocol. I've never had a concern of that high a level but I feel [nominated individual and registered manager] would listen to my concerns."
- If staff had highlighted concerns about people's safety or well-being, the provider had raised these concerns with the local safeguarding authority.

Staffing and recruitment

- The provider employed enough staff to meet the agency's care commitments. None of the people we spoke with had experienced missed calls. The provider had arrangements in place to cover calls when staff were unavailable, including at short notice.
- The records we checked demonstrated that staff were recruited safely. The provider had obtained appropriate information about prospective staff before they were employed, including proof of identity, proof of address and a Disclosure and Barring Service (DBS) check.

Preventing and controlling infection

- People told us staff always wore personal protective equipment (PPE) during their visits. One person said, "They always wear a mask, gloves and apron." Another person told us, "They always wear masks, gloves and aprons. It makes me feel better that they do that."
- Staff confirmed they had access to the PPE they needed, including throughout the COVID-19 pandemic. One member of staff told us, [nominated individual] and [registered manager] did very well to get us PPE." Another member of staff said, "It was something that looked like it was going to be a problem but we always had enough."
- Staff attended training in infection prevention and control (IPC) in their induction and periodic refresher training.



# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection, there was no recorded evidence that staff competencies had been assessed before they provided care without support. At this inspection, we found the provider had recorded the competency assessments they carried out before staff provided people's care unsupervised.
- All staff had an induction when they started work, which they told us had prepared them well for their roles. One member of staff said, "Induction training program was the first priority when I joined the team. The training was focused on job description to get me up and running in my role and to ensure that I am working safely and competently as soon as possible."
- Staff attended mandatory training in areas including medicines, moving and handling, safeguarding and food hygiene. Prior to the COVID-19 pandemic, the provider had purchased face-to-face training for staff. This had been interrupted by the pandemic but the provider had purchased online training to ensure staff received the training they needed. The provider had also identified creative solutions where face-to-face training was needed, such as accessing training for one member of staff provided at a residential care home. The provider advised they intended to reinstate face-to-face training when COVID-19 restrictions allowed.
- Staff supported one person who had needs related to swallowing. Although staff followed guidance put in place by a healthcare professional, they had not attended training in the specific condition the person experienced.
- We discussed this in feedback with the provider at the end of the site visit. The registered manager responded positively to this feedback, booking training for staff about the condition.
- All staff had attended a one-to-one supervision with the registered manager since our last inspection and staff who had worked for the agency over 12 months had had an appraisal. Each member of staff also had a Personal Development Plan, which identified their training needs and aspirations.

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

- People's needs were assessed before they began to use the service to ensure the agency could provide their care.
- Staff told us they received enough information about people's needs before they supported them, including a personalised care plan. One member of staff said, "Each person has a plan with all the information we need for the right type of support for each client." Another member of staff told us, "I am always told what the client's needs are before I start looking after them and we have a care plan in place to confirm."
- People received consistent care as they were visited by the same staff regularly, which they said was

important to them. A relative told us, "I think the agency is not huge and in some ways that is a plus point. Being small, you get more of a personal service. We get consistent staff with Expert Care. We virtually have the same lady every day. We are more than pleased with them."

- People and relatives told us they had developed positive relationships with their care workers. One person said, "It's the same carers who come. They are like friends to me and my husband; we would never have anyone else."
- Relatives told us staff did important things for their family members beyond providing their care. One relative who did not live near their family member said of staff, "I can't fault them. The girls are kind, considerate and spend time with [family member]. They do little things, like for [family member's] birthday, they sent a video to me and I sent the link to my siblings. They needn't have done that. They do more than what they are supposed to. It meant a lot to us as we could not be there."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked effectively with other agencies to ensure people received effective care. This included making referrals to relevant professionals if people's needs changed and implementing any advice given. For example, referrals made by the agency had resulted in assessments from a physiotherapist and speech and language therapist.
- One member of staff told us about the positive outcomes for one person that had resulted from a recent referral to an occupational therapist (OT). The member of staff said, "For one of my clients, I asked for chair raisers because he was having difficulty getting up. He had an OT assessment. [Registered manager] organised it all. His chair raiser for his armchair in the front room is that little bit higher for him which is fantastic. A lot more comfortable and easier for him to get in and out."

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

- The registered manager communicated with healthcare professionals on people's behalf with their consent. For example, we saw evidence of effective communication between the registered manager and a person's GP about the person's test results and medicines. We also saw evidence that the registered manager had been proactive in contacting healthcare professionals if people's health had deteriorated.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA.

- We found that staff had attended training in the MCA and understood how its principles applied in their work. One member of staff told us, "You always presume people have capacity" to make decisions about their care.
- Staff also understood the importance of effective communication with the people they supported. One

member of staff told us, "I would always explain [to the person] what I am doing, whether it's [support with] eating or medication." Another member of staff said, "One client does not speak, but we communicate in our own way."

- People were asked to read their care plans to ensure they reflected their needs and preferences before signing consent to their care. The spot checks carried out by the provider assessed whether staff gained people's consent to their care on a day-to-day basis.
- People and their relatives confirmed that staff respected their wishes and preferences about their care. One relative said of staff, "They are very receptive to [family member's] needs and communication is very good between them, me and [family member]."

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

- People who received support with their meals told us they were happy with this aspect of their care. One person said of their care workers, "They cook the dinners for us and everything they do is marvellous." A relative said of their family member's care worker, "We used to have meals on wheels, which was handy, but [care worker] cooks all the meals now. She is a good cook."
- People's nutritional needs were assessed and people who had specific dietary needs had a nutrition care plan which detailed how staff should support them effectively and safely. These care plans included guidance from speech and language therapists about the consistency of foods and fluids. Where necessary, staff maintained records of people's food and fluid intake.
- Staff understood people's nutritional needs and confirmed they received clear guidance about how to meet these. A member of staff told us, "There are risk assessments for [person] as he is at risk of aspirating. We have to make sure his meal is cut up and he is sat up upright. It's all in his notes."

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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; Continuous learning and improving care

At our last inspection the provider had failed to maintain effective quality monitoring systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had put systems in place to monitor the quality and safety of the service. Systems used to audit medicines had improved since our last inspection. Staff competencies were assessed before they provided care unsupervised. Spot checks on staff were carried out to ensure people were receiving safe, good quality care.
- People received a reliable, well-planned service. People told us staff almost always arrived on time for their visits and they were informed if staff were running late. One person said, "Their timekeeping is excellent. If they are running late, they will call me." Another person told us, "They are very reliable. They have not cancelled any visits and they always warn me if they are going to be late."
- The provider had developed a business continuity plan, which had been reviewed in the light of COVID-19. This plan was designed to ensure people's care would not be disrupted by issues such as staff absence due to illness or self-isolation.

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

- People told us the provider regularly asked for their feedback about the care they received. One person said, "They will phone me and come round to do a spot check when one of the carers is here." Another person told us, "They ask me by word of mouth how I find them. [Nominated individual] usually phones."
- People were also asked for their views about the care they received through annual surveys. Feedback from previous surveys confirmed that people were happy with the care and support they received.
- People were confident that the provider would respond to any concerns they raised. One person told us,

"I've never had cause to raise a complaint but judging by their general operating standards, I would be very surprised if they didn't act swiftly." Another person said, "If I had a complaint, I would phone [nominated individual], he deals with everything straightaway, but I have nothing to complain about."

- Relatives told us the nominated individual and the registered manager communicated effectively with them about their family members' needs. One relative said, "If it's a small thing, I just text [registered manager] and she will text back more or less straight away. Or I can email her if it's a long question. They are pretty good. I've never had to chase anything up." Another relative told us, "[Registered manager] will keep me informed about any appointments. Her communication is very good."

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

- People told us the provider acted on their feedback and responded if they requested changes. One person said, "If I had a specific requirement, I'm sure they would try to accommodate me, which they have in the past for a hospital or dentist appointment." Another person told us, "[Nominated individual] has always been very approachable and accommodating."

- The nominated individual told us they spoke with each member of staff most days and encouraged staff to raise any concerns they had. The nominated individual said, "We have an open door policy. They can come in whenever they want. I think they are honest with me as I am very transparent with them."

- Staff told us the nominated individual and registered manager were approachable and provided good support when they needed it. One member of staff said, "You can always get hold of [nominated individual] out of hours. There's no problem there." Another member of staff told us, "I could not have asked for a more supportive employer."

- Staff said they felt valued by the provider for the work they did. One member of staff told us, "We always get messages saying thank you for your hard work. We are so small in size, they take you on as their family, especially this year."

Working in partnership with others

- The agency worked effectively with other professionals and agencies involved in people's care. For example, the agency communicated with GPs, occupational therapists, local authority care managers and a hospice involved in providing one person's end of life care.

- Some people told us the agency co-ordinated healthcare appointments on their behalf. One person told us, "They will make all the arrangements for you to go to the doctors or the hospital. The young lady in the office makes all the arrangements." The agency had also contributed to local authority reviews of people's care at people's request.