

Expert Care UK Services Ltd

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Inspection report

Hersham Place Technology Park
Molesey Road
Walton-on-Thames
KT12 4RZ

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Expert Care UK Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to 12 older adults. 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's medicines were not recorded in line with good practice. We have made a recommendation in relation to medicines management.

People did not receive care and support from a service that was always well-led. There were failings in the oversight and management of the service. The provider failed to carry out regular audits of the service to drive improvements.

People were protected against the risk of harm and abuse as staff received safeguarding training and knew how to identify, report and escalate suspected abuse. Risk management plans gave staff guidance on how to mitigate identified risks. Sufficient numbers of suitably vetted staff were deployed to keep people safe. People confirmed they received their medicines as intended by the prescribing GP. People were protected against the risk of cross contamination as staff received infection control training and had access to personal protective equipment.

People received care and support from staff that told us they were well supported. Staff received training to enhance their skills and knowledge. People were supported to access food and drink that met their dietary needs and preferences. People were supported to access healthcare services where needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People confirmed they received care and support from staff that were compassionate, personable and kind. People had their privacy respected and their dignity maintained. People's views of the care and support they received were encouraged. People's independence was promoted where safe to do so.

The service provided people with personalised care that was regularly reviewed and adjusted in line with people's needs and preferences. People were provided with guidance on how to raise any concerns and complaints.

People, their relatives and staff spoke highly of the management of the service. The provider sought people's views through regular quality assurance questionnaires, to drive improvements. The provider and manager

were keen to maintain and enhance partnerships with stakeholders. The manager was aware of their responsibilities under the Duty of Candour.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 February 2018 and this is their first inspection.

Why we inspected

This inspection was planned in line with our inspection programme.

Enforcement

We have identified breaches in relation to the management and oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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

This inspection was carried out by one inspector and another inspector made phone calls to people and their 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 and specialist housing.

At the time of the inspection the registered manager had submitted their application to de-register. Another manager was in the process of applying to be registered with the Commission. Once registered 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 on 2 December 2019 and ended on 10 December 2019. We visited the office location on 2 December 2019.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with one person and four relatives. We also spoke with four staff members, this included care staff, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at four care files, three staff recruitment files, training records, policies and procedures and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and policies.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Although people confirmed they received their medicines on time as intended by the prescribing GP, during the inspection we identified medicines administration records (MARs) were not always completed correctly. This meant that it was often unclear as to whether people had received their medicines appropriately.
- We also identified there was an error on the medicines electronic monitoring system (EMS). We shared our concerns with the manager and nominated individual who immediately contacted the EMS providing company, to alert them to the fault. However, this had not been identified prior to our inspection.
- The nominated individual also advised us that until the issue had been remedied, they would use paper MARs and contact each staff member after each visit, to ensure medicines had been administered. We were satisfied with the nominated individual's response.
- We also identified the manager had failed to carry out regular medicines' audits, to ensure any issues identified were acted on in a timely manner, to minimise any negative impact on people. We shared our concerns with the manager who confirmed they would be doing regular audits of medicines going forward. We will review this at our next inspection.

We recommend the service review their medicines recording auditing systems update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe with staff. People were protected against the risk of abuse, as staff had clear understanding of how to raise, report and escalate any suspected abuse.
- A staff member told us, "I would report any concerns straight away to the management. If there was no action taken I would report it to the CQC. I have received safeguarding training."
- The provider had a safeguarding policy; which staff were familiar with and reviewed through the induction programme.
- At the time of the inspection there were no current safeguarding investigations.

Assessing risk, safety monitoring and management

- Identified risks to people were assessed and where appropriate a risk assessment put in place.
- Risk management plans covered aspects of people's lives and daily activities that placed them at risk. For example, mobilising, personal care, skin integrity and medicines.
- Risk management plans gave staff guidance on how to keep people safe when faced with the identified

risks; and were reviewed regularly to reflect people's changing needs.

Staffing and recruitment

- People received care and support from staff that had been vetted to ensure their suitability for the role.
- Staff files contained an application form, two satisfactory references, photographic identification and a Disclosure and Barring Service (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.
- We reviewed the rotas and found there were adequate numbers of staff deployed to keep people safe. The provider had also allocated travel time to minimise the risk of late visits.
- People spoke positively about the staff deployed, with comments including, for example, "They [staff members] are efficient and on time, they do what they say." And, "Everything's fine, sometimes [due to] traffic they [staff members] are a little late but they always ring me."

Preventing and controlling infection

- The manager had a clear infection control policy, which detailed safe hand-washing, skin care, safe handling of sharps (sharps are hypodermic needles and other sharp medical instruments) and spillage management.
- A staff member told us, "We do get enough [protective equipment]. We have gloves, aprons and shoe covers. We can get more from the office and they always have supplies."
- During the inspection we identified there were sufficient amounts of personal protective equipment (PPE) for staff to use to minimise the cross contamination.

Learning lessons when things go wrong

- At the time of the inspection, there was insufficient evidence to determine lessons were learnt when things went wrong. As there had been no incidents or accidents.
- The provider and manager were aware of the correct procedure to follow should incidents and accidents occur, including who to notify if appropriate. We will review this at our next inspection.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Although staff received an induction programme, there was no record of this on staff files.
- During the inspection we identified the nominated individual had failed to document they had assessed staff's competencies through the induction programme, to ensure they were competent to work without direct support, when they first joined the service.
- We shared our concerns with the nominated individual who told us they carried out regular spot checks. We reviewed the spot checks and found these were not comprehensive and did not cover all aspects of staff roles and responsibilities.
- However, staff spoke positively about the induction process and confirmed their competencies were assessed.
- At the time of the inspection staff had not received a supervision, as all staff except the manager were new in post. The manager confirmed supervisions were scheduled in line with the provider's policy.

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

- People confirmed they were satisfied with the provision of care provided. For example, one person said, "They [the service] do everything I need them to do."
- The service carried out assessments of people's needs prior to agreeing a care package, in order to determine they could effectively meet people's needs.
- Assessments looked at all aspects of people's needs, for example, oral care, physical, medical, mobility and nutrition needs. Assessments formed the bases of care plans.

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

- People's dietary requirements were documented in their care plans. For example, what foods people liked, any specific dietary requirements and the level of support people required to eat their food.
- People told us staff supported them to access food and drink that met their dietary needs and preferences. Relatives confirmed this. Comments included, for example, "They [staff members] make sure [my relative] has something to drink."
- Staff were aware of the importance of monitoring people's food and fluid intake and reporting any changes or concerns to the manager in a timely manner.

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

- Records confirmed the service worked with other agencies and stakeholders to deliver person-centred care. For example, referrals were made to seek guidance and support.
- People's health was regularly monitored by the service.
- Care plans clearly detailed people's health needs, diagnosis and support required to effectively meet their needs.

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.

- People confirmed their consent to care and treatment was sought prior to being delivered. Comments received included, for example, "Yes, they [staff members] ask my permission."
- Staff had an adequate understanding of their role and responsibilities in line with legislation.
- People's mental capacity levels were documented in their care plans and staff were aware of the importance of reporting any concerns should people's capacity fluctuate and best interest meetings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were treated with respect and staff members treated them equally.
- People's relatives' spoke positively about the care and support provided. Comments included, "[Staff members] have nice personalities, they're warm and care. They talk to [my relative] a lot when they're here" and, "[Staff member's] excellent. Personable, friendly, understands [my relative's] needs, smiley and happy."
- Care plans detailed people's cultural and religious preferences and needs. Staff were aware of the importance of treating people equally and supporting and promoting their diverse needs. Staff confirmed they would respect people's individual beliefs and where agreed in their care package, support them to follow their faith and cultural needs.

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

- People were encouraged to share their views through general chats and quality assurance questionnaires.
- People were supported to make decisions about the care and support they received. For example, when to get up, what to wear and how they wanted to be supported. Care plans documented people's communication methods which gave staff further guidance on how to interact with people to gather their views. For example, allowing them adequate time to digest the information and make a decision.

Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the support they received from staff members and confirmed they promoted their privacy and dignity and encouraged their independence.
- One person told us, "They [staff members] always cover me up as we go along during personal care."
- A staff member told us, "We support people to remain independent, I obviously try to get them to do some things for themselves. For example, I would encourage them to brush their own teeth. Support is on hand."
- People's dependency levels were recorded in their care plan and care and support was provided in line with people's needs.

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.

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.

- People's communication needs, and preferences were clearly documented in their care plans. However, the provider did not have a communication policy in place at the time of the inspection. We will review this at their next inspection.
- Staff were aware of people's communication needs and how to meet them in line with their preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was person centred and tailored to their individual needs.
- Care plans documented people's life history, preferences, likes and dislikes, medical, social, nutritional and mobility needs. Care plans were regularly reviewed to reflect people's changing needs and to ensure the care provided met their needs.
- People told us they were encouraged to develop their care plans to ensure their wishes were documented.
- A staff member told us, "They [the care plans] are to make sure that we keep to what we are meant to be doing. It's to keep everyone updated and is a guidance in maintaining people's care in a way the person wants."
- Staff were aware of the importance of reporting any changes to people's presentation immediately to ensure the care plans were updated to accurately reflect people's needs.
- Staff demonstrated they knew people well and how to effectively respond to their needs. People and their relatives confirmed this.

Improving care quality in response to complaints or concerns

- At the time of the inspection the service had not received any complaints in the last 12 months.
- People told us they would raise any concerns they might have and were confident these would be addressed. For example, one person told us, "If I'm not happy with something, they [the service] accept it and ask me to tell them anything I need them to do [to make it better]."
- The service had a complaints policy, which informed people what to expect should a complaint be raised and who to contact should they be dissatisfied with the outcome of their complaint.
- People were given a copy of the complaints policy to refer to should the need arise.

End of life care and support

- At the time of the inspection, the provider was not providing end of life care to people.
- The provider had an end of life care policy in place, which detailed the procedures staff would follow, should end of life care be required.
- After the inspection the manager confirmed they were seeking people's end of life wishes and were updating their care plans accordingly.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- During the inspection, we identified there were failings in the oversight and management of the service; and the provider had failed to maintain and monitor records of the service to drive improvements.
- The provider failed to carry out audits to identify issues in relation to medicines administration, staff inductions, and records management. For example, we identified there were instances whereby medicines administration records (MARs) had not been signed, however this had not been picked up nor any action taken to address these errors. Staff did not always have their competencies robustly assessed and recorded.
- The issues with the electronic monitoring system that recorded people's medicines had not been picked up by the provider.
- This meant people were at risk because the provider did not actively monitor or review the service being delivered.
- We shared our concerns with the provider and manager, who told us, "We know our shortcomings, we concentrated more on providing the care. We have found the paperwork a challenge, not because we can't do it but because of the time, as we have been delivering care. Now that's changed, and we are spending more time in the office, because we have more staff and things will now improve."

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- After the inspection the provider sent us an action plan detailing how they would drive improvements.
- People and their relative's spoke positively about the Expert Care UK Services. Comments included, "The team are very reliable, and the service given is to a very high standard", "The [nominated individual] works alongside his workforce, an interactive duo are arriving and doing a good job" and, "[The nominated individual] has been supportive and will always ring back if I need to speak to him."
- The manager was aware of their responsibilities in line with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The manager and nominated individual operated a transparent service and were keen to improve the service and ensure people's experiences of the service provided when things went wrong.

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

- People and their relatives' views were regularly sought to drive improvements. Regular quality assurance questionnaires were sent to people to gather their views.
- We reviewed the returned questionnaires from November 2019 and found the questionnaires covered, for example, staffing levels, privacy, dignity, complaints, on-call emergency line and if people were involved in decision making regarding their care.
- Comments included, "Very friendly and experienced staff, carers make my relative feel at ease in their home", "The added value is that they lift my relative's spirits/mood and he refers to their visit as his happy hour. I count myself very lucky that I was referred to them."

Working in partnership with others

- The manager told us they were keen to work in partnership with other stakeholders to drive improvements for people using the service.
- The manager told us, "We have one aim and that is to promote the wellbeing of people [we support] and that means we need to communicate with professionals in order to achieve that outcome. I work with social workers, GPs, district nurses, occupational therapists and physiotherapists." Records confirmed what the manager told us.

Continuous learning and improving care

- The provider and manager sought people's views to drive improvements where possible, and were keen to learn and improve the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure there was adequate oversight and monitoring of the service to drive improvements.</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p> <p>Regulation 1, 2(a)</p>