

Express Healthcare UK Limited

# Express Healthcare UK Limited Domiciliary Care Agency

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

The inspection took place on 4 and 5 October 2016 and was announced. We carried out an inspection in April 2014, where we found the provider was meeting all the regulations we inspected.

Express Healthcare provides personal care to people living in their own homes in the community, to assist and support them in maintaining or improving their independence.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

The registered manager told us not everyone who received a service had the capacity to make decisions about their care and support. They said people did not have mental capacity assessments in their care plans. We found the management team needed to obtain a better understanding of what was required to help the service work within the principles of the MCA and further training needed to be sought.

People and relatives told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices. People told us they felt safe and we found there were appropriate systems in place to protect people from risk of harm.

People's care and support needs were assessed and care plans identified how care and support should be delivered. Staff members told us care plans contained sufficient information to enable them to carry out their role effectively. We saw the care plans were reviewed on a regular basis to make sure they provided accurate and up to date information. People received assistance with meals and healthcare when required. We found there were appropriate arrangements for the safe handling of medicines.

We found people were cared for, or supported by, appropriately trained staff. Robust recruitment procedures were in place. Staff had opportunities for on-going development and the registered manager ensured they received induction, supervision, annual appraisals and training relevant to their role. People who used the service said staff always stayed the agreed length of time and were more or less always on time.

People who used the service, relatives and staff all told us the management of the service was very good. They said the registered manager was approachable and responsive. We found there were appropriate systems in place for the management of complaints and systems to monitor and improve the quality of the service provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed. Safe recruitment procedures were in place.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place.

Staff made sure people received their medicines safely.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective in meeting people's needs.

The registered manager told us not everyone who received a service had the capacity to make decisions about their care and support. We found the management team needed to obtain a better understanding of what was required to help the service work within the principles of the MCA and further training needed to be sought.

Staff received training appropriate to their job role and they attended regular supervision meetings and an annual appraisal.

Staff supported people to maintain good health and to eat an appropriate and varied diet.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by regular care staff and were very happy with the care and support provided to them.

Staff used their knowledge of people to deliver person centred care.

People's privacy and dignity was respected.

### Is the service responsive?

Good 

The service was responsive to people's needs.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

People's care plans had been regularly updated and provided staff with the information they needed to meet individual's needs.

People were provided with information about how to make a complaint.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

People who used the service, relatives and staff were very positive about the management team. They all said the registered manager was committed to providing a very good service and was approachable.

There were systems in place to monitor and improve the quality of the service provided.

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## **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 4 and 5 October 2016 and was announced. The provider was given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

At the time of this inspection there were six people receiving personal care from Express Healthcare UK Limited Domiciliary Care Agency. We spoke with one person who used the service, two relatives, three staff and the registered manager and director. We visited the office of the service and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at two people's care plans.

Before the inspection, we reviewed all the information we held about the service. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We sometimes ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not receive a PIR.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe. One person told us, "Absolutely I feel safe with staff." A relative told us, "[Name of person] feels safe." Another relative told us, "I think she is safe with staff."

Staff we spoke with had a good understanding of how to identify and respond to any suspected abuse or concerns they had about people's wellbeing. Staff said they were able to raise any concerns with the registered manager knowing they would be taken seriously. Staff had received training in safeguarding adults and the registered manager told us they had safeguarding and whistleblowing policies that were available for staff. One staff member told us they would be happy to use the whistleblowing policy if necessary but any problems they experienced had been handled appropriately by the registered manager.

People who used the service were regularly asked if they felt safe through quality assurance questionnaires, spot checks and informal contact with the registered manager. This provided people with opportunities to report any concerns they had.

We looked at care plans and found risk assessments identified hazards people might face. These covered health and safety, medications and domestic arrangements. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. The DBS is a national agency that holds information about criminal records. This helped to ensure people who used services were protected from individuals identified as unsuitable to work with vulnerable people. The staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed. One staff member said, "I had to wait for my DBS before I could start working."

There were sufficient numbers of staff available to ensure people's needs were met and that people received consistent care. The registered manager recorded details of the times people required their visits and which staff were allocated to go to the visit. They also told us they would not offer a service to any new customers until they had enough staff in place to cover the visits. Staff we spoke with told us they had been allocated enough time to complete each visit. One staff member said, "I always get to the visit on time and have travel time in-between."

People we spoke with confirmed they had regular and reliable staff and knew the times of their visits and were kept informed of any changes. They said they received support from the same group of staff which helped to ensure continuity of care. A relative told us, "They always let you know which staff are coming."

Another relative said, "We usually have regular staff members."

The registered manager told us they had an 'on-call' system where people who used the service had telephone numbers so they could ring during office hours but also in the evening and at weekends should they have a query.

We asked people who used the service and their relatives if they received assistance with medicines. A relative said, "The medication is in a blister pack and the staff bring the pack to mum and put the tablets on a plate for her to take."

We looked at the systems in place for managing medicines and found there were appropriate arrangements for the safe handling of medicines. The service had a clear medication policy which stated what tasks staff members could and could not undertake in relation to administering medicines.

The majority of people's medicines were provided pre-dispensed from the local pharmacist, which minimised the risk of errors being made. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely. Staff we spoke with said the administration of medication was a safe procedure. One staff member said, "I double check things before I give medications, just to make sure they are right." The registered manager told us they were in the process of re-introducing a medication competency assessment for staff members. This was due to start in October 2016.

We reviewed the medication administration records in the office and found these were completed correctly and consistently signed by staff and were audited by the registered manager once a month.

We were told by the registered manager, where people had been prescribed topical ointments or creams, body maps were in place in people's care plan in their own home to show staff exactly where these needed to be applied.

## Is the service effective?

### Our findings

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.

The registered manager told us not everyone who received a service had the capacity to make decisions about their care and support. They also told us people did not have mental capacity assessments as to what decisions they were able to make. We found the management team needed a better understanding of what was required to help the service work within the principles of the MCA and to seek further guidance.

Staff had an understanding of how these principles applied to their role and the care they provided. Staff had access to policies and procedures. People told us they were supported to make their own decisions.

We saw care plans did not include an assessment of people's mental capacity to make decisions where needed. We looked at one person's care plan and noted the care service time plan dated May 2016 and the care summary sheet had been signed by a family member, however, the medication assistance document dated July 2016 had been signed by the person who used the service. It was not clear whether the person receiving the service had capacity to consent to care. The MCA's are used to ensure the rights of people who lack the mental capacity to make decisions are respected.

The above evidence demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

We asked people who used the service and relatives if they felt staff had the right skills and experience to provide them with care and support. Comments included, "Staff are well trained" and "Staff are good at their job."

Staff we spoke with said they had regular supervision and an annual appraisal which gave them an opportunity to discuss their roles and options for development. We looked at supervision records which confirmed staff had received supervision on a regular basis. We saw the registered manager had an electronic system that prompted them as and when staff supervisions were due to be completed and they told us this worked effectively. A system was also in place to make sure staff received an annual appraisal of their performance. In addition to this 'spot checks' were carried out to ensure staff were applying their learning to practice in people's own homes.

Staff we spoke with told us they were well supported and received training, which equipped them to carry out their work effectively. Staff told us they had completed several training courses in 2015 and 2016, which included moving and handling, food safety and health and safety. We saw staff had completed training in safeguarding, administration of medication, infection control and manual handling. The registered manager



told us they had an electronic system that prompted them to as and when staff training were due to be completed. Most staff had completed a National Vocational Qualification (NVQ). NVQ's are work based qualifications which recognise the skills and knowledge a person needs to do a job.

One staff member told us they had refresher training booked for the administration of medications and Dementia awareness. Another staff member said, "I am happy with the level of training." We also saw future training had been booked for moving and handling in October 2016 and medication training in November 2016 and March 2017.

The service had an induction programme that was completed by all new members of staff on commencement of their employment. We were told by the registered manager this included training, policies and procedure for the organisation and shadowing of other staff members. The registered manager told us once staff had successfully completed their induction, a meeting was arranged to make sure the staff member felt comfortable and competent to work on their own. They also explained if staff members needed additional support they could contact them at any time. This ensured staff had the skills and knowledge to effectively meet people's needs.

We saw evidence which showed people's individual dietary needs and preferences were being planned for and met. Staff told us they would prepare meals for people and this would be from items already purchased or ready meals. They also told us people had choice of what they wanted to eat. We saw one person's care plan stated, 'my carer makes me a hot meal of my choice'. Staff told us before they left their visit they made sure people had access to food and drink if necessary. Relatives we spoke with told us their family members received appropriate support with their breakfast. One relative said, "They make her breakfast and she eats while they are there."

When we spoke with staff they told us in an emergency they would call for an ambulance. If there were other concerns about a person's health they told us they would call the GP, speak with relatives or seek advice from the registered manager. This showed us staff knew what action to take to make sure people's healthcare needs were met. A relative we spoke with said, "They ring me if there is anything I need to know about or if there are any problems."

## Is the service caring?

### Our findings

Everyone we spoke with was very satisfied and happy with the staff who provided their care and support. People who used the service and relatives told us, "I am really happy and they are caring", "Mum is happy with staff and I am very happy with things, things are great" and "I get on with all the staff and they are very, very good. I am quite happy."

Staff we spoke with told us people received good care. One staff member told us, "It is a good level of care and I go above and beyond. I treat people like my family." Another staff member said, "Caring is great, the service is very good."

People and their relatives told us they were involved in developing their care plan and identifying what support they required from the service and how this was to be carried out. One person told us, "I have a book the staff sign and put comments in. I have looked at the odd time." A relative told us, "We have a care plan and it was reviewed a few weeks ago, about three weeks ago." Another relative told us, "She has a file and I believe staff look at it."

We looked at two care plans, which were easy to follow and provided staff with information and direction to make sure people received the care and support they needed safely and in the way they preferred.

We saw staff rotas were organised so people who used the service had a regular care staff. People we spoke with and relatives were very complimentary about how staff and the registered manager responded to their needs. A relative said, "I am happy with the staff and they never miss."

Staff told us they always treated people with dignity and respect. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. Staff gave examples of how they maintained people's dignity. One staff member told us, "I always make sure the curtains are closed if needed." Another staff member said, "The blinds are always closed until we have finished." A third staff member said, "I don't let people feel uncomfortable."

People we spoke with and their relatives told us their dignity was respected. One person said, "They respect my dignity when helping me."

People who used the service were informed about how staff would maintain confidentiality, privacy and dignity in the 'client guide'.

## Is the service responsive?

### Our findings

Before people started using the service, the registered manager visited them to assess their needs and discussed how the service could meet their care needs, wishes and expectations. The information was then used to complete a more detailed care plan which provided staff with the information needed to deliver appropriate care.

We found care plans were developed with the person and/or their relative, to agree how they would like their care and support to be provided. Care plans contained details of people's routines, information about their health and support needs and a one page profile, which showed people's likes, dislikes and their history and past life. For example, one person's care plans for communication stated, 'speak slowly and clearly so [name of person] can understand you. Please be patient with [name of person] when he is trying to talk'.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. One staff member said, "Care plans tell you how to support the person." Another staff member said, "If the care plans need changing you just let the manager know, but they are good at the moment." The registered manager told us a copy of the care plan was kept in the person's own home and a copy was kept in the office.

The registered manager told us formal care reviews were held with the person and/or their relative six monthly or sooner if needed. The records we looked at confirmed this.

Information within people's daily records provided evidence people received care and support at consistent times each day. The registered manager produced staff rotas a week in advance for staff and people who used the service (if they wanted a copy) and they were able to see which staff member would be attending the visit and at what time.

We saw the complaints and compliments procedure was detailed in the 'client guide', which people were given when the service first started.

People who used the service and relatives we spoke with said they felt very happy speaking to the registered manager if they had any concerns and found them very helpful. A relative said, "The manager would respond to concerns." Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager.

We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly.

People who used the service were regularly asked if they had any concerns about the service through quality assurance questionnaires, spot checks and informal contact with the registered manager. This provided

people with opportunities to report any concerns they had and for these to be address immediately.

We saw compliments cards had recently been received by the service. Comments included, 'to everyone at Express, many thanks for the wonderful care, support and kindness', 'thank you for the help you gave my mum, which meant that she could stay in her own home as long as possible' and 'thank you for your amazing and outstanding care'.

## Is the service well-led?

### Our findings

The provider and registered manager were unable to demonstrate how the service worked within the principles of the MCA.

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed. The registered manager provided strong leadership and led by example. They had clear visions, values and enthusiasm about how they wished the service to be provided. Staff told us they received regular support and advice from the registered manager via phone calls and face to face meetings. We found the registered manager, director and staff to be motivated and enthusiastic about making a difference to people's lives.

Staff spoke positively about the management arrangements and said they were very approachable and supportive. One staff member said, "Management are ok. [Name of registered manager] is very approachable and helpful. I am really happy working here and want it to go from strength to strength. We are going in the right direction. I like where I work and I what I do." Another staff member told us, "I like the job. You can speak to the manager about any problem, big or small. They are very professional and very good and they are always on the other end of the phone." A third staff member said, "I am very happy and they are very understanding. The manager is wonderful and easy to talk to."

We asked people who used the service and their relatives about the management of the service. These were some of the comments we received; "Manager is alright", "Manager is very approachable, helpful and they follow things up" and "[Name of the director] phones me two or three times a week to see how things are."

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant the registered manager only took on new work if they knew they had right staff available to meet people's needs.

The registered manager audited staff time sheets and MAR's on a weekly and/or monthly basis. They also told us they were just going to start holding monthly managers meetings where discussions would include a review of the business and improvements. This was due to start in October 2016 and would be recorded.

Systems were in place to seek and act on relative's and people's feedback about the quality of the service. The registered manager met and spoke with people on an informal basis during periodic visits. Quality questionnaires were sent to people on a random basis. We looked at one returned questionnaire for September 2016 and saw the responses were very positive. One comment included, 'we are pleased with the care [name of person] receives and feel confident in the carers who attend'. This showed us the registered manager was continually looking at ways to improve the service and was interested in people's views.

The registered manager told us that no accident or incident had been reported.

We saw staff meetings were not held on a regular basis but staff did go into the office weekly and were able

to discuss any issues with the registered manager or director. This gave staff the opportunity to contribute to the running of the service. We saw staff meeting minutes for June 2016, where discussions included time sheets, training, incidents and personal protective equipment. We saw staff were given the opportunity to comment on the quality of their service via staff questionnaires. However, the registered manager told us they had received very few returned questionnaires from staff.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The care plans we looked at did not contain decision specific mental capacity assessments. The management team required a better understanding of what was required to help the service work within the principles of the MCA.</p>