West Kent Group Ltd

Domiciliary Care Experts

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Domiciliary Care Experts is a domiciliary care service providing personal care to people living in their own home. At the time of the inspection, 51 people were using the service. Most people using the service were older people. However, the agency serves the whole population and a small number of people were young people with learning needs. The service was also registered for nursing care; however, they were not providing nursing care to people at the time of the inspection.

Not everyone who drew on 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
Feedback from people and their relatives was positive. One person said, "I am very happy with the service and have no concerns. This is the best thing about the service, it's very well run and excellent." One relative said, "The carers are very supportive. They treat [my relative] beautifully. I know [they] feel very safe."

People were protected from the risk of abuse. There was enough staff to support people and people told us staff arrived on time. Staff knew how to support people safely where there were risk from health conditions or where equipment such as hoists were used.

There were sufficient levels of PPE and people told us staff wore this. Staff had appropriate infection control training. Medicines were managed safely. When incidents and accidents had occurred, these had been reported and action was taken to reduce the risk of re-occurrence.

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. For example, Staff had the information they needed to support people to make choices. Staff knew people had the right to make unwise decision.

People's needs had been assessed. Where people needed support with eating and drinking this was in place. Staff had completed the training they needed to provide safe and effective support. Staff undertook an induction when they joined the service and received regular supervision. Where people needed support to access healthcare services this was in place.

People were supported by caring staff. Staff knew how to protect people's privacy and dignity and promote people's independence. Staff had time to talk with people and listen to them. People were involved in making decisions about their own care.

The support provided to people was focused around people's individual needs. Care plans were regularly

updated. People and their relatives were involved in these reviews. Where people had raised complaints, these had been addressed appropriately. Appropriate support was provided to people at the end of their lives.

Staff and people told us that the service was well managed. People and staff were asked for their views and had been listened to. Where changes were needed these had been undertaken. Regular audits of people's care and support were undertaken. The service worked in partnership with other organisations to improve outcomes for people were this was needed. The manager had oversight of staff performance. Spot checks were undertaken to ensure staff were following correct procedures and practices.

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 20/06/2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on the length of time since the service registered with us.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Domiciliary Care Experts

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 team consisted of two inspectors and one Expert by Experience who spoke to people on the telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 was also registered for nursing care; however, they were not providing nursing care to people at the time of the inspection.

The service had a manager registered with the Care Quality Commission. However, they had recently left the service and a new manager has recently started. The new manager was in the process of applying for registration. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period notice of the inspection. We needed to be sure the provider or manager would be in the office to support the inspection. We also needed to arrange to speak with people and for documents to be sent to us.

Inspection activity started on 19 April 2021 and ended on 27 April 2021. We visited the office location on 22 April 2021.

What we did before 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 five people and seven relatives about their experience of the care provided. We spoke with nine members of staff including the regional manager, manager, office staff, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and part of one other person's records. We reviewed multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There was a safeguarding policy in place. This included information for staff on what to do if they felt that someone was at risk or had concerns about poor practice.
- Staff had completed training in safeguarding children and adults. The staff we spoke with knew how to identify concerns and how to report these. One staff said, "If there were concerns, I would report them to the office. They would raise any concerns with the local authority. I'm confident they would."
- Where concerns had been identified these had been reported to the local authority as appropriate and action had been taken.

Assessing risk, safety monitoring and management

- Risks to people, including risks from the environment and equipment, were monitored and action was taken to reduce risks. Staff we spoke with knew how to support people to remain safe. For example, staff knew how to identify if a catheter was not working correctly and what action to take to address this safely.
- Some risk assessments needed more detail in some areas. For example, one person had a catheter and experienced urine infections. There was information on urine infections but no information on other risks such what to do if a catheter was blocked. We raised this with the manager who addressed the concern during the inspection. The manager also instigated an audit of care plans to ensure there was no other missing information in any plans not reviewed during the inspection.
- People and their relatives told us they felt safe. Comments included, "They know the care needs and [my relative] feels very safe." And, "They know my heath needs and I feel very safe when they are supporting me."

Staffing and recruitment

- There were enough staff to support people. People and their relatives told us, "I am happy that a regular carer comes on time and stays the full time." And another relative said, "Carers on time and stay full time. We get a rota each week saying who is coming."
- Staff said they had enough travel time between calls. One staff said, "I have enough travel time. I always stay the full time with everyone and have time to talk to people." An on-call system was used outside office hours for staff to obtain advice or guidance. Staff told us this worked well.
- People were supported by staff who had been safely recruited. Checks were completed to make sure new staff were suitable to work with people. Two references, including one from the most recent employer, and Disclosure and Barring Service (DBS) criminal record checks were obtained. DBS checks help providers make safer recruitment decisions.

Using medicines safely

● The support people needed with their medicines was assessed to ensure the right level was provided. One relative said, "[My relative] self-medicates but the carer keeps an eye on whether [they have] taken it or not."
● Medicine administration records (MARs) were complete and accurate. Where there were gaps in the MARs these were explained. Where staff administered medicines, they had undertaken the training they needed. Checks on staff practice had been made to ensure staff were competent.
● Where people were taking as and when medicines (PRN's) such as pain relief there were no protocols in place to inform staff what the medicine was for and how often it could be taken. However, medicines had been administered safely. We raised this with the manager who addressed this issue during the inspection.
● Where people were using creams there were body maps in place to guide staff on where to apply these.

Preventing and controlling infection
● Risks to people from infection were managed to ensure they were minimised.
● We were assured that the provider's infection prevention and control policy was up to date. Staff had completed the relevant training. Spot checks on infection control practice were undertaken to ensure staff were following the correct procedures.
● Staff had access to enough personal protective equipment (PPE), and people told us PPE was worn at care calls. Comment included, "The carer always wears full PPE" And, "[My relative] feels safe when they are supporting [them]. They always wear complete PPE."

Learning lessons when things go wrong
● Where accidents and incidents had occurred, they had been recorded and action had been taken. For example, after one person had a fall their care plan was reviewed to assess if further measures were needed to reduce the risk of re-occurrence.
● One relative told us about an incident that had occurred. They said, "[It] was reported to the office by the carer immediately, and an ambulance called. I am satisfied with the way the incident was handled by the company and management came to see us to check everything was ok."
● Accidents and incidents were reviewed by the manager. No trends had been identified.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. This included looking at people's physical and mental health needs, as well as areas such as communication and medicine. Assessments were used to develop care plans and plan the resources needed to support people.
- Where appropriate, best practice tools were used. For example, ABC charts were used when people used behaviours to express their feelings. ABC charts are a structured way of understanding why a behaviour occurred and use any learning to improve how the person is supported.
- Where people had needs relating to protected characteristics under the Equality Act 2010, which includes disability, gender and religion these needs had been identified.

Staff support: induction, training, skills and experience

- Staff had the training they needed to support people safely and effectively. Staff had undertaken training in areas such as safeguarding, food hygiene, and equality and diversity. Staff had also completed training in specific needs such as learning to use aids and equipment, diabetes care, and autism. One relative said, "[My relative] uses a hoist and the carers are well trained."
- Staff were completing the Care Certificate. The Care Certificate is a set of standards which social care workers must adhere to in their daily working life. New staff completed an induction and shadowed experienced colleagues to get to know people.
- Staff received regular supervision which included the opportunity to discuss their personal development. Staff were positive about the training and support they received. Comments included, "I got all the training I needed and feel like I have more opportunities to go on and do more training if I want to". and, "The training is great. They are committed to the quality of care."

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

- Where people needed support to make meals and drinks, they told us they received this. Comments included, "They ask me what I would like them to do and what I want to eat." And, "They leave a drink of tea before they leave."
- Where people had risks associated with eating and drinking there was information in people's care plans to enable staff to support them safely. Staff were aware of these risks and knew how to support people. One staff said, "I cut the food up relatively small as in the care plan."
- Care plans included information on people's eating and drinking preferences. Staff told us they encouraged people to eat healthily whilst respecting their choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
● Staff worked effectively with other agencies to support people with their healthcare needs. For example, where health care professionals had been involved in assessing people's risks staff had access to the advice given by those professionals.
● Staff supported people to access health care where this support was needed. For example, one relative told us, "The carer suspected a urine infection and took a urine sample to the GP. This prevented extra stress and discomfort for my [relative] and speeded up the process to relieve [them] of a distressing health situation."
● People were supported with their physical and mental health needs where needed. For example, one person told us how care staff had supported them to improve their mental health by helping them make connections with people who were important to them.

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.
● Most people were able to make decisions for themselves. Where people needed support from staff to make decisions, such as extra time to process information, there was information about this in their care plan. One relative told us, "When washing, dressing and applying cream they ask permission, they treat [my relative] with respect."
● Staff understood and supported people to make day to day choices. Where people had capacity, staff understood they had the right to make unwise decisions. Staff said, "If someone wanted to make an unwise decision. I would advise them and offer alternatives. I would look at if there was something I could do to help with safety. For example, if they wanted to smoke and were cared for in bed, did they have fireproof blankets."
● Where relatives had power of attorney for people and were legally able to make decisions on people's behalf the manager had checked this was in place.

Good

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 were positive about the staff who supported them. They told us, "[Staff] are so kind and caring and I couldn't be happier with the care." And, "The staff are really kind and caring and do a great job in sometimes very challenging times. I am very happy with the care provided"
- Staff knew people well. People's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. For example, one person had needs relating to their religion and culture. Staff were aware of these needs. As far as possible people were able to choose the gender of the staff who were supporting them if they wanted to do so.

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

- Staff told us they had time to sit with people and listen to them. Staff said, "You have the time to get to know the person and have chat." A person said, "I have a lovely relationship with the carers." A relative said, "They chat to [my relative] and they have a good relationship."
- Where people needed support to express their views this support was in place. Care plans included detailed information about how people communicated and what support was needed. Some people used pictures and gestures to communicate or alternative words for needs. Staff we spoke with understood these needs. Staff told us, "We encourage [the person] to use the cards to communicate." Staff were able to tell us what certain words meant to people they were supporting.
- The service had undertaken a survey of people's views. The survey included asking people if they were regularly involved in decisions about their care and had choice and control. The response from people to this question was positive. Comments from people included, '[The carer] has done a splendid job putting me at ease, letting me progress with care at my own pace.'

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. Comments from people and their relatives included, "The carers are polite, kind and respectful. They chat with [my relative] and are really cheery and pleasant." And, "The carers are so kind, respectful and caring and give personal care very respectfully observing [my relatives] dignity".
- Staff encouraged people to do things for themselves. There was information in people's care plans about what they could do for themselves and where they needed support. One person said, "The treat me respectfully, with dignity. They encourage me to do little things if I can." Staff said, "[The person] likes to do things for themselves, so I support them with things rather than do them for them."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

● People told us they had regular staff who supported them, and staff knew them well. Care plans were personalised and centred around the person. They included a good level of information on people's likes and preferences, life history, what was important to them. One health and social care professional said there were, "detailed care plans that represent the [person's] voice and lived experience."

● Care plans were updated when people's needs changed and were reviewed every three months. People and their relatives were involved in these reviews. One person said, "[The carer] is my regular one and understands my health needs. I have no concerns about [them]." Another person said, "The best thing about the service is their responsiveness to care needs."

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 had been assessed.

● Information was accessible to people depending on need. For example, the service user guide was available in alternative formats, including large print, pictorially, and audio upon request.

● Staff spent time with people explaining information such as the complaints policy and service terms and conditions where appropriate. Where people needed support to understand their care plan this was discussed with the at the quarterly review.

Improving care quality in response to complaints or concerns

● There was an up to date complaints policy and procedure in place which was shared with people.

● People told us they knew how to make a complaint if they needed to. Comments included, "I don't have any complaints, but I would ring the office if I did."

● Where complaints had been raised, they had been investigated and dealt with appropriately. One relative said, "I consider that the service is run well. I am happy that any issues I have had have been handled to my satisfaction. I would recommend this company to anyone."

End of life care and support

● There was information in people's care plans about whether they wanted to be resuscitated by the emergency services should they require this intervention to maintain life.

● At the time of the inspection, no one using the service was at the end of their life. Where people had

needed support at the end of their life the service had worked in partnership with person, relatives and palliative care nurses to provide person centred support.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service and staff were well-motivated. Staff comments included, "They are a nice office to talk to, they are understanding, and the staff get along well. It's a nice team and community." And, "The best thing about the company is about how supportive [the manager] is. If I have an issue, they will rectify it. The way they speak to you is good."
- Staff told us management was responsive and took action to address issues raised. For example, one staff said, "We check people's slide sheets to make sure there are no rips. If a person needs a new slide sheet [the manager] is on it and it's sorted out quickly."
- People and their relatives were positive about how the service was managed and the impact on their care. Comments included, "When I have rung the office, they always have time to help me and answer any query I might have." And, "I think the service seems to be well run. I am completely happy with the care I receive."

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

- Audits had been put in place to check to quality of the service and address concerns. Where concerns had been identified these had been addressed. For example, the audit of infection control had identified some changes were needed to ensure effective hand hygiene. Action had been taken to improve this. The following audit checked the improvement had been sustained.
- Checks on staff competency had been undertaken to ensure they had the knowledge and skills they needed to undertake tasks such as administering medicine. Spot checks on staff practice was undertaken to ensure staff were providing a good standard of care and following procedures. This included areas such as ensuring staff followed infection control guidance, used equipment safely and communicated appropriately with the person.
- The manager had informed CQC of significant events that happened within the service, as required by law.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The manager understood the need to be open and transparent if there was such an incident and

understood their duty of candour responsibilities.

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

● The managers sent out regular surveys to people and their relatives. Staff were able to assist people to complete these if this was needed. Feedback was positive. Where suggestions had been raised these had been addressed. For example, changes had been made to how the rota was sent to people to ensure that people had this information in a timely manner. One relative said, "The rota comes weekly. This gives [my relative] a feeling of control and security and me a record of what's going on with [the] care."

● Staff received regular supervision and there were meetings for staff where they could raise any concerns. There was also a survey for staff and staff said they felt listened to. For example, staff told us they had raised some concerns about communication, and this had been addressed and communication had improved.

Continuous learning and improving care

● A new manager was in place and improvements were being put in place at the service. For example, some staff had been supported to become mentors to support new staff through the induction and learning process. Staff involved in this were positive about the change and told us this has strengthened the induction process.

● Managers continued to engage in learning and development to improve practice. For example, the new manager was undertaking a qualification in health social care management. Other members of the management team had recently completed training in care planning and training the trainer.

Working in partnership with others

● The service was working in partnership with a number of organisations. This included the local authority, occupational therapists and rehabilitation service.

● The service engaged in partnership to improve outcomes for people. For example, the manager told us they had referred one person to the occupational therapist and staff had worked with a physiotherapist to support one person to re-gain their mobility after a period of illness.

● One health and social care professional said, "They respond quickly to work collaboratively to be in the [persons] best interests."