

Executive Care Agency Limited

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Inspection report

6a Sandford Street
Lichfield
WS13 6QA

Date of inspection visit:
08 July 2020

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07 August 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Executive Care Agency is a domiciliary care service that provides personal care to people living in their own homes. At the time of our inspection visit, the service was providing personal care support to 47 people. 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

A new risk assessment process had been introduced. However, not everyone's information or risk assessments had been updated although the provider was working to address this. People were cared for by staff in a way that kept them safe and protected them from avoidable harm. People were supported by enough staff who were available to respond to their needs in a timely manner. People received their medicines when they needed them, and systems were in place to ensure the administration of medicines was audited. However, not all staff members had received an assessment of competency to ensure they were safe to support people. Accidents and incidents were investigated, and measures were taken to prevent re-occurrences. Staff knew and followed infection control principles. We saw positive feedback about the quality of care. There were effective governance systems in place to monitor the quality of service and the health, safety and welfare of people. However, these systems have been newly introduced and need to be embedded into practice and sustained over time.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 8th May 2020) and there were multiple breaches of regulation. 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 some of the regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 9th March 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, failure to comply with a condition, need for consent, good governance, fit and proper persons employed and staffing.

We undertook this focused inspection due to concerns about staffing and the management of the service and 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 and Well-led.

The ratings from the previous comprehensive inspection for the other key questions were not looked at on this occasion but were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. 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 Executive Care Agency on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our

reinspection 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 well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

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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 conducted by two inspectors and follow up calls were made by another inspector.

Service and service type

Executive Care Agency 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

The inspection was announced less than 24 hours before the visit. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 7th July 2020 and ended on 14th July 2020. We visited the office location on 7th July 2020.

What we did before the inspection

We contacted the local authority for feedback about 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 this information to plan our inspection.

During the inspection

We spoke to six members of staff including the registered manager. We spoke to three people using the service and four relatives. We looked at four peoples care plans. We looked at 6 staff files in relation to recruitment and staff supervision. In addition, we looked at a variety of documents relating to the management of the service, including policies, procedures and quality checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 inadequate. At that inspection we found that staff were not recruited safely, and risks were not fully assessed and managed. At this inspection we found improvements had been made. However, owing to the recent history of non-compliance with the regulations and the short time period since our last inspection we needed to assure ourselves that the changes made could be sustained over time. Therefore, we rated this key question as 'Requires Improvement.'

Assessing risk, safety monitoring and management

At our last inspection we found that risks were not always planned for and assessed. This constituted a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found a new risk assessment format had been developed and people's needs had been assessed and guidance for staff on how to control risks had been provided. Manual handling risk assessments had been carried out where required. We saw action was taken following adverse incidents and care plans were updated accordingly. These improvements meant the provider was no longer in breach of regulation 12.

- The provider had been developing new systems to protect people from avoidable harm since our last inspection. Risks to people had been identified and risk assessments guided staff about how to reduce identified risks.
- We saw some older risk assessments contained incorrect information, however, the provider was aware of these and was in the process of re-writing them to the new format.
- A record of servicing dates for equipment used for manual handling had been compiled.
- People using the service told us that they feel safe, one person told us "I feel safe with the care I receive from the carers."

Staffing and recruitment

At our last inspection we saw staff were not being recruited safely. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found new application forms were in use and correct checks on new staff were being made. The provider had also checked existing staff files and obtained missing information identified in the last inspection. These Improvements meant the provider was no longer in breach of regulation 19.

- The provider had reviewed existing staff's records and obtained the missing information in line with the new recruitment process
- New staff were recruited safely, and checks were made to ensure that they were of good character.
- The provider had created new application forms since the last inspection, these included full employment history and reference details which were missing from the previous form.

Learning lessons when things go wrong

- Accidents and incidents were recorded with appropriate actions taken to reduce the risk of re-occurrence.

- There was a culture of continuous learning when things went wrong. The management team carried out regular evaluations of accidents and incidents to identify trends

Using medicines safely

- People received their medicines as they were prescribed by trained staff following a protocol that had been written for each person detailing how they would like their medicines administered.
- We found that one member of staff who was administering medicines had not had a competency assessment carried out on their ability to safely administer medicines. The provider arranged to be carried out during our visit.
- Where people had been prescribed PRN (as required) medicines, they had a protocol giving information as to when they should be administered.
- Records of the administration of medicines were accurately completed with no gaps. We saw records indicating regular missed doses being recorded, however, this was due to the way the electronic system recorded not required medicines and after we visited the service the developers of the software were contacted to amend this.
- Audits on the administration of medicines were carried out regularly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- All staff receive training on how to recognise the signs of abuse and how to report them.
- All staff now receive an induction pack which includes information on signs and symptoms of abuse.

Preventing and controlling infection

- The provider had effective infection prevention and control systems in place.
- Staff received training on infection control.
- Staff were supplied with a range of personal protective equipment to be used when supporting people.
- People using the service told us staff were wore personal protective equipment when they were supporting them. One person using the service said "Carer's all wear masks, aprons and gloves"

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 inadequate. At that inspection we found that governance systems were not effective, people and staff were not fully engaged in the service, Peoples protected characteristics were not considered and staff did not always feel supported in their role. At this inspection we found improvements had been made. However, owing to the recent history of non-compliance with the regulations and the short time period since our last inspection we needed to assure ourselves the changes made could be sustained over time. Therefore, we rated this key question as Requires Improvement.

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

At our last inspection we saw that governance systems were not effective at identifying where things were going wrong. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities). During this inspection we found the provider had introduced new governance systems and that regular audits were now being carried out. The provider had used these new audits to identify issues and showed a greater awareness of the service. These Improvements meant the provider was no longer in breach of regulation 17.

- The registered manager had developed an organisational structure since the last inspection so that staff had defined roles.
- There were now governance systems in place and the registered manager and provider had a good oversight of the daily running of the service.
- Regular quality assurance checks were carried out by the management team. These covered areas such as the environment, safety measures, infection control, medicines. Any issues identified were shared with the team and action taken to rectify them.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating in the office and submitting notifications to CQC regarding certain incidents and events.
- When we checked we found that the providers website was not displaying the ratings. The manager explained that they were unable to alter the website and were in the process of developing a new one. As the existing website was still available to the public, this would be a breach of Regulation 20A (Requirement as to display of performance assessments). The manager contacted the hosts of the website and requested that it was taken down immediately whilst we were at the premises.

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

- We saw the new care plans were written in a positive person-centred approach. Each person was treated as an individual with their own unique needs.
- People were involved in decisions about their care and support. Where appropriate, families and healthcare professionals also had input.
- One person using the service told us, "They know what I want, and they get on with it." A relative told us "(My relative's) preferences are supported."

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

- Initial assessment forms identified people's protected characteristics and where people had declined to share information this was recorded.
- People were given the opportunity to be involved in and influence the running of their support.
- The provider had commenced satisfaction surveys for the people they supported and staff.
- Staff supervisions had commenced, and we saw schedules for planned supervisions.
- One staff member said, "I definitely feel supported, they have been brilliant with me." Another staff member said, "(management) support me and if there is anything I need I would go straight to them."

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

- When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.
- The registered manager understood their legal responsibility to be open and honest with people when things went wrong.
- A Duty of Candour policy had been written and introduced since our last inspection

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.
- The provider was a member of the Dementia Friendly Lichfield group.