

Expertise Homecare (Central & West Kent) Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 24 and 26 January 2017. The inspection was announced.

Expertise Home Care (Central & West Kent) Ltd provides care and support for people in their own homes. This includes older people, people with a learning disability and people with a physical disability. The office is situated in the centre of Maidstone. At the time of our inspection, the service was supporting 63 people.

At the time of our inspection, there was a registered manager in place who was also the provider and owner of the organisation. 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.

People and the relatives spoke highly of the service they received. Staff, the registered manager and the management team were motivated and passionate about providing a high quality service to people. The registered manager was committed to providing a high quality service to people and its continuous development. Feedback from people, their representatives and others were continually sought and used as an opportunity for improve the service people received.

The safety of people using the service was taken seriously by the registered manager and staff who understood their responsibility to protect people's health and well-being. Staff, the registered manager and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's and staff's safety both internally and externally to the person's home had been assessed and recorded, with measures put into place to manage any hazards identified. Staff were available to meet people's assessed needs.

The provider developed an innovative online software system which was used to store the information staff required to meet people's needs. This was stored within an electronic encrypted tablet which, each member of staff carried with them. Measures were put into place to address people's hopes, dreams and wishes. People, their relatives and staff were included in the development of the service.

Staff had received the training they required to meet people's needs. A comprehensive induction programme was in place which all new staff completed. Staff had a clear understanding of their roles and people's needs. Staff were supported to progress and develop in their role from the management team. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Where staff were involved in assisting people to manage their medicines, they did so safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same group of staff who knew them well. People's needs had been assessed to identify the care and support they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff within their electronic tablet about how to provide all areas of the care and support people needed.

People were supported to remain as healthy as possible. Guidance was available within people's care plans to inform the staff of any specific health condition support. People were encouraged to maintain as much independence as possible.

People were treated with dignity and respect whilst receiving care and support from the agency. Staff understood the principles of the Mental Capacity Act 2005 and people and/or their relatives said they were always asked their consent before any care or support tasks were carried out.

Systems were in place for monitoring the quality and safety of the service and assessing people's experiences. These included telephone reviews, face to face reviews and annual questionnaires. People were encouraged to raise any concerns or complaints they had which were acted on.

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.

People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

People were supported to receive their medicines as prescribed by their GP.

Risks to the safety of people and staff were appropriately assessed and managed.

Safe recruitment procedures were in place to protect people from being supported by staff who were unsuitable.

Systems were in place to ensure people continued to receive care and support in the event of an emergency.

Is the service effective?

Good 

The service was effective.

Staff received training to meet people's needs including any specialist needs. An induction and training programme was in place for all staff.

Staff were supported in their role from the registered manager and the management team.

Systems were in place to ensure effective communication with staff working within the community.

Staff understood their responsibilities under the Mental Capacity Act and used these in their everyday practice. Staff understood the importance of gaining consent from people before they delivered any care.

People were supported to remain as healthy as possible including maintaining their nutrition and hydration.

Is the service caring?

Good 

The service was caring.

Staff were caring and respected people's privacy and dignity.

People were involved in the development of their care plans.
People's personal preferences were recorded.

Staff had access to people's likes, dislikes and personal histories.

Information was available to people using the service.

Is the service responsive?

The responsiveness of the service was outstanding.

The registered manager used innovative ways to ensure peoples' wishes were met.

People's needs were assessed recorded and reviewed using an online software system which was designed by the provider.

Systems were in place to ensure staff were responding to people's needs.

People were included in decisions about their care and support.

A complaints policy and procedure was in place and available to people.

Outstanding 

Is the service well-led?

The service was well-led.

The registered manager ensured effective communication between the management team and staff working within the community.

There were effective systems for assessing, monitoring and developing the quality of the service being provided to people.

People's views were sought to develop and improve the service people received.

Good 

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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 24 and 26 January 2017 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to be sure that the registered manager was available and someone would be in. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the agency does well and improvements they plan to make. We also looked at notifications about important events that had taken place at the agency, which the provider is required to tell us by law.

We spoke with six people or their representatives about their experience of the service. We spoke with three staff, a branch manager, the registered manager, the director and the operations manager who was also the internal trainer to gain their views. We asked 13 commissioners and health care professionals for their feedback of the agency.

We spent time looking at records including the online software system, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at six peoples care files, five staff files, the staff training programme and induction programme.

We asked the registered manager to send additional information after the inspection visit, including the training audit and the annual survey report. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People and the relatives of people using the service told us they felt safe and their loved ones were safe. One relative said, "I feel that (loved one) is 100% safe with the staff." Another said they felt their loved one was, "Absolutely safe."

People were protected from the potential risk of harm and abuse. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as, contacting the registered office, Social Services or the Care Quality Commission (CQC). As one staff member explained, "I would complete an incident form and raise it with the registered manager as a safeguarding concern. I would contact the police if need be." Staff were confident that any concerns they raised would be taken seriously by the registered manager and anyone within the registered office. No safeguarding concerns had been raised by the agency in the past 12 months. However the registered manager understood their responsibilities in reporting any concerns they had with the local authority safeguarding team.

Medicines were managed safely for people who required support with this. Staff had been trained in the safe administration of medicines and followed a medicines policy and procedure. Staff completed a medicine competency check with a member of the management team before administering people's medicines. Staff were also observed by a member of the management team administering people's medicines during regular 'spot checks'. Information relating to the medicines people took, the dosage and the frequency was stored electronically and accessed by staff via an encrypted electronic tablet which staff carried with them. Staff used the tablet to select the medicines that had been administered to the person, as well as, the support they had given to the person such as verbal prompting or full administration.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, management of medicines and the use of any mobility aid such as a slide sheet or stand hoist. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk. The safety of staff working within people's home out in the community had been assessed. Each person using the service had a 'home safety checklist' in place. This was an assessment carried out with the person and/or their relative and a member of the management team. The checklist covered potential risks to the outside of the property, within the person's home and the bathroom. Any actions which were required to be taken by staff were recorded and stored on the electronic tablet. Incidents and accidents involving people or staff were recorded and monitored. People and staff were kept safe by detailed individual risk assessments for staff to follow.

The provider had a business continuity plan to make sure they could respond to emergency situations such as a major incident, pandemic or a power failure. People's safety in the event of an emergency had been carefully considered and recorded. The safety of staff working within the registered office had been managed. All office staff completed a visual display unit (VDU) assessment to minimise any potential risks from the use of a computer. Risk associated with pregnant workers had been assessed and recorded.

Regular safety checks were carried out on a weekly, monthly and quarterly basis at the registered office. These processes enabled the provider to make sure that people, staff and visitors were safe in situations and people were still able to receive the care and support they needed.

Recruitment practices were safe to make sure staff were able to work with people who needed care and support. Each staff file we viewed had a personnel checklist at the front which documented the information received as part of the recruitment process such as the documentation required, references, Disclose and Baring Service (DBS) background check, identity check and health. Potential staff completed a pre-screening telephone interview prior to being invited for a formal interview. These processes gave people assurance that the staff supporting them were safe to work with them.

There were enough staff employed to meet peoples assessed needs. Each person had been assessed on an individual basis and had a set amount of care and support hours. The registered manager told us that staffing levels were based on 'runs' this was when people would be grouped together to promote continuity and consistency of staff.

Is the service effective?

Our findings

People and their relatives we spoke with told us they felt the staff that supported them had been well trained. Their comments included, "They are on time and excellent. The staff know what they are doing." Another said, "They are very, very good. Very nice, very caring. The staff know what they are doing. I would recommend them." A third relative told us they felt the staff were "Very understanding" of their loved ones needs.

The provider had a training room within the registered office which was used to train staff who were working out in the community. A senior manager held the role as the trainer for the provider and delivered training to staff on a regular basis. Staff were trained and supported to gain the knowledge and skills they required to give people the right support. The induction process included a three days classroom based training where staff completed mandatory training courses and scenarios to ensure that staff met the required level of knowledge and skill to undertake the role. One member of staff told us that they felt the induction was "intensive training" however, they said they "definitely felt confident that we have the skills to do the job." Staff then completed a 12 week induction programme with a supervisor which incorporated the Care Certificate. Staff were offered the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification. The registered manager had a training matrix in place which recorded when staffs' training was due to be updated.

Staff felt supported in their role by their line manager and the registered manager. One member of staff said, "You receive a lot of support and, there is always someone around that you can ask." Another said, "I feel that I can go into the office as and when I need to and talk to people. You have a network and backup there." Staff received support and supervision in different formats which included face to face supervisions, telephone supervisions and spot checks, which include observations with a line manager in line with the provider's policy. The face to face and telephone supervision provided opportunities for staff to discuss their performance, development and training needs. Spot check supervisions included whether staff had a person centred focus, how tasks were completed during the call, checking staff appearance and that they were wearing the appropriate identity badge and whether the member of staff had used the software system that was in place. These checks also included an observation of the member of staffs working practice. Feedback was sought from the customer at the end of the call. The observation feedback was then given to the member of care staff. Staff received an annual appraisal with their line manager which enabled them to discuss, provide and receive feedback on their performance and set goals for the forthcoming year.

The registered manager ensured effective and constant communication took place between the staff working out in the local community and within the registered office. A twice weekly meeting was held with the office staff to discuss any issues or concerns that had arisen. An action plan was devised as a result. The registered manager was in constant contact with staff working out in the community via their electronic tablet and email system. All staff attended regular team meetings where they were able to discuss any issues or concerns they had. The registered manager also used these meetings as an opportunity to update staff with any information relating to their work and the business.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand and use these in practice for example, how they applied it to their work such as through capacity assessments, offering choices and asking people if they were happy to proceed before carrying out any care. People and the relatives we spoke with told us that the staff always asked consent before any tasks were completed. One member of staff said, "We offer people choices about a variety of things including what they would like to wear, what they would like to eat or drink. People are able to withdraw their consent at any time and we respect that." People's capacity to consent to care and support had been assessed and recorded within their care plan. Staff were expected to mark on their electronic tablet that they had gained the persons' consent prior to offering care and support. If staff had not gained the persons' consent they had to record the reason for this and an alert was sent to the management team. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity.

People were supported to maintain their nutrition and hydration if this was part of their package of care. Detailed guidance was available to staff within people's care plans to ensure peoples' needs were being met. Staff received training in preparing and handling food and fluids and nutrition. Staff told us they followed people's care plans and recorded what people had to drink and eat on their electronic tablet. People who required specialist support with eating and drinking had support from health care professionals when it was required. Some staff had been trained to meet these specialist needs. For example, Enteral Feeding Tube, this is when a person is given a nutritionally balanced feed directly into the stomach. People's nutrition and hydration needs had been considered and met by staff who had the knowledge and skills.

People if required, were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids. Records showed the agency had liaised with external health care professionals such as district nurses, occupational therapists and commissioners when people's needs had changed or people required specialist equipment.

Is the service caring?

Our findings

People and their relatives told us the staff were reliable, caring and respected their privacy. Their comments included, "Staff respects my privacy and dignity." A relative said, "The staff are very good at protecting (loved one) privacy and dignity. Staff always explain and offer reassurance before they do anything." Another said, "The staff are amazing and respectful. The care staff are excellent."

Staff were able to give examples of how they maintained and protected people's privacy and dignity. For example one member of staff said, "I close the curtains, explain to people what I am doing and talk to people throughout the process." Another said, "I cover people up as much as possible, washing different areas at different times. I reassure people and keep them informed." Staff received training as part of their induction in privacy and dignity, and working in a person centred way. People were asked during their care plan review whether the staff respected their privacy and dignity. Feedback from the 2017 providers' customer survey showed that a high majority of people had rated the agency as excellent.

The registered manager used a system of 'runs' where people were grouped together, which enabled allocated members of staff. The registered manager told us that this system gave people consistency and continuity of staff and, enabled people to get to know their staff. Relatives' told us the agency tried to send the same members of staff who they and their loved one knew. One relative said, "We know who is coming and they always try to keep it the same people." Information about peoples' likes and dislikes were recorded within their care plans. People and/or their relatives were encouraged to share information about their life history which was recorded in their care plans. This information enabled staff to get to know the people they were supporting and they were used to engage people in conversations.

People told us they made their own decisions about the care and support they required with the involvement of their relatives in some cases and the staff at the agency. Some people had specific preferences which were recorded within their individual care plan. For example, a specific gender preference for their care staff. People and/or their relatives said they had been involved in the planning and delivery of the service they received. People had an individual needs and care plan in place which had been developed with them, their relatives and a senior member of staff. These recorded the exact support needs people had for each of their calls, what they were able to do for themselves and what they required staff support with. People's care plans contained information for staff to follow to promote peoples independence. For example, details regarding what people were able to do for themselves. People could be assured that their independence would be encouraged and promoted.

People and/or their relatives were given information about the agency prior to using the service. The registered manager had produced a comprehensive customer guide and statement of purpose. This was given to people before they received any care and support. The document included information about the management structure and peoples experience and qualifications. It included the aims and objectives of the agency, mission statement, ethos and principles, quality assurance and information about what people should expect from the agency. People using the agency were given the information they needed about what to expect from the provider and the service they were receiving.

Is the service responsive?

Our findings

Feedback from the 2017 customer survey showed that people felt the staff were professional and felt that the company had improved over the past six months. People and their relatives spoke highly of the service they received from the agency. Their comments included, "It is a very good service. The staff are very understanding." Another said, "We receive very good care." A third said, "I'm happy with everything."

The registered manager worked closely with a commissioner on a project to bring people out of hospital. A local area within Kent had been identified as being difficult for any agency to provide staff for and, as a result people were staying in hospital for longer than was required. The registered manager purchased a mini bus and developed a team of staff which were driven to the area to complete care and support calls. As a result, people were able to be discharged from hospital and return back to their homes. A relative said, "The previous agency pulled out of the contract leaving 17 people without support. Expertise Homecare took over and I am very grateful to this agency for (loved one) being able to stay at home with the neighbours we have known for many years." Another relative told us that prior to Expertise Homecare taking over the care and support their loved one was going to have to return to hospital, which they did not want to do. The registered manager told us that although at the beginning of the contract there were issues, these had now been resolved and people were happy they had been able to return to their own homes. The action taken by the registered manager enabled people to return to their home as they had wanted.

The registered manager together with the senior management team had developed an online software and care management system. Each member of staff working out in the community carried an encrypted tablet with them. The tablet contained the software system and held all of the information staff needed to know about people and, how to meet their needs. The system had a customer and relative portal which could be accessed from anywhere in the world. This enabled people to see the information that was held about themselves including, care plans, risk assessments, medicines management and the rota informing them which staff would be supporting them. One person using the service said, "The portal is very helpful. I use it to see who is coming." A relative told us they found the portal very useful and used it on a daily basis to track any changes and to inform their loved one who would be coming to support them. This innovative technology enabled staff to access the company's policies and procedures as well as the staff hand book at any time.

Referrals were made directly from the local authority or commissioners but people could also make direct contact with the agency themselves. The referral form contained basic information about the person and the times of support they required. The registered manager told us that when they accepted a package of care an initial assessment was completed within 48 hours. An initial assessment was completed with people, their relatives and a member of the management team before the service could commence. The customer assessment form was an in-depth document which covered the specific support which was required from staff, the frequency of visits, duration, any health condition support and lifestyle choice. A record of people's emergency contact details and medical history was recorded which included any aids the person used such as a ceiling hoist or stand aid. People's care and support was planned proactively in partnership with them and their loved ones.

Information from the initial assessment/referral form was used to develop care plans and risk assessments with people and/or their relatives. People were involved in the development of their care plan by advising staff how and when they would like the service provided. Records showed and people confirmed that they had been involved in the development of their care plan.

Systems were in place to ensure people's individual care plans and risk assessments were reviewed with them on a regular basis. The online system was used which alerted the management team when reviews for people were coming up for review or if they were overdue. The reviews were completed on a rolling programme which included a six monthly face to face review with a member of the management team and a three monthly telephone review. People were given the option of the frequency of receiving a phone call from the management team. Some people chose weekly contact and following a new package of care the registered manager told us that people were contacted three times a week, to ensure they were receiving the care and support they required.

People and/or their relatives told us they knew how to make a complaint and who to speak to if they were unhappy. One relative said, "I know how to make a complaint. If I have a problem I can call the office and they will deal with it." Another said, "We know how to make a complaint. We received a comprehensive guide when we started to use the service." Two relatives we spoke with raised issues they were concerned about, which they were happy for us to discuss with the registered manager. The registered manager took immediate action to try and resolve the issues with the people in an open and honest way.

A complaints policy and procedure was in place which detailed how people could make a complaint and the action that would be taken in the event of a complaint or concerns being raised. Information about how to make a complaint was recorded within the customer guide which was given to people when they started to use the service. Records showed that complaints had been recorded with an outline of the nature of the complaint that had been made. An investigation was completed by a member of the management team. Any actions or outcomes were recorded and discussed with the complainant. A complaint had been made regarding a call time being too early, another related to care staff leaving the persons' house untidy. Records showed that the complaints process had been followed by the registered manager for the complaints that had been made.

The registered manager kept a record of compliments the agency had received about the service they provided to people. These were in the form of letters and verbal compliments from people who had used the agency or a relative of someone who had used the agency. One person commented, 'how over the moon he was with the carers and whole company.' A relative commented that a member of the care staff was 'so upbeat and confident.' Another relative had commented that a member of staff was, 'positive and happy they always were and bubbly.'

Is the service well-led?

Our findings

The registered manager spoke passionately about ensuring people received a high quality service which was tailor made for the person. People and their relatives knew who the registered manager was and felt they were friendly and approachable. Staff said there was clear visible leadership from the registered manager and management team. The registered manager said, "The whole team are very passionate and work well together."

Staff told us they felt there was visible leadership, an open culture and they knew what was going on. Systems were in place to ensure there was constant communication between the management team and staff working in the community. Staff said they understood their role and responsibilities and said this was also outlined in the employee handbook. Staff said they were proud to work for the agency and enjoyed their job. Comments from staff included, "I love working here we all work together. They care about everyone." Another said, "I love working as a carer. I love the fulfilment of the job." A third said, "My manager is fantastic, organised and great." The registered manager held regular team meetings and office meetings which were used to discuss work practices and any contractual concerns.

The agency had a set of four core principles which were trust, transparency, quality and support. The mission statement read, 'To raise the standards of home care through the use of technology and the refinement of systems and process. Constantly placing our four core principles of trust, transparent, quality and support at the centre of everything we do.' The registered manager, management team and staff were committed to ensuring people received a quality service fulfilling the ethos and principles of the service.

People and their representatives were involved in the development of the service being provided to people. Systems were in place to regularly monitor the quality of the service that was provided. Views about the service were sought through annual questionnaires. These were written in a way people could understand. Results from the 2017 questionnaire showed that a high proportion of people rated the standard of care they received as excellent. When shortfalls were identified these were discussed with staff and action taken such as sending all customers information regarding how to access the portal. People and those acting on their behalf had their comments and complaints listened to and acted on.

The registered manager actively sought the staff's views on developing and improving the service. Annual surveys were sent to staff relating to their role and the training they had received. Staff's opinions and feedback was taken into account and acted upon such as a review of times given in between calls.

An audit schedule was in place to monitor the quality of the service being provided to people. This included audits by a member of the management team to discuss people's experience of using the service. A review of the service took place with people on a quarterly basis which included telephone reviews and face to face reviews. An annual audit was completed by a senior member of the management team. Reports following the audits detailed any actions that were required.

The registered manager understood their responsibilities in providing quality care and support to people.

The registered manager was supported by a senior management team, who had worked together for a number of years. The registered manager had a number of years' experience within the health and social care sector and kept up to date with training and current best practice.

The registered manager understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had an accident. All notifiable incidents had been reported correctly.