

Exclusive Allied Services Limited

Exclusive Care Services

Inspection report

20A Lowfield Street
Dartford
DA1 1HD

Tel: 01322275439

Date of inspection visit:
24 August 2021
26 August 2021
27 August 2021

Date of publication:
22 September 2021

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

Exclusive Care Services is an independent domiciliary care agency which provides personal care and support for people in their own homes. The agency provides care and support for people in the Gravesend area of Kent. People receiving care and support were predominantly children aged six years old and up, young adults while some were elderly. At the time of our inspection, they were supporting 60 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 and what we found

Feedback from people and relatives were positive. One person said, "I'm very happy with the service I'm having." A relative said, "They are very professional. They are thorough."

Children and young people were protected from the risk of abuse. Staff knew what their responsibilities were in relation to keeping children and young people safe from the risk of abuse. There were systems in place to support staff and people to stay safe. There were enough staff to meet people's needs. The registered manager had appropriate arrangements in place to ensure there were always enough staff to cover calls.

Medicines were managed safely, and people received them as prescribed. Policies and procedures were in place for the safe administration of medicines and medicine competency checks were completed for staff.

Robust recruitment processes were in place. This safeguarded and prevented unsuitable staff from working with children, young people and adults. Staff were skilled in carrying out their role. A relative said, "I think strongly that they have to be trained for constant intervention and interaction with the client." The registered manager ensured staff were appropriately trained.

Staff treated children, young people and adults with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to them.

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 decisions.

Complaints policies and procedures were in place and these were followed. Complaints were recorded and actioned.

There was a system in place to monitor the quality of the service. This had been effective in identifying where improvements were needed and the registered manager actioned these.

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 15 January 2020 and this was 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Exclusive Care Services

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 carried out by one inspector and one Expert by Experience who spoke with 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. This means the provider and manager were 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 of notice for the inspection. We needed to be sure the provider or registered 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 24 August 2021 and ended on 27 August 2021. We visited the office location on 24 August 2021 and 26 August 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We received no feedback. 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 who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care coordinator, and care workers.

We reviewed a range of records. This included four people's care records. We reviewed medicines 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 told us they felt safe. One person said, "I am very safe with the care staff, they take time in sorting this thing out". Another said, "Very, very safe, because I feel they're there and they are there to help me. I feel at ease with them".
- A relative said, "Very good, very safe, he feels more comfortable and more able with them."
- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these. The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required.
- Staff understood how to protect children, young people and adults from abuse and service worked well with other agencies to do so. Staff had received training on children and adult safeguarding and understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is protecting adult from harm. If I suspect, I will report it".
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "This is what you do about bad practice, report bad practice. if the company is not doing anything about it, I would go to the local authority, CQC or the police".

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and managed. People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence and ensuring their needs were met. Staff we spoke with understood this.
- People and staff were protected from environmental risks. Risk assessments were in place and the appropriate checks for potential environmental risks and hazards such as uneven surfaces, appliances and trailing wires within people's homes had been adequately identified in initial assessments and controlled.
- Policies and systems were in place to ensure that incidents were recorded and actioned including late or missed calls. The registered manager told us that these were analysed regularly.

Staffing and recruitment

- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were enough staff deployed to meet people's needs and keep children and young people safe from avoidable harm. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing. One person said, "Somebody always comes." A relative said, "No missed calls. There was one time when the manager was stuck in traffic, he called me and let me know he was going to be."

- People and staff had access to an out of hours on call system manned by the registered manager.
- People were supported by staff who had been safely recruited. Checks were completed to make sure new staff were suitable to work with children, young people and adults. Three 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. A member of staff said, "I completed the referees' and they requested these, supplied my DBS and copy of passport before I started."

Using medicines safely

- Medicines were safely managed and administered. People that required support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.
- Staff had received medicines training. Yearly medicine administration competency checks were carried out.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. These were audited by the registered manager regularly.
- PRN (as required) medicine protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart. This must be carried out to ensure safe medicine administration and any error may need to be reported as a safeguarding incident to avoid a repeat.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. For example, the registered manager had ensured all staff regularly washed their hands and used appropriate protective equipment (PPE), due to the COVID-19 pandemic.
- 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 and government guidelines.
- Staff had access to enough PPE and confirmed they used their PPE at all times. A member of staff said, "They supply us with PPE, and I keep these in my car. We do weekly COVID-19 tests and also LFT tests. I have also received my two vaccination." One person also confirmed and said, "They wear masks, gloves and aprons."

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. Incidents, accidents and near misses were documented and monitored to ensure there was opportunities for lessons learned. The registered manager monitored these, so any trends could be recognised and addressed, and lessons learnt were feedback to staff in order to improve the service provision.
- The registered manager used the information to make improvements to keep people safe.

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

- The registered manager carried out an initial assessment with people before they started providing care and support.
- Information gathered at the initial assessment stage was used to develop people's individual care plans. These were developed over time as staff got to know people and their relatives.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people and relatives were involved in regular reviews of their support. One person said, "I have always felt involved with the decision-making process. For example, I was asked if I preferred male or female care staff, but I don't mind."
- Records showed initial assessments considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural, religious beliefs or any other needs which needed to be considered when planning for their support.

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 health and safety. Staff had also completed training in specific needs such as catheter care, moving and handling and use of equipment. One person said, "They're good. They know how to do my catheter."
- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of their role. A member of staff said, "I did 44 courses as part of my induction before I started." New staff worked alongside other experienced staff before providing care on their own.
- Staff have completed the Care Certificate. The Care Certificate is a set of standards which social care workers must adhere to in their daily working life.
- Staff received regular supervision which included the opportunity to discuss their personal development.

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, health care professionals had been contacted in assessing people's specific risks and the registered manager had ensured that staff provided support as required.
- Relatives told us staff supported their loved ones to maintain good health, including contacting healthcare professionals on their behalf if necessary. A relative said, "[Name] is a very specific person. This is

the first care agency that have attended in person at meetings for [Name]. I'm very impressed. The manager took everything in hand. He also knew I was having a meeting with CAMHS and he asked how it went, I can't fault them on that."

- Care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before care provision started.
- The registered manager told us any concerns highlighted by staff were referred to relevant professionals, such as GPs. We saw evidence of this in people's care records.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to care and support had been assessed and recorded. For example, people or designated persons had signed and consented to the care that was provided by the service.
- The registered manager and staff had received MCA and training in relation to the Court of Protection issues. They understood people had the right to make their own decisions about their care.
- 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. A member of staff said, "I ask people their preferences when I am there. I can show two items for them to choose or ask them what they want, and we do as they wish according to then."
- Where relatives had lasting power of attorney for people and were legally able to make decisions on people's behalf the registered manager had checked this was in place.

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

- One person said, "The carer comes in, says 'good morning' greets me. Come on let's get you up, she's always bubbly, it makes your morning."
- Relatives told us that staff treated them well and they are caring. A relative said, "They are amazing. They are absolutely fabulous and [Name] loves them."
- 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. As far as possible people were able to choose the gender of the staff who were supporting them if they wanted to do so. One person said, "I've only had a male once and I don't want that again. I let them know and I've had female since."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff had time to sit with people and listen to them. One person said, "She sits down beside me while I talk to her. If I'm in pain she will talk and discuss it."
- People and their relatives told us staff treated them with dignity. One person said, "She puts a towel over my top while she does my legs. Nothing on show, all covered with a towel." One relative said, "They always pull the blinds down."
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices. A relative confirmed this and said, "It's through communication. They talk to each other; he tells them what he requires, and they listen to him."
- Care records promoted people's right to independence and focused on what people were able to do for themselves.
- The registered manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets in the office and on secure computers. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

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 included people's individual preferences and interests, personal history and staff understood these.
- Each person had a designated care staff who covered all their daily needs. Staff were matched with each person they supported. One person said, "It's the same lady that comes in every morning. It is consistent. The same carer comes five days a week."
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being and any concerns to note. These records ensured good communication between staff, which benefited the person receiving care.

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. One person said, "No complaints. I will phone up; I've got the number." One relative said, "No complaints. If I had any complaints, I would just phone them to see if it could be put right that way first."
- The service had received one formal complaint in the last 12 months, and this had been investigated and satisfactorily resolved.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The policy also included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

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.

- The registered manager told us that they made documents available to people they supported in different formats such as large print if needed.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with. For example, one person used PECS (The Picture Exchange Communication System, allows people with little or no communication abilities to communicate using picture) to communicate, which care staff were aware of and knowledgeable about.

- One relative said, "We've got a card we use for communication and he understands it."

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.
- Staff were trained on End of Life care. This would enable those staff in meeting people's end of life care and support needs.

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

- People told us that they found the registered manager approachable and helpful and felt that the service was well-managed. One person said, "I get straight through if I've had to call them." Another said, "Very good, there is always someone there to help you out."
- A relative said, "I think it's very well organised. If I have a problem and I need to contact the office, they get back to me and things are resolved very quickly." Another said, "I think they are very organised with my experience. On time, sort things out quickly. They do well."
- The management team included the registered manager and the nominated individual (The nominated individual is responsible for supervising the management of the regulated activity provided). The registered manager had a proactive and enthusiastic approach to service development and improvement. Both the registered manager and nominated individual also provided direct support. This demonstrated leading by example.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were effective systems in place to monitor the quality of the service. A range of quality audits, such as care plans, medicines, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager. This meant that the registered manager had a robust system in place for monitoring the quality of the service.
- Staff told us that the management team encouraged a culture of openness and transparency. The registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "We are a team, we talk freely. The registered manager is approachable. I can put my views across, and he takes the suggestions really well".
- Records were adequately maintained. Care plan records were reviewed regularly and up to date.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager had informed CQC of significant events that happened within the service, as required by law.
- 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.

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

- The registered manager sent out regular surveys to people and their relatives. Feedback received showed people and their relatives were satisfied with the service. For example, one relative wrote, 'Carers do what they are asked to do, and I am happy with the times carers visit.' Another wrote, 'I will recommend your service to friends and family, you are all amazing.'
- 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.
- People and their relatives also complimented the service. Comments included, 'A very big thank you for the care and support given to my father, we are all very appreciative.'; 'Just to say thank you so much for the care given by your staff.' And 'Many thanks for the excellent care given to her over the last year.'

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care. A relative said, "Yes, we were [kept informed]. They ring me often and come to the house to do a formal review on any changes."
- The registered manager worked with people, their relatives and healthcare professionals to meet each person's needs.
- The service was working in partnership with a number of organisations. This included the local authority, occupational therapists, Clinical Commissioning Groups (CCGs) and district nurses.