

MRJ Care Limited

Expertise Homecare (UK)

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

Expertise Homecare (UK) is a 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 Kent area. People receiving care and support included people living with dementia, older people and those with physical disabilities and mental health needs. At the time of our inspection, they were supporting eight 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

People we spoke were satisfied with the care provided by the agency staff. One person said, "I feel like I have won the lottery with this care agency, based on my last experience with other care agencies."

People received safe care and support from Expertise Homecare. The branch manager, registered manager and staff we spoke with knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Spot checks and home visits were carried out to ensure both staff and people were safe.

Care plans contained detailed risk assessments. This mitigated any identified risks. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

People's needs were assessed prior to receiving a service including their protected characteristics under the Equalities Act.

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.

Care plans contained detailed information about people's needs. These were reviewed regularly. People told us they were involved in their care.

Staff were caring and always protected people's dignity and independence. Staff gave people choices in their care daily.

People were encouraged to raise any concerns they had or make suggestions to improve the service they received. Detailed information about how to complain were in people's homes.

The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided.

Staff told us there was an open culture where they were kept informed about any changes to their role. Staff told us the registered manager was approachable and listened to their ideas and suggestions.

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 27 November 2018 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection.

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.

Expertise Homecare (UK)

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.

Service and service type

Expertise Homecare (UK) is a domiciliary care agency which provides personal care and support for people in their own homes.

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

This was a comprehensive inspection and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open, people and staff would be available to speak with us.

What we did

We reviewed information we had received about the service since registration with the Care Quality Commission on 27 November 2018. This included details about incidents the provider must notify us about, such as abuse or when a person dies. 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 contacted healthcare professionals for feedback. We received feedback from a practitioner. We took this information into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we visited three people in their homes after we sought their consent, spoke with one relative, two care workers, branch manager and the registered manager.

We reviewed a range of records. This included two people's care records, risk assessments, daily records and health records. We also looked at three staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as staff meetings minutes and surveys staff and relatives completed to share their views.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the training data sent to us in a timely manner.

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.

Staffing and recruitment

- Staff were recruited safely, and checks were completed. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them.
- People's needs, and hours of support were individually assessed. Staffing rotas showed that there were enough staff employed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing.
- People and their relatives told us staff were reliable. A relative said, "We get the same carers and there is continuity."

Systems and processes to safeguard people from the risk of abuse

- People told us they feel safe with the care staff. One person said, "I feel safe when they attend to me." Another person said, "I feel safe with the carers. They respond to me. For example, during personal care, if I say slow down, they do so, which is good."
- The provider had safeguarding processes in place. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is looking out for untoward incidents such as abuse, and if I suspect, I will notify the manager."
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "Whistleblowing is being able to inform wrong doing without having any repercussions."
- The registered manager demonstrated their knowledge on how to report abuse to the local authority safeguarding team and CQC if required. There had been no safeguarding concerns since the service was registered.

Assessing risk, safety monitoring and management

- The risks to people's health, safety and well-being were appropriately assessed, acted on and reviewed.
- 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 appropriately.
- Adequate processes were in place to identify and reduce any environmental risks to people. Staff were protected from risks from the environment. Potential risk and hazards such as uneven surfaces, appliances, inadequate lighting or trailing wires within the person's home had been adequately identified and appropriate risk assessments were in place.
- There was an on-call system in place to ensure advice and support was available to people and staff out of

hours. One person said, "I know who to contact and can get hold of someone at any time."

Using medicines safely

- At the time of inspection, no one was being administered medicines. However, the provider had the required documentation such as medicines administration records (MARs) ready to be completed by staff if this changed.
- Each person had specific guidance for staff to follow, detailing the support that was required for the administration of medicines, such as prompting.
- Staff received training in the safe administration of medicines.
- Systems were in place and the registered manager understood their responsibilities in making sure safe systems were in place in preparation for when the service needed to provide support with medicines administration.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection.
- Staff were trained in infection control.

Learning lessons when things go wrong

- There had been no near misses, incidents or accidents at the service.
- There were policies and systems in place to ensure that incidents were recorded, and action taken to prevent a re-occurrence. There was also a system in place to record any late or missed calls.

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.

Staff support: induction, training, skills and experience

- 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 that role.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- As a newly registered service, staff had not yet had an annual appraisal. Evidence showed that staff had monthly supervision meetings with the registered manager. Staff told us they felt supported in their roles.

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

- The registered provider undertook an initial assessment with people before they started providing care and support. People and their relatives were fully involved in the assessment process. One person said, "I initially had a phone call re assessment, they came out to see me and we spoke about the care I required."
- Records showed that the initial assessments had considered people's protected characteristics under the Equalities Act 2010. These were identified as part of their needs assessment, such as their race, gender, sexual orientation and religion.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff were not directly involved in people's healthcare needs. However, care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before support started.
- Staff monitored people's on-going health conditions and sought assistance for them as required.
- A healthcare professional said, "The care agency had been supporting this particular person to maintain good health. The care agency was going out of its way to support this particular person."
- Staff told us that they would report any concerns they had about the person's health to their relatives who would in turn take required action.

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

- People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.

- Records showed that staff supported people to maintain their hydration and food safely.
- Staff received training regarding nutrition and diet, so they had the knowledge to support people to eat healthily.
- Staff demonstrated that they understood the importance of following set guidelines in place. They followed people's care plans which detailed the support they required with eating and drinking.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- The registered manager, provider and staff had training about MCA. They understood people had the right to make their own decisions about their care. When people might be unable to give consent, they knew the MCA process to be followed.
- People confirmed to us that staff always asked for their consent before doing anything.

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; equality and diversity

- People told us they were well treated and felt supported. People said, "Care provided is alright. I feel the carers know what they are doing." and "Expertise is quite amazing, and we do have a good laugh." A relative said, "I am happy with the service."
- Staff knew the people they were supporting well. The branch manager said, "We always do the first visit with the carer as introduction to get to know people before starting." One person said, "We sit down together and eat. We have a laugh."
- The registered manager and provider were aware of the new General Data Protection Regulation (GDPR); this is the new 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. We observed in the office that computers were password protected.

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

- People and their relatives were involved in care decisions daily and through reviews. One person said, "I do feel involved."
- People were supported to express their views regularly and their relatives were involved in making decisions about their care and support. For example, the branch manager visited people regularly to carry out checks and ask people about their views on the service being provided. This was confirmed by people we visited in their homes.
- Relatives were involved in the formulation, reviewing and the delivery of care. This was confirmed by a relative who was present when we visited people in their homes. They said, "We are involved, and communication is good."
- We were informed by people who received care and support that they were able to express their needs and received the care and support that they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by the provider and care staff. One person said, "The carers visit and respect my home."
- Staff understood the importance of respecting people's individual rights and choices.
- Care plans included what people could do for themselves and where they needed support. This enabled staff in promoting people's independence.

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 meet people's needs, preferences, interests and give them choice and control

- People had individual care plans that placed people's views and needs at the centre. People's care plans were detailed and informed staff what the person's abilities were and support they required from staff. One person confirmed this and said, "The care plan is detailed. For example, I do not use tap water at all. Even this is in the care plan. This is brilliant."
- People confirmed to us they had a care plan folder in their home that contained the plan of care. We saw these when we visited.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured communication between staff and relatives were good which benefitted the care of the person.
- People's likes, dislikes and what was important to them were in their care plans. Staff demonstrated their knowledge of these when we spoke with them.
- People told us that staff supported them with activities in the community as part of their care package. One person said, "The carers take me to the gym as I trust them. I am very reassured now."

Improving care quality in response to complaints or concerns

- People were confident of their knowledge in how to raise a complaint. One person said, "If I have any concerns, I do phone the office. Yes, I know who to contact." Another said, "I have never had to complain. I feel comfortable and safe with the carers." A relative said, "If I am not happy about something or have concerns about something, I will let them know and I can come to CQC as I have done with other agencies in the past."
- 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. We saw these in people's homes when we visited.
- The policy 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, local government ombudsman and the Care Quality Commission (CQC).

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.

- All care plans in people's homes were in user friendly formats alongside typed up care plans, which made the care plan accessible to people.

End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered manager showed us advanced care planning being implemented for people's end of life wishes. This was alongside care plans.

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; 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 was a management team at Expertise Homecare (UK). This included the registered manager, the branch manager and directors. Both the branch manager and registered manager were also involved in directly providing care and support for people. Both were also available to staff.
- A healthcare professional confirmed that the agency was well managed and said, "To my knowledge and experience with them with this particular case I felt the service was well managed."
- The registered manager understood the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The registered manager told us that they understood their duty to be honest and open about accident or incident that had caused or placed a person at risk of harm.
- Staff told us that the management team encouraged a culture of openness and transparency. A member of staff said, "Management is very supportive. I have learnt a lot. They are always there if and when you need them."
- There was a positive focus on supporting staff to communicate and express their views. A member of staff said, "I cannot fault [X]. They are very supportive. If we have any issues, we can get hold of them."
- People and their relatives were fully involved in people's care and support. Information in people's care documentation confirmed this.
- People told us they knew the management team and they had access to them anytime of the day. We observed this during our visit on the second day. We met the branch manager providing care and support for one person as part of their spot check visit.

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

- There were effective systems in place to monitor the quality of the service.
- A range of quality audits such as care plans, spot checks, incident and accident and recruitment 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.
- The registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service. The registered manager

told us they understood this requirement.

- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on the providers website.

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

- Feedback was sought from people, their relatives and healthcare professionals during care reviews. The last survey carried out was October 2019. Feedback received was mostly complimentary. A healthcare professional commented, 'I have found the manager very helpful at managing a quite difficult client very well.' One person commented, 'I think they are brilliant.'
- 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.
- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "We requested for increased travel time and it was amended. They are trying their best to accommodate us."

Continuous learning and improving care

- The management team 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.

Working in partnership with others

- The registered manager worked closely with health and social care professionals. A healthcare professional confirmed this and said, "The manager acted on all recommendations made by all the professionals that were present during the professional meeting. The manager acted without delay, reporting back every step."
- The management worked with the relatives of people supported in a joined-up manner to meet the person's needs. One person said, "The real essence of describing Expertise Homecare is I have had bad experiences before. Expertise Homecare works with me."