

Exodus Health Care Services 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Exodus Health Care Services is a domiciliary care agency that was providing personal care to forty-four people, in their own homes, at the time of the inspection. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

People told us they felt safe with staff. They said staff were kind, able to meet their needs and supported them in a dignified, respectful way which maintained their privacy and independence. The provider made sure people received support from the same staff. A relative of a person using the service told us, "[Staff] are all very nice and my [family member] is very happy with the care she receives. They always ask if there is anything else they can do... They really are very kind. This care has added years to her life."

The provider took people's views, choices and wishes into account when planning and delivering the care and support they needed. There was current and relevant information for staff about how these needs should be met. People's care and support was reviewed with them to make sure this was continuing to meet their needs.

Staff sought people's consent before providing any support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were enough staff to support people. The provider made sure staff were suitable and fit to support people through recruitment checks. Once in post, staff received relevant training to help them meet people's needs. They were supported by the provider to continuously improve their working practices.

Staff were trained to safeguard people from abuse and knew how to report concerns to the appropriate individual and/or authority. Risks to people had been assessed and staff had guidance on how these should be minimised to keep people safe. Staff followed good practice to ensure risks were minimised from poor hygiene and cleanliness when providing personal care and when preparing and handling food

People were helped to eat and drink sufficient amounts to meet their needs. Where staff were responsible for this, they supported people to take their prescribed medicines. Staff documented the support provided to people which kept others involved in people's care up to date and informed. They worked with other healthcare professionals to ensure a joined-up approach to the support people received.

People knew how to make a complaint if needed and the provider had arrangements in place to deal with this. The provider recorded and investigated any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

The provider had aims and standards for the service and told people what they should expect from staff and the service in respect of the quality of care they received. All staff had clearly defined roles and duties and the registered manager understood their legal responsibilities regarding the Health and Social Care Act 2008.

The provider sought people's views about how the service could be improved. They used people's feedback along with learning from incidents and other checks of the service to monitor, review and improve the quality and safety of the support provided. The provider worked in partnership with other agencies such as local authorities funding people's care to develop and improve the support provided.

Rating at last inspection:

At the last inspection the service was rated 'Good' (16/08/2016). The service continues to meet the characteristics of a good service.

Why we inspected:

This was a planned inspection to check that this service remained 'Good'.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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 remained safe.
Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.
Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.
Details are in our Well-Led findings below.

Exodus Health 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an inspection manager carried out this inspection.

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 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:

We gave the service 48 hours' notice of the inspection visit because senior staff are often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit took place on 27 February 2019. We visited the office location on this date to see the registered manager and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events that happen within the service. The provider was not able to complete a Provider Information Return. 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.

During the inspection we spoke to the registered manager, deputy manager and care coordinator. We looked at five people's care records, three staff files and other records relating to the management of the service including policies and procedures. After the inspection we spoke to six people using the service and 9 relatives and asked them for their views about the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. One person said, "I feel very safe with the carers. There are about four who come, and I know them all. They are very good."
- Staff received relevant training and support to help them safeguard people from abuse or harm. Staff were aware of safeguarding procedures and how and when to report concerns about a person to the appropriate individual and/or authority.
- Records showed the provider cooperated fully with the local authority when a safeguarding concern had been raised about a person using the service. This was important as this helped the local authority carry out a full investigation and to identify the actions needed to ensure the person's ongoing safety.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess and identify risks posed to people from their specific healthcare conditions and by their home environment.
- People's records contained current information about identified risks to their safety and wellbeing. There was up to date guidance for staff about how these risks should be managed to keep people safe. Senior staff monitored identified risks as part of their reviews of people's care and support needs to check for any changes to these that staff needed to be aware of.
- People's needs had been considered when planning the support they required, so only suitably trained staff were assigned to meet these safely. A relative said, "My [family member] has a catheter and moving [them] can be troublesome but they know how to deal with it safely." Two relatives told us staff used hoists appropriately when supporting their family members to move and transfer in their homes.

Staffing and recruitment

- People and their relatives said there were enough staff to meet people's needs and staff stayed for the allocated time. One person said, "They stay here until everything is done."
- Some people told us in the past staff on occasion had turned up late for a scheduled visit. But people also said this had improved lately and was now much less frequent. The registered manager confirmed late visits had been an issue in the past and had acted to improve this. This included improved monitoring of the timeliness of visits and using meetings to reinforce the importance with staff of turning up on time for a scheduled visit.
- The provider had recruitment and selection procedures in place to ensure people were supported by staff that were suitable. Checks had been made on staff's identity, right to work in the UK, previous work history and criminal records. Staff also completed a health questionnaire which was used to assess their fitness to work.
- All staff had been provided with the service's lone working policy so that they were aware how to ensure their own personal safety when working alone with people.

Using medicines safely

- The provider had systems in place to manage and administer medicines safely, in line with current best practice.
- Staff had been trained to manage and administer medicines. There was current information on people's records about their prescribed medicines and how they should be supported with these.
- Staff supported people to take their prescribed medicines. Records showed staff recorded what medicines people were given and when. Senior staff reviewed these records during visits to people's homes to check medicines had been administered appropriately by staff.

Preventing and controlling infection

- Staff were trained in infection control and had access to supplies of personal protective equipment (PPE) to reduce infection risks.
- Staff had received training in basic food hygiene to support them when preparing and storing food to reduce risks to people of acquiring foodborne illnesses

Learning lessons when things go wrong

- Concerns and incidents involving people were recorded and investigated promptly by the registered manager.
- Action was taken to learn from incidents and make improvements when this was required. Following an incident involving one person, senior staff had identified that more robust checks were needed of the information provided by the local authority about a person's care and support needs prior to them using the service. In response the service had introduced a system whereby staff would carry out additional checks with the person and the local authority. This was to make sure the package of care suggested for the person contained the most up to date information about them and their care needs.

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

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

- Senior staff assessed people's needs prior to them using the service. These assessments took account of information provided to the service by people and from others involved in their care, about their existing healthcare conditions and care needs and how these should be managed when providing support. People were able to state their choices for how, when and from whom they received their care. A relative told us, "They listen to what I say and ask for. My [family member] does not like men to wash [them]. They don't send men."
- Senior staff used the information from these assessments to identify the level of support a person needed and developed an individualised care plan for the person which set out how their care and support needs would be met by staff.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet people's needs. New staff underwent a programme of induction before supporting people unsupervised as well as being required to complete the Care Certificate. The Care Certificate is a nationally recognised learning tool to support staff new to care.
- Staff were supported to continuously improve in their role. Staff had supervision (one to one) meetings with a senior staff member to discuss their working practices, any issues or concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Information had been obtained about people's dietary needs and how they wished to be supported with these including any specialist requirements people had due to their healthcare conditions.
- Staff recorded what people ate and drank so that there was information available to others involved in people's care to check whether they were eating and drinking enough to meet their needs.

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

- Staff documented the support provided to people which kept others involved in people's care up to date and informed.
- Staff reported any concerns they had about a person's health and wellbeing promptly so that people would receive appropriate support in these instances. A relative told us, "When my [family member] came out of hospital, they drew my attention to a sore on [their] body."
- The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. The registered manager told us this aspect of the service had recently improved

and there was now better communication with visiting healthcare professionals such as district nurses about people's general health and wellbeing and how their needs should be met.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff received training in the MCA. Senior staff were aware of their duties and responsibilities in relation to the Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the service would involve people's relatives, representatives and healthcare professionals, to ensure decisions would be made in people's best interests.

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

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 spoke positively about staff. Typical comments included, "The carers are like my friends. It makes my life easier when there are people like this helping me", "The carers are polite and don't gossip. In the 13 years of carers this is the best. Wish we had them sooner", "They really are marvellous and help me tremendously. They've helped me to recover since coming out of hospital", "The carers are brilliant. They adapt to what I want and the way I want things".
- People received support, wherever possible, from the same staff so that the support they received was consistent. People said they felt comfortable and confident receiving support from regular, familiar staff. One person said, "I do get different carers, but I know them all now and feel very safe with them."
- When assessing people's needs in relation to the support they required, the provider identified any specific wishes people had in relation to meeting their social, cultural and spiritual needs. People's wishes were recorded and highlighted in their care plans so that staff had access to relevant information about how people should be supported with these needs.
- Staff received training in equality and diversity to help them protect people from discriminatory behaviours and practices.

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

- The provider sought people's views in various ways to make sure these were used to inform decisions about their care and support needs. The provider used assessments of needs, care planning meetings, reviews and quality checks to ensure people were involved and able to state their views about the support they received.
- Staff were aware how people wished to receive communication and information from the service. People told us senior staff sat with them and went through care plans so that they understood the support that would be provided. Communication was tailored to people's specific needs. A relative told us, "[Family member] has difficulty in talking and they communicate with [them] well."

Respecting and promoting people's privacy, dignity and independence

- Support was provided to people in a way which respected their privacy and dignity. A relative said, "They cover [family member] up when washing [them]." Another relative told us, "They make sure [family member] is washed well and maintain [their] dignity."
- People said they were asked for their permission before being provided with support, offered choice and given the time they needed to do things at their own pace.
- People were supported to be as independent as they could be. A relative said, "They ask [family member] if [they] want to wash [their] own face, but they do encourage [them] to do other things for [themselves]. Another relative told us, "They encourage [family member] to do things [themselves], within limitations."

Is the service responsive?

Our findings

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

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 contributed to the planning of their care and support package and their choices and wishes were used to inform the care and support provided to them.
- Each person had an individualised care plan which set out clearly how and when support would be provided by staff. People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Care plan's reflected people's choices about how and when they received support, for example, for when and how they liked to receive support with their personal needs such as washing and dressing.
- People's care and support needs were reviewed with them by senior staff to ensure this was continuing to meet their needs. Any changes to people's needs and the support they required was recorded on their care plans and shared with staff. A relative told us, "[Family member] has seen a few different people recently as the occupational health people are trying to get a walk in shower. The manager is aware of the extra requirements and has updated the care plan for [family member]."

Improving care quality in response to complaints or concerns

- People told us they had no issues or concerns about the quality of care and support provided by staff at the time of this inspection.
- The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- When a concern or complaint had been received, senior staff had conducted a thorough investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had values and aims for the service which were focussed on people receiving high quality care and support from staff. These were communicated to people through information the service provided, for example, the 'service user guide'.
- All staff were provided handbooks which set out their responsibilities for providing high quality care and support to people, which respected their rights.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

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

- People spoke positively about senior staff and said they were "very amenable", "understanding" and "very obliging".
- There was a clear management and staffing structure and all staff had well defined responsibilities. Senior staff held regular monthly meetings with staff to make sure they understood their roles and responsibilities with regard to the support they provided to people.
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Senior staff undertook spot checks to people's homes and asked them for their feedback about how the service could be improved. They also telephoned people using the service to check that they were happy with the support being provided and for any suggestions they may have for how this could be improved. A relative told us, "We receive phone calls to see if everything is alright. Someone will call randomly to see if the carer has been and if everything is ok."
- Senior staff used spot checks to monitor whether staff were providing the support that had been agreed in line with the service's policies and procedures. Any issues identified through these checks were discussed with staff immediately to help them to continuously improve their working practices.
- The provider made improvements when these were required to enhance the quality of the service. The registered manager using feedback obtained from people, staff and others had recently taken the decision to limit the numbers of people that the service could support to a manageable level. They told us this meant

the service could be more focussed on meeting people's needs effectively with the staff available thereby improving the quality of their experiences as well as supporting staff to maintain safe working practices with manageable workloads.

Working in partnership with others

- The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff worked collaboratively with the authorities funding people's care, so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.