Capella Care Limited

Expertise Homecare (Ashford)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 7 and 8 January 2019. The inspection was announced.

This service is a domiciliary care agency. Expertise Homecare (Ashford) is a care agency that provides care services to people in their own homes. It provides a service to a broad variety of people including older adults, people with dementia, learning and physical disabilities and younger adults. Not everyone using the service received a regulated activity of 'personal care.' CQC only inspects the service being received by people provided with 'personal care'. At the time of inspection, 53 people were receiving personal care at home.

The service was run by a company who was the registered provider. There was a registered manager in post who was also a director of the company. 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. In this report when we speak about both the registered provider and the registered manager we refer to them as being, 'the registered persons'.

This was the first time Expertise Homecare (Ashford) had been inspected and given a rating following its registration with us in January 2018.

Some risks had not been appropriately assessed and measures were not in place to reduce them.

Staff received training in how to safeguard people, however, referrals or discussions did not always take place with the local authority safeguarding team when needed.

Most medicines were managed safely; people received their medicine when they were supposed to, but further guidance was needed to make sure staff knew if some people had prepared their medicine correctly.

Care plans detailed how people wished to be supported. Most people's end of life wishes were discussed with them or their relatives and recorded.

The registered persons understood their legal responsibilities to notify CQC about important events, however, this had not happened on one occasion.

People and their relatives told us they felt safe and comfortable when staff visited them, they spoke highly of the staff and the dedication and care they showed.

The provider had quality assurance processes in place. These included gaining people's views about the service, how the service could be improved and a positive culture of learning from mistakes. However, some quality assurance processes needed further refinement to ensure they achieved the improvement identified.

There were sufficient staff available to provide the service needed and they had received the training required for their role. Thorough checks made sure new staff were suitable to work with people.

People were supported to be as independent as possible, including involvement in meal planning, preparation and shopping, as well as keeping their home clean and doing their laundry. People were supported to maintain their health, access health services and were given advice about healthy eating.

People were offered choice, staff understood the principles of the Mental Capacity Act 2005 and how to put them into practice.

People benefitted by being support by staff who were understanding, kind and compassionate. Staff knew people well including their preferences and supported people's individuality and diversity. Staff consistently demonstrated they shared the provider's vision and values when delivering care and communicating with people and their relatives.

Staff followed the provider's infection control policy. This had been recorded by the registered persons when they carried out observations on staff.

A complaints procedure was provided in formats people could understand. People and their relatives were aware of how to make a complaint.

Staff felt well supported by the management team. People and their relatives felt the service was well run. The service worked in partnership with other organisations and sought and acted on their advice to improve outcomes for people.

The registered persons had a detailed knowledge of how the service was running; they knew people and staff very well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some risks had not been appropriately assessed or mitigated.

Most medicines were managed safely; but further guidance was needed to ensure staff knew people were safe who managed their own medicines.

People were protected from the potential risk of harm and abuse. Staff had been trained and knew the action to take if they had suspicions.

There were enough staff to meet people's assessed needs. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

People's needs had been appropriately assessed before they received support.

People were provided with the appropriate support to eat and drink where this was required.

People were supported to access to healthcare professionals when they needed this.

Staff met with their managers to discuss their work performance and had been trained to meet people's needs, including their specialist needs.

The Mental Capacity Act 2005 was understood by the management and staff received training about this.

Is the service caring?

Good

The service was caring.

People were treated with kindness by staff who understood the importance of maintaining people's privacy, independence and

confidence.

People were involved in the development and review of their care plan.

Specific communication needs had been recorded. Staff knew how people communicated their needs and wishes.

Staff knew people well and were aware of their likes, dislikes and personal histories.

Personal information had been stored safely and securely.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that was responsive to their needs.

People were supported to access the community if this was included in their package of care.

Detailed logs were kept of each person's care call, these were monitored by the management team.

There was a process in place for people to raise concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

A statutory notifications about an event at the service was not made when it should have been.

The service operated systems and policies focused on managing risks, improvement and the quality of service delivery. However, some required further embedding for them to become fully effective.

The aims and values of the organisation were shared by staff.

People were asked about the quality of the service they experienced.

Staff worked with other organisations to manage people's care.

Expertise Homecare (Ashford)

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.

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

This inspection took place on 7 and 8 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that the registered persons and staff were available. The inspection team consisted of one inspector. We visited the Expertise Homecare (Ashford) office, the homes of some people using the service and spoke with other people on the telephone who also received a service.

We gained the views of six people and two relatives. We visited two people in their own homes and received feedback from a care manager from the local authority. All feedback was positive about the quality of care and support that people received. We spoke with five staff, which included three care staff, the registered persons and operations director.

We looked at the provider's records as well as four people's complete care records. These included care plans, risk assessments, daily care notes and medicines records together with some parts of other people's care records. We looked at documentation about staff management and recruitment, including four staff files. We also checked a sample of audits, the electronic system of care plans and care delivery records as well as staff rotas, minutes of meetings, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Most potential risks to people in their everyday lives had been assessed and mitigated. Where identified, care plans contained individual risk assessments, linked to protocols for staff to follow. This included risks in relation to mobility, most personal care needs and any activities. These risk assessments contained guidance for staff to follow about the action needed to protect people from harm.

However, one person's care file identified a risk which had not been considered by the provider: this person had a percutaneous endoscopic gastrostomy (PEG). This is a medical procedure where a tube (PEG tube) is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Their care notes stated the person sometimes drank orally but had no conception of the risk of choking. Staff were told not to give the person drinks unless asked to by their parents, however, there was no choking risk assessment in place or professional health care guidance, for example, from a speech and language therapist (SaLT). Following the inspection, the provider confirmed that the service did not support this person with any aspect of their PEG, including drinking orally. They told us that the person's care plan had been updated, and all reference to supporting the person with their food and fluids had been removed. However, the care notes available to staff prior to the inspection were not clear and there was no guidance in place for staff to follow in relation to mitigating the risk of the person choking. This placed the person at risk of receiving care and treatment that was not safe.

The service used an electronic system to record people's care plans and the support they needed, including which medicines they needed and when. Staff had a hand-held computer which they took with them when making care calls. This provided real-time information to care staff and office staff. Care staff were not able to complete a care call until they had recorded all medicines had been administered or the reason a medicine was not administered. The database was monitored at the office by the management team. An alert system prompted action to be taken if medicine administration was delayed. This system minimised the risk of people not receiving medicines prescribed by their GP. Competency checks and spot checks ensured staff knew what to do and how to safely administer medicines. One person managed their own medicines, however an assessment of the risk meant that staff needed to observe them preparing the medicine to ensure it was correct. There was a lack of guidance for staff about this to ensure they knew how this should be done correctly. This was discussed with the registered persons and detailed guidance put in place. This was an area identified as requiring improvement.

People were not consistently protected from the potential risk of harm and abuse. While staff had completed training in safeguarding and knew how to recognise and report different types of abuse, unfamiliarity with the local authority safeguarding protocols meant an incident of harm, which may have warranted referral, was not referred to or discussed with the relevant safeguarding team. Each local authority area operates a set of procedures setting out when incidents or events should be referred to them. This allows safeguarding teams an awareness of incidents and the opportunity to consider if further investigation or action is needed to ensure people are safe.

One person had received a skin injury, which relatives believed had occurred while receiving support from

staff to mobilise. The registered persons completed a thorough investigation, including interviewing staff and had provided a response to the person and their relative. However, no discussion or referral took place with the local authority safeguarding team. This prevented the safeguarding team having knowledge of or the opportunity to investigate the matter. We discussed this with the registered persons. They provided other examples of safeguarding referrals or discussions with the safeguarding team. This showed a system of reporting was in place, however, they accepted required action was not taken for the incident highlighted. Immediately following this discussion, they notified the safeguarding team of the incident. This was an area identified as requiring improvement.

The provider had a whistleblowing policy and staff felt confident that if they raised a concern they would be listened to and action would be taken by the management team.

People we spoke with were happy with the support they received; they felt safe when staff visited their home and told us they thought Expertise Homecare (Ashford) employed good quality staff. One person commented, "I have no concerns whatsoever about the support I receive, I look forward to the staff arriving and feel reassured when they are here." Another person told us, "I haven't experienced any problems with the support I receive and, to be honest, I don't expect I will."

People whose behaviour that could be challenging towards themselves or others were appropriately supported. Positive behaviour support plans were in place to inform staff how best to support the person during times when their behaviour may challenge. This included strategies to support the person during time of anxiety when their behaviour had potential to escalate.

Accidents and incidents were recorded and monitored. The management team completed an ongoing analysis of all incidents and accidents highlighting any developing patterns or trends. The registered persons used this information to make changes and improvements when things went wrong. For example, if staff were going to be more than ten minutes late, they must inform the office who, in turn, informed the next five clients. However, people told us staff mostly arrived on time and stayed the full length of their call. There had been no incidents of missed calls.

There were enough staff to meet people's needs, staffing was based on people's assessed needs. There was an ongoing programme of staff recruitment and any shortfalls were covered by existing staff. The provider had an electronic system to plan and monitor care calls. Office staff maintained constant oversight and ensured suitable staff were paired with the client to provide the support required. People were advised who their support worker would be two weeks in advance. No staff supported people they had not previously been introduced to.

Staff were recruited safely following the providers policy and procedure. Checks completed included obtaining proof of ID, work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. Applicants interview notes were kept promoting consistency in the recruitment process.

Personal protective equipment was available to staff including gloves and aprons. Staff received training regarding infection control and understood their responsibilities. These actions helped to protect people from infection.

The safety of people and staff within the person's own home had been assessed. Each person had an environmental risk assessment which included potential risks externally such as, access to the property and

internally such as, fire precautions. The service recorded dates people's specific pieces of equipment, such as standing aids and hoists were due to be serviced. A business continuity plan set out measures to ensure people continued to receive the care they required during the event of an emergency such as, extreme weather or a malfunction of the electronic care plan system.

Good

Is the service effective?

Our findings

People felt staff were well trained and able to meet their support needs. One person told us, "I can't fault the care I receive and cannot speak highly enough of the staff who support me. I get exactly the support I need." Another person told us, "The carers understand my health needs, they support me but they don't try to take over what I want to do." A relative described the care staff as, "Professional, courteous and vocational." Other relatives felt the staff were skilled and well trained to meet the needs of their family member. Their comments included, "We have experienced other care agencies, Expertise are by far the best. We have good continuity of carers and good communication with staff. They arrive when they say they will and we know in advance who the member of staff will be," and "Mum receives very good care, staff are exceptional. To us it means mum can remain in her home, that makes such a difference to her, it's what she wants."

People's needs were assessed before receiving a service from the agency. The assessment was completed by a member of the management team together with direct input from people and their relatives. The assessment included the care and support needs of the person, their preferred day and time to receive care and the outcome the person wanted to achieve. For example, to maintain independence as much as possible and stay living in their own home. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred in the care plan.

People were supported to ensure they ate and drank enough if this was part of their care package. Staff received training about nutrition, food and diet, this helped to ensure they had the knowledge to support people to eat healthily. People's nutrition had been assessed on an individual basis. Staff followed people's care plans which set out the support they required at mealtimes. For example, the support people needed preparing breakfast, how they liked their drinks and where drinks should be left so they were in reach when staff had gone. Where concerns were identified about how much people ate or drank, staff kept records which supported other health care professionals decide if dietary supplements were needed. Discussions with people found they were happy with their care plans. People told us the staff provided the support they wanted in the way they wanted to receive it.

People were supported to maintain good health. Guidelines informed staff of specific support people needed during their call and any equipment staff were required to use. For example, the use of any moving or standing aids. People's care plans contained information about specific health conditions and how this effected the person. For example, information about a person's epilepsy, any known triggers and what staff should do and expect if the person had a seizure. This provided assurance health conditions were identified and could be supported by staff.

Staff told us they received the training and skills they required to meet people's needs. The provider employed a trainer who delivered face to face training for staff. Where staff were required to use equipment to support people, practical training using similar equipment enabled staff to experience what it was like to receive such support and how to use the equipment correctly. The registered persons monitored an ongoing programme of training to ensure it remained relevant and was delivered as needed. Staff had received training to meet people's specialist health needs such including catheter, stoma care and PEG feeding. Staff

had also received training about end of live care and worked in conjunction with district nurses and hospice when needed. A system of competency checks after training ensured staff could assimilate knowledge acquired into practical situations.

New staff completed an induction handbook when they started work at Expertise Homecare (Ashford). New staff worked alongside experienced staff and were supported to complete The Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector. Staff were encouraged to complete a formal qualification, such as The Qualifications and Credit Framework (QCF) in Health and Social Care during their employment. This is an accredited qualification for staff working in the care sector.

Staff said they felt valued and supported in their role by the registered persons and management team. Staff received support and supervision in different formats which included face to face supervisions, spot checks and field supervisions with a line manager. These provided opportunities for staff to discuss their performance, development and training needs. Staff also received feedback from their line manager regarding their role. Staff had an annual appraisal with their line manager. This gave them an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year.

The service worked in partnership with other health care professionals to ensure people were receiving appropriate care and support. For example, when a risk of someone falling in the shower was identified, an occupational health visit was arranged and appropriate hand rails put in place.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered persons and staff were aware of their responsibilities under the MCA. 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 and offering choices.

People's capacity to consent to care and support had been assessed and recorded. At the time of our inspection people had capacity to make their own decisions about their care and their lives. A policy and procedure advised staff about action to be taken when considering a person's capacity to consent. Where people had made future provision for family members may make decisions on their behalf, checks of Lasting Power of Attorney authorisations ensured they were empowered to do so.

Good

Is the service caring?

Our findings

People and their relatives told us all staff were kind and caring. One person said, "I don't think I would receive better care if I was their grandmother." Other comments included, "The care staff are wonderful," "I was pleasantly surprised just how caring the staff are; it's a genuine care, not just caring enough to get paid." "I have had some changes of staff, but I have been happy with each and every one of them. As well as care staff, people thought the office staff were polite and helpful and wanted to deliver a good service.

All staff and the registered persons were proud of the service's caring focus. Examples included office staff hand delivering colourful house plants to each person on Christmas eve as well as sending each a Christmas card. People, particularly those living alone and without families found the gesture very thoughtful. For some, it was the only card or present they received. Similarly, people and staff each received birthday cards from the service. At Halloween, staff provided people with posters to put in their windows if they did not wish to be disturbed. When people passed away, it was not uncommon for the service to send flowers and a card of condolence. On these occasions staff rotas were planned so that the regular carer could attend the funeral. Some relatives commented about the sense of support this provided to them at such a difficult time. It was not unusual for staff, with consent, to help people, for example, checking one person's heating had come on to make sure they were warm and sitting with another person who was experiencing a mental health crisis until help arrived and the person was safe. A further person, approaching the end of their life, was supported by staff to enable them to be discharged from hospital late at night to ensure they could come home. The person had expressed to staff how important it was to them to be at home for their remaining days. People were provided with a meet the team newsletter, which included a picture of all staff and a little write up about them. This helped people know a little about staff before they met them and allowed people to put a face to a voice when speaking with office staff on the phone. People also received a monthly newsletter providing relevant information and updates and reminders. For example, for clients to keep more blankets with them in the winter, to drink plenty of fluids during the hot weather in addition to helplines they can contact and a list of services they may wish to access such as mobile hairdressers. People are also reminded about fire safety together with important telephone numbers they may wish to call.

Staff felt appreciated and cared about, rotas were planned well in advance and reflected preferred working patterns of staff. This helped them accommodate family commitments and allowed some staff study time toward professional accreditations. Staff were also provided with private health care subject to successful completion of probation periods.

People's privacy and dignity were promoted. Staff told us how they protected and maintained people's privacy and dignity. Examples included making sure people were appropriately covered when receiving support with personal hygiene, ensuring curtains were closed and that people had said they were ready to receive support. One person told us, "When they wash and change me they make sure I am covered up to preserve my modesty. That's important for a person at my age." People told us they did not feel rushed by staff. Many people regarded staff as their friends. Staff were proud of their work and had developed close camaraderie with the people they supported. Staff said without hesitation they would recommend the service and would be happy for a family member to be supported by the service if the need arose. In terms of

being employed by the service, many staff told us it was the best care agency they had ever worked for.

Some people had specific communication needs. These were documented clearly to enable staff to communicate effectively and understand people's wishes. People could be assured that they would be supported to communicate their needs effectively.

People's care plans contained information about their likes, dislikes, preferred name and personal histories. The service promoted consistency with people's care staff. This enabled people and care staff to build a rapport and provided continuity of care to people. People told us care staff knew their routines and how they liked to be supported. The care given matched each person's care plan.

People and their relatives were involved in the development and review of their care plan. Care plans gave staff the information and guidance required to meet people's needs. Each person's care plan recorded the outcomes they wanted and the care and support to achieve it. For example, a desire to remain as independent as possible while continuing to live in their own home. People told us care delivery encouraged them to maintain as much independence as they were able. People were asked during assessment and review processes what support staff could offer to increase their independence. People told us staff supported them to do things for themselves where they were able to.

There was information about the service in care plan folders in people's homes. This included what people could expect from staff, contact numbers and how to make a complaint. The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in plain English using clear large print format and, where needed, staff could use these documents to discuss and explain information to people. The care plan software system also allowed people to log in so they can view their care plans online, the staff rota, in addition to the visit reports of the care they have received.

Information about people was treated confidentially. The registered persons, management team and staff 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. Computers and the electronic data were password protected.

Good

Is the service responsive?

Our findings

People felt staff were responsive to their needs, each person spoken with told us they would recommend the agency to others. Relatives spoke highly of the service their family member received. Comments included, "By far this is the best agency we have used," "I find the support we receive very reassuring, I like that we know in advance who is coming and if they are delayed we receive a call letting us know."

Care plans were person centred, they included information about people's assessed needs, life history, what was important to them and their preferences. Life histories and interests helped staff to get know people and chat with them meaningfully. Care plans set out the tasks staff needed to complete during each visit. To ensure they remained current and as informative as possible, the service was undertaking an exercise to review each care plan to ensure they contained steps of care. This also included reviewing people's preferences about the gender of staff who supported them, whether their needs had changed and if care calls were delivered at their preferred time of day. We saw examples where some people had requested additional care calls, companionship calls or asked for calls to be made at different times of the day. These requests had been accommodated.

Staff were confident they had all the required information to know what was needed of them. Compliments about their delivery of care validated their belief. There was information about people's religious needs and any needs about their sexuality. Care plans set out what people liked to do for themselves and what they needed support with. For example, asking the person if they would like to wash certain areas of their body that day or if they needed support. Staff were knowledgeable about people's preferences, needs and how people wanted to be supported.

Care plans and risk assessments were reviewed with people, their relatives and senior staff. People confirmed they were visited to discuss their care plan before care delivery started and further reviews and conversations took place. This helped to ensure care planning and care delivery remained relevant and reflective of people's current care needs.

Some people's care package included support to access activities within the community. Specific guidance was in place for staff to follow during the activity and once the activity had finished. People were supported to choose which activity they wanted to participate in. Records showed people had been supported to access the activities they wanted to. People were satisfied their support plans were specific and personalised to meet their individual needs.

Care notes were completed at the time of the care call. They were detailed and matched the support outlined within care plans. Staff used the electronic recording system to record people's care calls. People were given the choice to keep a written visit log alongside the electronic system. The management team audited the electronic daily logs on a regular basis, to evaluate the care that was being delivered and monitor the timeliness of care calls. Where agreed with the person receiving support, family members were provided with a password to remotely log into the electronic care records. This provided real-time information about care visits and provided reassurance to relatives that their family members had received

the support needed. This was particularly useful for relatives living some distance away.

People told us they would contact the registered office if they had any concerns or complaints. The provider had a complaints policy and procedure in place which was available to people and their relatives. There had been eight complaints since the service had started, these were mainly about staff arriving late for care calls. Records showed these had been investigated and responded to in line with the policy. Additionally, the service had introduced a policy notifying people if their carer was expected to be more than 10 minutes late or early. Since the introduction of this policy, complaints had dropped significantly.

No one using the agency was receiving end of life care at the time of our inspection. The registered persons told us that if this service was required the staff would work alongside other health care professionals. In addition, the service was undertaking an exercise to discuss end of life wishes with people and ensure these were recorded.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us the service was well-led. One person told us "I think the service is the best I have used." A relative told us "I would without hesitation say the service is well run. The care planning is good, we get regular reviews and there is always someone available to speak to." Another person told us, "Their communication is good, I think they are proactive and I feel confident any concerns or issues raised with them would be addressed."

Although people spoke positively about the service, we found an area where regulations were not met. Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, and matters referred to or investigated by the police. This is so CQC can check appropriate action was taken to prevent further harm to people. Although the registered managed had completed an investigation and the safeguarding process, they had not ensured the notification was submitted to CQC when they were required to do so. The notification was subsequently received following the inspection.

The provider had not notified the Commission of an incident referred to and investigated by the police. This is a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Quality monitoring systems were in place and intended to ensure the service continuously improved. However, not all checks had reached their expected potential as tools to assess the quality and safety of the service. For example, reviews of care plans had missed the opportunity to check for completeness in relation to measures to mitigate a known risk of choking or trigger a referral to a healthcare professional. Similarly, guidance was not available to staff where a person sometimes needed support to prepare their medicine. These issues were discussed with the registered persons, they were receptive to our comments and gave their undertaking to put measures in place to address the areas identified and review auditing processes. This was an area identified as requiring improvement.

The registered persons and provider were responsible for reviewing any trends in data and implementing action and improvement plans as a result. In addition, further quality audits were completed six monthly by the operations director. Any issues identified were formed into an action plan and a member of staff allocated to ensure actions were progressed. We reviewed an action plan and suggested adding completion dates to the individual actions. This was put in place during the inspection.

The registered persons were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. At this service, the registered manager is also a director of Capella Care Limited and therefore also the provider.

The provider has a clear vision, to 'bring trust, transparency, quality and support into the home care sector.' The registered persons explained the ethos of the service was to help people to remain at home and keep their independence. They felt the person-centred culture of the service would help to achieve this. People

and staff felt the culture was empowering and person centred because it met people's needs; people were able to receive the support they wanted while remaining at home. The provider and registered persons were responsible for monitoring the culture of the service, they achieved this by regularly asking people what they thought about the support they received and acting on feedback received. For example, by adjusting call time arrivals and the length of time staff stayed, providing additional when people's mobility declined. Staff told us they enjoyed working for the service, one told us "It is a privilege to support our clients, it's a good organisation to work for." People told us they thought Expertise Homecare was professionally run. We observed supportive working relationships between staff who spoke with each other with mutual respect and fondness.

The registered persons were a part of the local registered managers forum. They gave examples of good practice and how they were intending to embed them in practice within their service. For example, the trialling of a health monitoring device capable of forwarding information to GP's aimed at cutting down on hospital transfer requests. The registered persons also subscribed to Care Quality Matters and CQC updates, which helped to keep them aware of current social care matters. The Quality Matters initiative is co-led by partners from across the adult social care sector. Adult Social Care: Quality Matters sets out a single view of quality and a commitment to improvement.

People's views were actively sought and used to improve the service. People were asked for their feedback during their first visit call, subsequent quality assurance visits at six monthly reviews and also received a biannual questionnaire survey. The registered persons kept a log of any compliments received, from people, relatives and healthcare professionals. Comments included, 'I can honestly say you are using the best agency,' and 'I am extremely happy with the care. Carers go beyond expectations and are always brilliant.' Office staff were also complimented for being so helpful.

Staff had regular team meetings and supervisions where they were able to discuss any concerns or ideas for improving the service. One member of staff suggested prominently displaying in the care plans on their electronic devices whether people had a DNAR (do not attempt resuscitation. They felt this would be helpful in an emergency, rather than having to go through several screens to access the information. The suggestion was welcomed by the registered persons who undertook to work with the software developer to bring about this enhancement. Staff confirmed there were regular staff meetings and the minutes were circulated to any staff who were unable to attend to ensure they remained up to date. Staff were confident if they had a problem they could call the office or speak with the registered persons. All staff felt communication was excellent, commenting they received updates by call, text or email.

The registered persons had formed good relationships with the local authority, local GP services and other healthcare professionals. The provider had built links with other services and business within the community. They also attended local healthcare events and conferences, one of which focused on early intervention in the community and the positive impact that could have on potential hospital admissions and cost implications to the NHS.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the Commission of an incident referred to and investigated by the police. Regulation 18