

Executive Home Care Services Limited

# Executive Homecare Services Limited

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

We visited Executive Homecare Services Limited on 05 August 2016. Executive Homecare Services Limited provides care and support to people living in their own homes in Liverpool. At the time of our visit, the service was providing support for five people, and five support staff were employed.

The service had a registered manager. 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. The registered manager and office co-ordinator were in attendance during the inspection.

We saw that there was no evidence that the policies Executive Homecare Services Limited had in place had been updated. The policies also had incorrect information in them and also had a providers name other than Executive Homecare Services Limited.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were procedures in place to guide staff in relation to safeguarding adults.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Staff received regular training and supervision to enable them to work safely and effectively.

The responses from people who spoke with the inspector was that the service was either very good or excellent. People told us they were very happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated and arrived on time.

The staff employed by Executive Homecare Services Limited knew the people they were supporting and the care they needed. People who used the domiciliary service and staff told us that Executive Homecare Services Limited was well led and staff told us that they felt well supported in their roles. We saw that the manager was a visible presence and it was obvious that they knew the people who they supported really 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?

Good ●

The service was safe

People were getting visits on time and staff were staying the required length of time.

Safeguarding procedures were in place and staff had received training about safeguarding vulnerable people.

Staff managed people's medication safely when required.

### Is the service effective?

Good ●

The service was effective

Staff had undertaken relevant and appropriate training. Staff were provided with regular supervision.

Staff were appropriately inducted and received on-going training.

Staff were able to show a basic understanding of the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring

People we spoke with praised the staff. They said staff were kind, very caring and helpful.

People were given appropriate information about Executive Homecare Services Limited.

The confidentiality of people's records was maintained.

### Is the service responsive?

Good ●

The service was responsive

People who used the service were involved in their plan of care and, where appropriate with their relatives or representatives.

We looked at two care plans and each person had a care plan that meet their individual needs.

Care documentation held in people's homes was updated.

### **Is the service well-led?**

The service was not always well led

The policies for the service needed updating, had incorrect information in them and also had a providers name other than Executive Homecare Services Limited.

The service had a manager who was registered with the Care Quality Commission.

The manager was visible in the community and staff said communication was open and encouraged.

**Requires Improvement** 

# Executive Homecare Services Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 August 2016. We gave 24 hours' notice to make sure that someone would be available. The inspection was carried out by one adult social care inspector.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

We visited the office on 05 August 2016 and looked at records, which included two people's care records including the documentation kept in a person's home, two staff files and other records relating to the management of the service. We spoke with the registered manager, the office co-ordinator and three other members of staff.

The visit was followed up by the inspector with telephone calls to people who used the service. We spoke with one person who used the service and three relatives of a person who used the service.

## Is the service safe?

### Our findings

The relatives of the people who used the service said they felt their family members were safe when supported by the staff, one relative told us "It's been a great weight off the family's shoulders". One person when asked if they felt safe when receiving care told us "Oh yes, I'm safe". We received no reports of missed visits and were told that the staff were always on time and that they stayed for the correct amount of time.

Records showed that all staff had completed training about safeguarding adults and staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns to an outside body. We saw the service had information signs on the wall of the office. These included 'Types of abuse', 'If you suspect abuse' and 'Do's and Don'ts' if abuse is suspected. All staff we spoke to told us they would have no hesitation to whistle blow and report poor practice if they witnessed it and that Executive Homecare Services Limited promoted an atmosphere that made this possible. One staff member told us "I'd have no hesitation at all".

We saw that risks to people's safety and well-being had been identified from the initial meeting and plans put in place to minimise risk. The risk assessments had been updated on a six monthly basis or sooner if there was any change in the person's needs. Risk assessments had been completed with regard to moving and handling, handling medicines and people's physical health. We saw how the risk assessments regarding the environment had been updated and agreed by a family member when furniture had been moved around.

We looked at a sample of three staff files. We saw records to show that full recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and two written references. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment. The service had not taken note of some staff disclosure numbers although they had been seen by the manager. We discussed this with the manager and this was rectified. We also saw how the manager had a six monthly self-declaration that was completed by staff to say that nothing had changed regarding their criminal checks.

We looked at how the service supported people with their medication. Medication Administration Record sheets (MARs) were available within the care files and we saw these had been completed appropriately. People who required support with medication were encouraged to use blister packs. We were told by everyone we spoke to that there were no problems with medicines. Staff had received training in medication administration and we asked staff if they had their competency checked. All staff told us that management had come out to check their competency within the previous three months. One staff member told us "[Manager] comes out and works with us, she checks us".

We saw that personal protective equipment such as gloves, masks and aprons were available to staff. This helps to minimise the risk of spreading infection. Staff were also able to tell us about infection control training they had received and used throughout their work.

## Is the service effective?

### Our findings

People we spoke with told us that the staff who were providing support were sufficiently trained and had the relevant skills, one person said "Oh yes definitely". A relative said "I think the staff are well versed on what they're doing". The service employed five support staff, and we spoke to three who had completed their Health and Social Care Diploma Level 2.

We reviewed two staff files in relation to the staff employed and saw evidence that staff had received an induction when they first started working at the service. The service was in the process of implementing the Care Certificate, which was accredited by 'Skills for Care' this is a national qualification.

Each staff member was able to tell us about the training they had received and that they had attended external training with the manager. The training subjects that had been covered included food hygiene, health and safety, first aid, moving and handling, safeguarding and medicines. One staff member was able to tell us the benefits they received when they attended a dementia training course and the insight it gave when working with people who received the service. Staff we spoke to were also able to discuss and show that they had a basic awareness of the Mental Capacity Act.

Care staff had an individual supervision meeting three or four times a year and all members of staff received both community based and office based supervision. This was used as an opportunity to inform them of any changes or issues and to check competencies. Records showed that some of the supervisions took the form of supervised practice and the registered manager regularly worked as part of the team alongside the care staff and this was confirmed by the staff we spoke with.

One person who spoke with us had food prepared for them by staff from Executive Homecare Services. They said they were very happy with everything that was done for them.

The two care plans we looked at showed an agreement for care delivery had been agreed to by the person receiving the service. We saw that people who used the service had signed to say they were giving their consent to receive the care outlined in their care plans. The people we spoke to also said that their consent was sought prior to care being delivered. One relative told us "They (staff) sit with her and asks what she wants".

## Is the service caring?

### Our findings

People told us that staff were always kind and compassionate when attending to them. One person who used the service said "I'm happy with the care, [staff] are nice and understanding of an elderly person". A relative said "[Name] really values [staff member] and wouldn't be without her" and another relative told us "They're lovely people, [staff] is a star and she's so caring."

We were told by people supported by the service and their relatives that they were well informed and were also involved in the care being delivered. We saw how each person had a care file, this had a service user guide that included information regarding assessments and delivery of care. One relative told us "All I can say is that I was having difficulty, within an hour of my phoning them they were there" and a person who used the service told us "I'm very happy".

People and relatives felt that staff respected their privacy and dignity when supporting people with their daily tasks. We asked if people were able to make their own choices, the people we spoke to said that they were. One person told us "Yes, she helps me with the shower", a relative also told us "They sit with her and ask her what she wants".

We observed that confidential records were kept securely and could be located promptly when needed. Personal records were kept in the home of the person who was receiving the service, and copies of the care plans and risk assessments were kept in the manager's office. People who were receiving the service could access and contribute to their records, and their relatives could also do so with the person's consent. One relative told us "Yes I can have full access to the notes".

Executive Homecare Services Limited at the time of inspection were not providing end of life care but were able to show how they had prepared the organisation for the future by accessing end of life training for the staff.

A service user's guide was available for people who received a service from Executive Homecare Services Limited, the information it contained included the type of support that could be provided, the type of assessments to be carried out, service user rights, how the service delivers care and information about fees.

## Is the service responsive?

### Our findings

All the people who we spoke with were satisfied with the way care was provided and felt listened to. They told us that they would certainly be comfortable with expressing concerns about the service if they had any. One relative told us "I would go to [manager]. They're very approachable", a person who used the service said "I've no complaints but I'd go to [staff member]." A third person told us "I'd complain if I wasn't happy".

Executive Homecare Services Limited included a condensed version of their complaints procedure in the service user guide that was given to people when they started using the service. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome, it also gave contact information for CQC.

We spoke with the manager and the office co-ordinator who told us the processes followed when a referral or enquiry was received. This included making appointments with people and family for initial assessments, developing care plans and risk assessments. We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member.

Care plans were in place for the care people required, this included personal care, medication and practical support for the week. The documentation was clear and had been completed in full. Care staff completed a visit log after each visit, and these were then archived. We identified that daily logs that the staff completed matched what was identified within the care plans. One relative told us "They [staff] know mum very well and mum knows when they're coming in". A person who used the service was able to tell us what care and support was expected and this matched what was received, they told us "I'm very happy".

We asked people and relatives if they were involved in the initial assessments and reviews of care. One relative told us "Yes, I was involved at the beginning" and another family member told us "They did the assessment and within a week someone was there, I sat down with the boss and went through the assessments". We also asked if people were involved in the reviews of the care being delivered and everyone said yes, one person said "Yes they've checked it [the care]".

We asked staff how they identified what care was needed for each individual and each staff member gave a description of the processes used, this included accessing documentation and the receiving of information from the management team. We were also told how the service introduced the care staff to the person prior to the service being started. One person told us of the good relationship that had developed between themselves and staff and a relative told us "It's like a little extended family".

The people and relatives we spoke with reported that they had full choice in their care and the way it was provided and they all considered they were in control of the support they received. Staff always consulted them about how care was to be provided.

## Is the service well-led?

### Our findings

The service had a registered manager who had been in post since April 2011. She was supported by an office co-ordinator. Both took responsibility for staff rotas and planning service reviews. They also spent time working directly with people who used the service.

Staff we spoke to felt supported and well trained and felt that the service was well led. A member of staff said, "They put staff at ease, they're [the management] very visible. I enjoy working for them". Another staff member told us "You can speak to them about anything".

We saw that there was no evidence that the policies Executive Homecare Services Limited had in place had been updated. The policies also had incorrect information in them and also had a providers name other than Executive Homecare Services Limited. This meant staff did not have access to up-to-date guidance to support them in their work. This was addressed with the manager who assured us that this was to be actioned immediately.

We saw how the manager was introducing new quality assurance tools to the service. These included care plan and risk assessment audits, safeguarding audits, accidents, compliments and reviews. The manager also went out into the community to monitor the service and was heavily involved in service reviews. The management staff carried out staff supervisions, spot checks as part of the quality assurance systems. We spent time talking to the manager and they told us how committed they were to providing a quality service. The manager was a visible presence in the community and it was obvious that they knew the people who received a service from them very well.

Other quality assurance included asking people who used the service to express their views through a satisfaction survey as well as by a continuous improvement system. This meant that there was an on-going process of the service acting on issues and comments made. Comments from questionnaires included 'Family are very happy with [staff]' and 'the help given to mum'. A relative told us "They're lovely people".

We asked people if they were asked their opinions on the quality of the service and each person said yes. One relative told us "Yes they do review the care". Each person told us that the office was always contactable and that the management were approachable. We were told "I've rang them a couple of times, no bother".

The registered manager understood their responsibilities in relation to the service and to registration with CQC and knew to regularly update us with notifications and other information. There was evidence of transparency.

One staff member we spoke to told us that working for this service meant that they could spend time getting to know the person who was receiving the care, they said "They cater around the people, they make sure people have regular staff". Another staff member said "It's not rush and push" and "We have time with the person, it gives you time to know the person".