

Executive Home Care Services Limited

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Inspection report

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Tel: 01514276002

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15 April 2019

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14 May 2019

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:

Executive Homecare Services Limited is a domiciliary care service providing care and support to people in their own homes. At the time of our inspection the service was supporting seven people with the regulated activity of personal care. CQC only inspects the service being received by people provided with a regulated activity.

People's experience of using this service:

People were appropriately supported to take their medicines safely and as prescribed.

People and their relatives told us they felt safe with the staff, it was usually the same carers that visited and they had got to know them well. One relative said, "Yes, it's the same carers and we know them well." They also said that staff usually arrived on time and stayed for as long as they were needed.

The service worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. People and their relatives commented that staff were good at monitoring any changes in people's health and supporting them to get further medical attention when needed.

All the people and relatives said the staff were caring. One relative said, "We have a nice relationship with the carers, we feel like we know them and they're lovely with [Relative]. We're lucky to have them and we have a good laugh with them too."

The care plans we looked at were informative, regularly reviewed and reflected the needs of the people supported by the service.

There was a positive and caring culture amongst staff at the service and they were focused on delivering a high-quality service to the people they supported.

Rating at last inspection:

At the last inspection the service was rated good (14 October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Executive Homecare Services Limited

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:

The inspection was carried out by one adult social care inspector.

Service and service type:

Executive Homecare Services Limited is a domiciliary care service providing care and support to 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:

We intended to give the service 24 hours' notice of the inspection visit. This is because it is small service, the registered manager is often out of the office supporting staff or providing care and we needed to be sure that they would be in. However, due to personal circumstances this notice period was extended to four days.

What we did:

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also requested feedback from the local authority.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Due to technical problems, the provider was not able to complete a Provider Information Return.

Inspection site visit activity started and ended on 15 April 2019. We visited the office location to see the registered manager and office staff; and to review care records, policies and procedures and other management records. This was followed up with telephone calls to people and their relatives supported by the service and staff.

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.

Using medicines safely

- Medicines administration processes and guidance were in place. Staff received the necessary training and regularly had their competency assessed.
- The service was only supporting one person with their medication and we found they received appropriate support to take their medicines safely and as prescribed. However, we discussed with the registered manager that some aspects of their record keeping could be made clearer.

Systems and processes to safeguard people from the risk of abuse

- The service had not dealt with any safeguarding concerns since our last inspection. However, we saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.
- Staff had received training on this topic and information about how to raise safeguarding concerns was readily available to staff and people and their relatives.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place to help staff safely manage any risks associated with people's care.
- People and their relatives told us they felt safe with the staff, it was usually the same carers that visited and they had got to know them well. One relative said, "Yes, it's the same carers and we know them well."

Staffing and recruitment

- People and their relatives told us that staff usually arrived on time and stayed for as long as they were needed. If staff were running late then the office staff contacted people to let them know.
- The service employed enough suitably qualified and trained staff to meet people's needs and the rotas we reviewed showed that staff were able to complete their calls as scheduled.
- Staff were safely recruited by the service to ensure that it only employed staff who were suitable to work with vulnerable people.

Preventing and controlling infection

- Staff had received training on infection prevention and control and staff had access to personal protective equipment (PPE), such as disposable gloves, where necessary.

Learning lessons when things go wrong

- The service had not dealt with any accidents or incidents since our last inspection. However, we saw that there were policies and procedures in place to guide staff in relation to this.

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

- People's needs were effectively assessed before they were supported by the service. This ensured that staff had the skills and capacity to safely and effectively meet their. The information from the assessment formed the details of the care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff were appropriately inducted into their role at the service and staff received ongoing training relevant to their roles.
- Staff were supported with regular supervisions and annual appraisals with senior staff. This provided a formal opportunity to discuss performance, any concerns and to address any training needs.
- Staff told us that they felt well-supported in their roles.

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

- Most people supported by the service prepared their own meals and drinks or their relatives assisted with this. However, those who needed it were appropriately supported in line with their preferences and choices.
- Staff had received relevant training on this topic. The registered manager also told us this was an important area explored in the recruitment process to ensure staff had both the mindset and skills required to meet people's eating and drinking needs in a person-centred way.

Supporting people to live healthier lives, access healthcare services and support

- The service worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. Staff promptly sought support when required and assisted people to access other healthcare services when necessary.
- People and their relatives told us that staff were good at monitoring any changes in people's health and supporting them to get further medical attention when needed.

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 or are helped to do so when required. 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. People who normally live in their own homes can only

deprived of their liberty through a Court of Protection order.

- None of the people supported by the service were subject to a Court of Protection. However, staff had training, policies and guidance available in relation to the MCA.
- We saw evidence that the service worked alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions.

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; respecting equality and diversity

- Staff knew the people they supported well and had well-established relationships with them and their relatives. One relative said, "We have a nice relationship with the carers, we feel like we know them and they're lovely with [Relative]. We're lucky to have them and we have a good laugh with them too."
- The service considered and met people's individual needs to provide them with the best care possible. For example, one person's first language was not English. However, one member of staff spoke this person's first language and was able to assist with translation when required, such as during care plan reviews.

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

- People and, where appropriate, their relatives were involved in making decisions about their care.
- Staff were familiar with people's support needs, along with their preferences and any specific ways in which they liked to be interacted with.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect and supported them to be as independent as possible. One relative commented, "The staff talk to [Relative] to tell them what they're doing, they're very respectful."
- Staff were able to give us examples of how they ensured they maintained people's privacy and dignity.
- People's confidential information, such as care plans, was stored securely and only people who required access could do so.

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

- The care plans we looked at were informative, regularly reviewed and reflected the needs of the people supported by the service. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs.
- People and their relatives were involved in the care planning and review process to ensure people's care plans were person-centred. They also told us that the service was responsive to people's changing support needs and were able to accommodate these changes.
- There was also clear information on how to support people with any communication needs. For example, ensuring people who wore hearing aids or glasses were supported to wear them. This meant the service was acting in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The service had not received with any complaints since our last inspection. However, we saw that there were policies and procedures in place to guide staff in relation to this.
- All of the people and relatives said they would feel comfortable making a complaint but had never needed to do so.

End of life care and support

- People's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met.
- Staff were supported with relevant training and the service had links with other relevant health professionals to ensure people's end of life care needs were effectively met.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a positive and caring culture amongst staff at the service and they were focused on delivering a high-quality service to the people they supported and their relatives.
- One relative commented, "The [staff] that care for [Relative] are very professional and caring. Me and [Relative] feel at ease with them. They go above and beyond their duties. They are very respectful and always see if I am doing okay."
- Staff were well-supported by senior staff through regular supervisions and team meetings. Staff told us that senior staff were approachable, supportive and listened to them.

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

- The service had effectively addressed the minor issues we identified during our last inspection.
- The service had a range of regularly reviewed policies and procedures to help guide staff.
- Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen whilst providing its service. The registered manager was aware of this responsibility and was prepared to do so when required.
- The registered provider was also meeting its legal obligation to clearly display its most recent CQC rating at the office and on its website.

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

- The service had systems in place to gather feedback about the quality of service it was providing from the people it supported and their relatives. It also sought feedback from a staff perspective.
- All of the feedback about the service from people supported, their relatives and staff was positive.
- There were systems in place to monitor, assess and improve the quality and safety of service being provided. However, we discussed with the registered manager that some of the quality checks they carried out could be documented more formally.

Working in partnership with others

- The registered manager and staff maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.