

Excelcare (Home Care Division) Limited

Excelcare (Home Care Division) Limited - Milton Keynes

Inspection report

7 Heathercroft
Great Linford
Milton Keynes
Buckinghamshire
MK14 5EG

Tel: 01908693342

Date of inspection visit:
04 November 2016
10 November 2016

Date of publication:
08 December 2016

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

This inspection took place on 4 and 10 November 2016 and was announced.

This was the second comprehensive inspection carried out at Excelcare Homecare Division.

Excelcare Homecare Division is a domiciliary care agency providing personal care and support to people in their own homes. At the time of our inspection the service was providing personal care to 34 people.

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 and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and understand how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People received care that was reflective of their needs. Detailed assessments were undertaken prior to them receiving a service. This ensured the care provided would be appropriate and able to fully meet their needs. People's care plans were updated on a regular basis or when there was a change to their care needs. The service had a complaints procedure to enable people to raise a complaint if the need arose.

There was a culture of openness and transparency at the service. Staff were positive about the management and leadership which inspired them to deliver a quality service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

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

Staff were aware of the different types of abuse and to report any concerns they witnessed or suspected.

There were risk managements plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good 

The service was effective

People were looked after by staff that were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Is the service caring?

Good 

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed prior to them receiving a service.

People received care that was personalised and met their assessed needs.

People were provided with information on how to raise a concern or complaint.

Is the service well-led?

Good ●

The service was well-led

The culture at the service was open and transparent.

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service.

Excelcare (Home Care Division) Limited - Milton Keynes

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 checked 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 4 November and 10 November 2016, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We looked at information we had received about events that the provider was required to inform us about by law. For example, incidents of serious injuries or events that stopped the service. We also contacted the local authority that commissions the service to obtain their views about the provision of care to people using the service.

We spoke with five people who used the service and four relatives. We also spoke with six staff. These included the area manager, the registered manager, the deputy manager and three care and support workers.

We looked at six people's care records to see if they were reflective of their current needs. We reviewed seven staff recruitment and training files and two weeks of staff rotas. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to ensure that

robust quality monitoring systems were in place.

Is the service safe?

Our findings

People who used the service were protected from abuse and avoidable harm. People told us they felt safe when staff were in their home. One person said, "I do feel safe with the staff that come here." A second person told us, "My carers are very good and patient. I never feel threatened and always feel very safe." Relatives we spoke with also told us they felt their family members were safe with staff. One relative told us, "The staff are very good with [Name of relative]. They make her laugh and put her at ease. She is definitely safe with them."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "We receive regular safeguarding training. It teaches you what to look for and how to report any worries you might have." A second staff member commented, "The training is very good. I would be more than happy to report anything I suspected might be abuse. I know [Name of registered manager] would be straight on it and take it seriously."

The registered manager told us that safeguarding was a regular agenda item during one to one supervision. Records we looked at demonstrated that staff had been provided with safeguarding training. We observed a wide range of policies and procedures associated with safeguarding. We also saw a copy of the local authority adult safeguarding policy. All documents contained clear information on who to contact in the event of suspected abuse or poor practice and there was an easy read policy in relation to safeguarding. We saw evidence that when required the registered manager submitted safeguarding alerts to the Care Quality Commission and the local safeguarding team to be investigated.

Risk management plans were in place to promote people's safety and to maintain their independence. One relative said, "They talked about risk assessments when we had our first meeting." People and their relatives had an awareness of the risk management process and understood why it was required to keep them safe.

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them. They described the processes used to manage identifiable risks to individuals such as malnutrition, moving and handling, falls and skin integrity. One staff member told us, "I have had training about risk assessing." A second member of staff commented, "If I go to someone new I always read through their risk assessments."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person. A member of staff described one person's risk assessment and told us why it was in place. They said, "I visit one person who is at risk of self-neglect. We have a detailed risk assessment in place that tells me what to look for and how to prevent any harm coming to [Name of person]."

We saw that people's risk assessments were reviewed monthly or as and when their needs changed. For example, we saw that one person's care needs had significantly improved and they had gained more independence since the start of their care package. Risk assessments were reviewed regularly and took into account the changing needs of the person and allowed them to take appropriate risks to continually

increase their independence.

Arrangements were in place to ensure safe recruitment practices were followed. We found that staff had been recruited safely into the service. One staff member said, "I had to wait for all my checks before I could start working here. It was very thorough and it gave me confidence that they were doing things properly."

The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us that staffing was sufficient to meet their needs. One person said, "Staff arrive when they should and I have never had a missed call." Another person told us, "The carers always turn up when I expect them. They stay for the time they are supposed to and sometimes they stay longer if I am in need of extra help." Relatives also confirmed there was sufficient staff and that their family members always received the care they needed. One commented, "I have peace of mind knowing that the carers will visit [Name of relative] and I know 100% they will turn up."

Staff confirmed that the staffing numbers were adequate; and enabled them to support people safely and told us they did not feel under pressure or rushed when carrying out their roles. One staff member said, "I think there are enough staff. We definitely have enough time with people. It means we can stay for the right length of time." A second staff member told us, "We all work together if someone goes off sick. What I like best is that we mainly see the same people and get to know them well. If we didn't have enough staff we wouldn't be able to do that."

The registered manager told us, "If people's needs change I can make sure additional staffing is provided to ensure people are kept safe and their needs are met."

We looked at the staff duty rota for the current and next two weeks. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

Systems were in place to manage people's medicines safely. People told us that they received their medicines when they expected them. One person told us, "The carers help me to take my tablets. They wait until I have taken them before they leave." A relative said, "I don't have any concerns that [Name of relative] is given her medicines as she should have them."

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "I have had medication training and feel confident dealing with people's medicines."

We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure.

We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been fully completed and in line with best practice guidelines. We saw medication risk assessments were in place and there was a medication policy available for staff guidance. In addition we saw there was an assisted medication protocol that sets out the roles and responsibilities of staff and the District Nursing Service where both are involved in assisting a person with their medicines.

We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. People told us staff were sufficiently skilled and competent to meet their assessed needs. One person said, "My carers know just what to do. They look after me very well and I want for nothing." Another person told us, "I think my carers are very well trained. They are confident and they always know what to do." A relative commented, "Right from the beginning the staff have given me confidence that they know what they are doing."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "I thought the induction was very good. I learned a lot." Another staff member commented, "The induction taught me what I needed to know to do this job."

We looked at the training records and found that all staff had received an induction and regular on-going training that was appropriate to their roles and the people they were supporting. We saw evidence that staff new to care were working towards achieving the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers). In addition staff were provided with specialist training such as dementia care and end of life care. This enabled staff to obtain the necessary knowledge and skills to look after people appropriately.

Staff told us they were appropriately matched to the people they were supporting and were aware of their needs. For example, when a new care package was allocated, they were provided with information about the individual; and made aware of how their care needs should be met. Staff also told us that they read people's care plans; and had regular discussions about them with their line manager and colleagues. This was to ensure that care was delivered in a consistent manner.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We do get regular supervision. However we don't have to wait until our supervision if we need to discuss anything. We can always talk with the staff in the office."

The registered manager confirmed that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

Staff informed us that they always asked people for their consent before assisting them with care and support. One staff member said, "I always ask people's permission before I do anything. If they refuse I respect that."

Staff told us they had received training on the MCA 2005. We saw evidence of this within the staff training records we examined.

People were supported to eat and drink sufficient amounts to maintain a balanced diet.

People told us that staff supported them with their meals if required. One person said, "The carers help me with my meals. They do give me a choice and always ask me what I would like." Another person told us, "When my carers leave they always leave me snacks and drinks. I never go hungry." A relative commented, "[Name of relative] always has good things to say about the meals his carers give him. I have peace of mind."

Staff told us they supported some people with their meals. One staff member said, "I usually microwave meals that people want. I always give them a choice." Another staff member commented, "I always make sure that before I leave people have snacks and drinks close by."

People's care records contained details of their dietary likes or dislikes. We found if people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have.

People were supported to maintain good health and to access health care services. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. One person said, "I know if I need any help to go to the hospital or the doctors I can ask and the carers will help me." One relative said, "I take [name of relative] to all her appointments but I know if anything is wrong the office will call me and I can sort it out."

Staff told us if there was deterioration to a person's health they would seek their permission to report it to the registered manager or a relative and if needed contact the GP or health care professional for support or advice. One staff member told us, "I will phone the office if I am concerned about anybody and they will arrange for someone to come out."

The registered manager informed us that they would support people to access healthcare professionals if it was necessary."

Records demonstrated that people's health needs were frequently monitored and discussed with them. In one file we examined we saw that the person had support from an occupational therapist, a physiotherapist, podiatry services, a dietician and district nurses.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person said, "We have a great laugh. My carers always cheer me up and I look forward to them coming." Another person told us, "I couldn't ask for nicer carers. They go beyond what their job is. They are very thoughtful and caring." A relative commented, "My [name of relative] always tells me about their carers. We are lucky that she gets the same ones and that makes it so much easier to build a relationship."

People told us that the staff knew them well and the relationship between them and the staff was positive and caring. One person said, "I only have one carer and she is brilliant." Another person told us, "My carers are excellent and understand me extremely well. I would hate to be without them these days."

Staff told us they knew people really well. They felt this was because there was consistency in the staff team. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "I like being able to see the same people. I get to know them really well and we become friends." Another member of staff told us, "I love my job and the people I look after. They are like my second family." Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. We saw evidence that there was consistency with the staff who visited people. This helped to ensure that staff got to know people really well and were able to undertake their tasks in an unrushed manner.

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person told us, "I do feel listened to and I feel like my decisions are respected." Another person commented, "I do have control over my care. That's very important to me." A relative said, "I was involved right from the start with [name of relative] care. They asked for our input and ideas. It was all discussed with us."

All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One staff member explained, "People are always involved in their care. What they say goes." Another person told us, "When we do the first assessment we always ask people what their goals are and what they want to achieve."

We saw evidence within the care plans we examined that people's changing needs and wishes were closely monitored on a regular basis. Any changes that were needed were carried out in a timely manner. People had a consistent staff team who cared for them. This ensured that an established relationship of trust had been developed.

The registered manager told us that at the time of our inspection there was no one using the services of an advocate. She said people were provided with information on how to access the services of an advocate and staff would support them in doing so if one was required. We found that some family members advocated on people's behalf when required.

Staff understood how to support people with dignity and they respected them. One person told us, "All my carers respect me and treat me with the greatest dignity." A relative told us they were confident that the staff promoted their relative's privacy. They said, "My [name of relative] is very happy with how the staff care for her. She says they are very polite and make sure they maintain her privacy at all times. She would tell me otherwise." This demonstrated that staff had an appreciation of people's individual needs around respect and dignity.

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "I talk to people and treat people how I would want to be treated." Another staff member told us, "We make sure curtains are drawn, doors are closed and whatever we are doing is what the person wants."

The registered manager confirmed that staff's care practices were regularly observed to ensure that they were upholding people's privacy and dignity. This was done through on task supervision where staff are observed providing care to people. Senior staff observed if the care provided is carried out with respect and ensures people's privacy and dignity is maintained. This is only undertaken with the full consent of the person receiving the care.

People felt assured that information about them was treated confidentially and respected by staff. One person said, "There is never any chit chat about other people. The carers are very professional."

Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "I know all about confidentiality and why it's important. I only share information with people who need to know." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

People told us that they received person centred care that met their needs. They said that their regular staff were 'excellent', 'reliable', and compassionate. One person told us, "My carers give me the care I need. I'm very satisfied." Another person commented, "I believe I get the best care anywhere. I'm very lucky to have found this company. I have recommended them to my friends." A relative informed us, "I know I can sleep at night knowing that my [Name of relative] gets good care and that it meets all her needs. I'm so relieved and very grateful for the carers commitment to making sure [Name of relative] gets the best care."

Staff told us that people's needs were fully assessed before the service. Staff informed us that people's care plans informed them well, they said that they were very clear about what they must and must not do to support the person. One member of staff commented, "We do a thorough assessment of people needs. So we start their care with lots of information about them." A second staff member said, "I always read the care plan before I start doing people's care, especially if they are new to me."

The registered manager told us that prior to receiving a care package people's needs were assessed. Records we looked at showed that information from the needs assessment was used to inform the care plan. The plans seen contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and were focused on the outcomes that people wished to achieve from being supported. We saw evidence that when there was a change to a person's needs the care plan was updated to reflect the change. We saw that people's entire care package was reviewed with them and their representatives to ensure the care they received was still relevant to their identified needs. Staff were made aware of any changes to ensure that people received the relevant care and support.

People and relatives we spoke with told us that communication was very good with the service." One said, "The office will always phone me if there is a change to anything." Staff told us that if there were any changes to people's care while they were off duty it would be communicated to them either by a phone call or a text message. One staff member commented, "Communication is very good. I'm always updated before I go and see anyone." This meant that staff knew how to support people in a way that they preferred. The daily action logs clearly described staff's intervention and included information on nutrition, activities and the person's feelings.

People told us staff stayed the allocated time of the visits to meet their needs. If they were running late then this was communicated to the person waiting. One person said, "They [the staff] stay as long as needed. If they are held up, they let me know. They are very reliable."

People's experiences, concerns and complaints were listened to and acted upon. One person said, "Oh yes I know how to make a complaint. I would be very comfortable to make a complaint but I can't imagine me ever having to complain." People told us they knew they could telephone the office if they had any concerns and that they would be dealt with quickly and effectively.

The complaints records showed that concerns had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome.

People and their relatives told us they were regularly asked to provide feedback on the quality of the care provided. One person said, "They always ask me what I think and they seem to take notice of what I say." Relatives commented that the standard of care provided by the service was very good. One told us, "I think the care is the best it can be and they ask us regularly if we are satisfied."

The registered manager confirmed that feedback on the quality of the care provided was analysed and any areas identified as requiring attention were addressed in an action plan and kept under review to ensure improvements were made.

Is the service well-led?

Our findings

People were positive about the care they received. One said, "The care I get is ten out of ten. It's top notch." Another person commented, "I couldn't be happier with the care. I get exactly what I need." A relative told us, "The manager is very good and she runs a tight ship. I would recommend them to anyone who is thinking of having care in their home."

People felt they were included in the development of their care package and their views were valued. One person commented, "The staff and the manager are brilliant. I know I can always pick up the phone and someone will be there to talk to me."

Staff told us the management team ensured that the culture at the service was open and transparent and they were positive about the management and leadership of the service. They also told us that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in a client's condition, someone from the office would come out immediately to re-assess their needs." A further comment made by a staff member was, "We can talk about anything. It's a really good company to work for."

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "The manager is very approachable and I would be comfortable raising any concerns I had." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The registered manager told us that recruiting staff with the right values helped to ensure people received a quality service. We saw evidence that the registered manager regularly updated his knowledge and skills and shared best practice ideas with the staff team to ensure that people received a quality service.

Staff told us that they felt valued and respected by the management team. One staff member said, "They (meaning the management team) treat us with respect. They listen to us." We saw that regular staff meetings were held and staff were able to exchange information and share best practice ideas.

The registered manager told us that he was aware of his responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.

The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that people were regularly asked to comment on the quality of the care provided. Audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.