

Excel Care Management Services Ltd

# Excel Care Management Services Ltd

## Inspection report

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05 June 2018

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an announced inspection of Excel Care Management on 21 and 22 May 2018. We also gathered the views of people who used the service, their relatives and staff members via telephone calls and emailed questionnaires between the 22 May 2018 and 05 June 2018. Although the service had moved office from Atherton to Leigh since our last inspection, the service history was not affected because care and support is provided to people in their own home.

Excel Care Management is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, older people, children and people with a physical disability or autistic sensory impairment. The service is a member of the local authorities 'Ethical Community Services Framework' and was awarded the contract for provision of care in Leigh. At the time of the inspection, there were 129 people receiving a service from Excel Care Management.

The service was last inspected in March 2017, when we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to good governance (two parts of the regulation) and staffing. Following this inspection, the service was rated as requires improvement overall and in the key lines of enquiry (KLOE's); safe, effective, responsive and well-led. The service was rated as good in caring.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; safe, effective, responsive and well-led to at least good. The service has been provided ongoing support and monitoring by the local authority through the 'Ethical Framework'. We reviewed the progress the provider had made as part of this inspection and found that all the breaches identified at our last inspection had been fully addressed. At this inspection the service was found to be compliant with all the regulations.

At the time of the inspection there was a registered manager in post. 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.

All the people and their relatives we spoke with said they felt the service was safe. We saw there were suitable safeguarding policies and procedures in place. Staff had all received training in safeguarding vulnerable adults and demonstrated a good understanding of how to report both safeguarding and whistleblowing concerns.

We saw effective recruitment procedures remained in place to ensure staff working for the service met the required standards. The registered manager had also implemented pre-interview telephone screening to ensure staff had the required values before progressing to formal interview.

At our last inspection we identified concerns with documentation relating to the management of medicines. At this inspection, we confirmed medicines were managed safely, all guidance to support the safe administration of medicines were in place and audits completed timely to ensure signature omissions had been identified and addressed.

The provider had appropriate assessments in place which were reflective of people's needs and provided guidance for staff on the measures needed to reduce risks. There was an effective system in place to manage accidents and incidents, and to reduce the likelihood of re-occurrence.

Since our previous inspection, staff had received a comprehensive training programme and were working towards the care certificate with an identified timeframe for completion. Staff had a personal development plan (PDP), received quarterly supervision and staff in post over a year had completed an annual appraisal.

The staff demonstrated they knew the requirements of the Mental Capacity Act 2005 and acted in accordance with this legislation. Care files contained sufficient information to determine whether people had a lasting power of attorney (LPA's).

All the people and their relatives we spoke with were complimentary about the staff and the care and support received. People told us staff respected their privacy and dignity and promoted their independence.

We saw examples where staff had used their own initiative to improve the quality of people's life and well-being. This included a staff member that had sourced a wheelchair to enable a person to access the community and a second member of staff that had purchased a talking clock to assist a person to distinguish between night and day.

People received person centred care that was responsive to their needs. Support plans were reviewed and updated regularly to respond to people's changing needs.

The provider continued to provide complimentary hours to people who were identified as being at risk of social isolation. This enabled people two hours in a month to engage in a social activity of their choosing, with the hope that people would continue the activity upon building confidence and establishing the community networks.

Complaints processes were clear and we received positive feedback regarding the registered manager's response to a complaint whilst the inspection was ongoing.

The provider was committed to being part of the community it supports. This was evident from the decision being made to re-locate the office to Leigh to be central and accessible to the people that the service supported.

Since our previous inspection, the provider had set up the excel charity foundation. The charity was in its infancy but was an exciting initiative that would enable local people the opportunity to access monies to improve their well-being.

The provider utilised a range of systems and processes to monitor the quality and safety of the service. Staff meetings were held to pass on key messages and there were actions taken to continue to improve the service 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

Risks were identified and appropriate control measures in place to mitigate the risk from occurring.

There were appropriate recruitment checks in place and people were protected from the risk of harm and abuse.

People's medicines were managed safely by staff who had received appropriate training. Regular audits were completed to make sure shortfalls were identified and action taken to prevent re-occurrence.

### Is the service effective?

Good 

The service was effective

Staff received an induction and training that was aligned with the care certificate.

Staff were supported in their role and had a personal development plan (PDP), regular supervision and an appraisal of their work.

The service was working within the principles of the Mental Capacity Act 2005. People had consented to their care or decisions had been made in their best interest by their next of kin or legal representative.

### Is the service caring?

Good 

The service was caring

People and their relatives were complimentary about the care staff and the care they received.

People's dignity was maintained and their independence promoted.

People's confidentiality was maintained and this requirement

was a regular topic of discussion during supervision and staff meetings.

### **Is the service responsive?**

The service was responsive

People received personalised care that was responsive to their needs.

Social inclusion was promoted and people were encouraged to engage in activities of interest.

There was a clear complaints process in place and we saw complaints had been responded to timely.

**Good** ●

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

The service was well-led

There was a clear commitment amongst the management team to integrate with the local community and to deliver high quality care.

The provider was establishing community links and founded a charity for the local community to support better outcomes for people.

Governance systems ensured care and support was provided properly and gaps or errors had been identified and addressed through the audit process.

**Good** ●

# Excel Care Management Services Ltd

## **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.

The inspection site visit took place on 21 and 22 May 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection.

The inspection visit was conducted by one adult social care inspector from the Care Quality Commission (CQC). Two additional adult social care inspectors and an assistant inspector carried out telephone interviews with people using the service and their relatives between 22 May and 01 June 2018. We also completed the staff feedback regarding the service on 05 June 2018.

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance and commissioning teams at Wigan Council.

As part of the inspection we spoke to the provider, the registered manager, care coordinator and eight staff returned questionnaires about the service. We also spoke with 15 people who used the service and six relatives.

We looked at 10 care files, six staff files and 10 Medication Administration Record (MAR) charts. We also

reviewed other records held by the service including; training information, policies and procedures and audit documentation.

## Is the service safe?

### Our findings

At our last inspection of Excel Care Management in March 2017, this key question was rated as requires improvement. We identified a regulation 17; good governance breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments were not always in place and support plans had not been updated timely to respond to known risks. We also found 'as required' (PRN) protocols and cream charts were not in place to provide staff with appropriate guidance.

We undertook this inspection to ascertain the progress made since our last inspection and found the provider had addressed our previous concerns and was meeting all regulatory requirements. As a result, this key question has improved to a rating of good.

All the people spoken with and their relatives told us they felt the service and care provided was safe. Comments included; "I am quite safe yes, they look after me very well, nothing is too much trouble." "It's the best company we have had. Issues with others when came from hospital. We have dropped very lucky with Excel. Safety is very good." "I feel safe and the staff are trustworthy."

Risk assessments had been completed which identified the risks and detailed the equipment and support needed to manage the risks. We found risk assessments were clear and contained sufficient detail to ensure staff knew how to support people safely. All areas of the person's health and social care needs had been considered including; personal hygiene, nutrition, continence, allergies, moving and handling, managing medicines and environmental risks. The risk assessments had been reviewed and updated timely when risks changed.

When accidents, incidents or near misses occurred these were recorded electronically in the person's daily log, with details including a brief description of what had occurred, the action taken and the outcome. The registered manager and care coordinator read the logs daily and analysed these records to look for developing trends and resulting actions were discussed with supporting staff and the necessary health professionals to ensure people received their on-going care and support in a safe way.

We looked at how the service managed people's medicines and found the arrangements were safe. Staff had received training to safely administer medicines and the registered manager and care coordinator undertook regular competency checks to monitor staff practice and ensure they were competent to administer medicines safely.

People's support plans identified the level of medicines support people required, where the medicines were kept, who was responsible for ordering them and the dispensing pharmacy. There was a medicines summary which detailed the medicine, what it was for, how it was taken, and the frequency. All medicines to be given 'when required' had clear protocols which provided clear guidance for staff to follow.

Medicine Administration Records (MAR) were returned to the office monthly and audited. We saw audits had been effective at identifying issues when they had arisen, for example, signature omissions. We saw this had



been followed up in staff supervision. The audits identified actions taken to mitigate re-occurrence.

We looked to see whether there were sufficient numbers of staff deployed to meet the number of care packages the service was commissioned to deliver. We looked at the last four weeks rota's and found the visits were appropriately planned with sufficient time scheduled in between calls to account for travel time between calls. Since our last inspection, an electronic monitoring system; care free, had been implemented to provide oversight and call monitoring. However, the system currently was unable to differentiate between cancelled and missed calls, which limited its use in auditing this type of data.

Prior to undertaking the inspection visit, we had been informed of a couple of missed visits that had occurred. We followed these up with the complainant and were informed they had been anomalies and since contacting CQC a satisfactory response had been received from the service to rectify this. Of the 21 people spoken with, half indicated there had been an odd missed visit but indicated these had occurred at the start of the care package and had been rectified. We also contacted Wigan Local Authority and determined in consideration of the number of care packages provided that missed visits was not a concern with Excel care.

We also noted the registered manager had changed the structure of the rota to incorporate a contingency to reduce the chance of missed visits occurring. This involved five staff not being given a structured rota so that they were on standby if staff sickness or unexpected eventualities arose. This would also address the issue raised by staff during the inspection of last minute rota changes to accommodate extra visits.

The current electronic system meant a missed visit was alerted through the system and followed up with a phone call from the office to enquire with the person and the staff member to determine they were safe. A staff member would then be requested to fulfil the visit. The registered manager had recently purchased another android device to monitor this out of hours in addition to the on-call.

Staff had received safeguarding training and the processes in place remained effective. Staff spoken with were knowledgeable regarding safeguarding matters and the reporting procedure. The safeguarding file was organised and in line with Wigan's tier system for reporting. We were satisfied the procedure had been followed to inform of safeguarding matters and the process recorded to track through to outcome and closure.

At our last inspection we did not identify any gaps in the recruitment process. At this inspection, we found the provider had maintained safe recruitment procedures, to ensure people were supported by staff that were suitably checked to ensure they were safe to work with vulnerable adults. A telephone interview had been implemented as part of the recruitment process which incorporated pre-screening questions with the purpose of checking the person had essential characteristics identified in the person specification before progressing their application to formal interview.

Excel care is a domiciliary service providing care to people in their own homes and we saw that adequate supplies of personal protective equipment (PPE) were available. This would assist with minimising the potential spread of infections.

# Is the service effective?

## Our findings

At our last inspection of Excel Care Management in March 2017, this key question was rated as requires improvement. We identified a regulation 18; staffing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified gaps in the training staff had received and there was no identified timeframe for completion.

We undertook this inspection to check the progress made since our last inspection and found the provider had addressed our previous concerns and was meeting all regulatory requirements. As a result, this key question has improved to a rating of good.

Out of the people spoken with, most of their comments were positive regarding whether staff had the required knowledge and skills to provide effective care. Only two people indicated a negative response but were unable to provide any context as to why they didn't feel the staff had the required skills. Positive comments included; "A lot more so than other companies. They know what they are doing and are competent." "Some do and they are great. I am not calling them all, but some are not." "Oh yes. They seem good and I can't fault them. Compared to last company they are unbelievable." "They seem to be. I think they're well trained." "Sometimes do get new ones, who not sure what to do, but they double up, so always one of them knows what to do."

The care certificate was completed by new staff as part of their induction in to the service. Staff shadowed existing staff and completed a probationary period to determine they possessed the right values and attributes to provide effective care.

Existing staff were also required to complete the care certificate, with the intention that it would be revisited annually as refresher training for all staff to run alongside the refresher courses for moving and handling, safeguarding and medication. Training had also been scheduled in June 2018 for staff to complete end of life care training and cancer awareness.

Staff had a personal development plan (PDP) and received regular supervision which covered; staff comments on how things were going, job satisfaction, any concerns regarding service users, other carers, rota check, time keeping and attendance, support of management, safeguarding, confidentiality and changes in circumstances or personal data. The record captured supervisor comments and a summary from the registered manager. Following the supervision, a date was recorded for the next supervision meeting. Staff who had worked at the service for more than a year, had an annual appraisal of their work.

Assessments in people's care files were detailed and provided clear information about how to provide support to the person. Information had been included from the person and their family when appropriate to do so. Professional involvement was captured and detailed. This showed the service had an effective assessment process in place to ensure people's needs were met.

It was evident from the 10 care files we looked at that people's nutritional and hydration needs were considered with detailed information relating to people's needs, support they required and any specific dietary requirements documented. The service involvement in this area was to prepare food for people at meal times and to leave people a drink or a snack prior to completing the visit. When required and an identified need, staff maintained a record of people's diet and fluid intake and these formed parts of the audit checks to ensure they were being completed correctly.

We saw the registered manager had introduced the 'circle of communication' concept to the office and staff team. The circle of communication promotes active listening, intentional speaking and self-monitoring whilst considering the needs of the group. This was to promote awareness of the requirement of effective communication across the staff team and with people using the service to achieve better outcomes for people receiving support.

Communication within the service had been improved with the introduction of the electronic system. Staff completed a written record and documented what had occurred during the visit. If there was a concern or the person hadn't been present at the visit, this was electronically recorded so the registered manager and care coordinator could monitor this.

People's health and social care needs were identified in their support plans and we saw the occasions when the service had acted to meet these identified needs.

At the time of our inspection, the provider was considering ways in which the use of assistive technology could be incorporated in providing care and support through the use of phones and consideration given to skype.

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

We checked whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and staff had all received training in this area. We saw in people's care files that it was clearly documented whether the person was deemed to have capacity to consent to their care and treatment. When a mental capacity assessment had been completed it documented by whom and the outcome of the assessment in the person's care file.

The care files identified when Power of Attorney had been applied for and the stage this was at in the process. When people were deemed to have capacity to consent to their care and treatment, consent forms had been signed to indicate this. People told us staff verbally asked for their consent prior to undertaking care tasks and this was corroborated by the staff we sought feedback from.

## Is the service caring?

### Our findings

At our last inspection of Excel Care Management in March 2017, this key question was rated as good. We found the key-question remained good.

All the people and their relatives spoken with during the inspection were positive about the care and support received. Comments included; "They are a real caring bunch." "They were fine and never any issues with them." "Polite, helpful and caring I would say." "All very nice. I have a permanent member of staff two days a week. Nothing is a problem and they will do anything for me." "They seem to be kind and caring. I have met them all now and I like what they do for dad. They have dad's best interests at heart." "The staff are exceptionally kind, I have never had a single problem, they deserve lots of praise." "The staff are very kind to me, I like them. They will help me with anything I ask, nothing is too much trouble."

We were informed of some positive examples of how staff had shown compassion and consideration of people's needs and used their own initiative to promote people's independence and improve people's quality of life. A senior carer supported a person that required mobility support but did not have the finances to purchase the required equipment. The senior carer had written to Absolute Leigh and had posted an advert to enquire whether anybody had a wheelchair that was no longer required. The paper was contacted and a wheelchair was donated. Because of this act, the person was now getting out and accessing the community again.

Another person was experiencing some confusion as to when it was night or day so a carer went to a charity shop and purchased them a talking alarm clock. The provider was a rugby fan and purchased the League weekly, upon hearing that a person supported was interested in rugby, the provider had commenced sending the person the League weekly.

People told us their independence was promoted and staff supported them to continue to do things for themselves. Comments included; "They help me to do stuff rather than do it for me, I am happy that they come." "I still do what I can for myself."

The staff we spoke with displayed awareness and understanding of how to promote people's independence. Staff told us; "We encourage the individual to continue to do as much for themselves as possible, for example washing themselves in the areas they are able to reach and only assisting if we are required to do so."

Staff spoken with told us people were offered choices throughout the care visit. Examples provided included; what people wanted to eat, wear and want the staff member to do. People we spoke with told us they were offered choice by the staff that supported them. Comments included; "Yes, I am. I tell the carers what I want them to do." "Yes, they always ask me what I want and they don't just do what they think you'd want."

We asked people if they felt treated with dignity and respect by the staff that supported them. Comments included; "They help me keep my dignity, if they didn't come I don't know what I'd do." "They do help with dignity and respect, I wouldn't want to have a full commode all day and I can't empty it." "Absolutely, no issues with that." "Yes, always. They speak nicely to me. I like to get in conversation. We always have good conversations."

Staff members demonstrated a clear understanding of the ways in which dignity and respect was maintained when supporting people. All the staff spoken with referred to closing doors and curtains, using towels to protect people when undertaking personal care tasks, asking the person before commencing a task and communicating throughout to support people to remain at ease.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication profiles in their care files which detailed the most effective ways to support the person to communicate. There was also detailed information in people's care files regarding people's needs and whether they required hearing aids or glasses to ensure staff were aware of this when providing support.

There was a positive culture at the service and people were provided care that was sensitive to their needs and non-discriminatory. We saw assessments and support plans considered the needs of people with a protected characteristic to ensure these were considered and supported. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

## Is the service responsive?

### Our findings

At our last inspection of Excel Care Management in March 2017, this key question was rated as requires improvement. This was because we found support plans were lacking in detail to provide care that was responsive to people's needs. At this inspection, we found all the care files we looked at contained the required information and detail and this key-question had improved to good.

We looked at 10 care files to see how the service provided personalised care that was responsive to people's needs. We found people's needs had been holistically assessed and included information about what the person's care needs were, what was important to the person and what the person enjoyed doing. Support plans had been developed to ensure people's identified needs were met as they preferred them to be. We could see people had been involved in developing their support plans, either directly or indirectly through staff taking the time to develop relationships and increase their knowledge of the persons preferences.

We saw care files captured detailed background information which was documented within 'My history'. This included information about; where the person was born, their family, employment history, personality, hobbies and interests, what makes the person feel better, who matters to them and the places that matter.

People were contacted by telephone quarterly to determine that their care needs remained unchanged. We saw reviews had been completed at six months and when a change in need had been identified. We saw people's support plans were based on their individual goals and aspirations and what the person wanted to achieve was captured on 'my outcome circle'. An example of a goal that a person had identified was that they wanted to get out more.

The provider demonstrated a continued commitment to promoting social inclusion and explored support network's and social engagement for people who were at risk of social isolation. Excel continued to provide several hours free care to people to support them to access the community. It had been introduced with the view of supporting people initially in building confidence and developing social networks, which they could continue without support in the future. Care staff could nominate a person for these hours if they had concerns about them being socially isolated, or when a person had identified with the care staff an activity they would like to participate in.

The service sought feedback when contacting people quarterly and completed an annual questionnaire to seek people's opinions about the quality of the care and support provided. The last survey had been completed in July 2017. This was prior to the registered manager commencing at the service, so these were in the process of being reviewed and new questionnaires sent out when we completed our inspection visit.

The service had appropriate complaints processes in place which staff demonstrated they were familiar with. People confirmed they had a care file at their home which contained the relevant service policies and contact numbers should they require. We saw the service maintained a complaints and concerns file with the latter documenting what the registered manager referred to as 'lower niggles' and not formal complaints. This showed the service were committed to listening to people's concerns to improve the

quality of the service and we saw that concerns and complaints had been responded to in the required timescales.

Whilst undertaking the inspection, we received a complaint regarding the conduct of a staff member and a missed visit. We advised the complainant that we were undertaking the inspection and asked that they update us as to the outcome of their complaint. We did not inform the provider or registered manager that we had been contacted to enable them the opportunity to resolve the complaint using their internal complaints process. The complainant contacted us to update us and were complimentary regarding the registered manager's response to their concerns and advised that they had received a prompt response which had culminated in a meeting and their concern being resolved to their satisfaction. People told us they were aware of the complaints process. One person said; "If I wanted to complain I'd call the number in the book."

Experienced staff working for the service provided end of life care (EoL) alongside the district nurses who provided medical intervention. Prior to our inspection, the care coordinator had attended further EoL training introduced by Wigan Council. The course was to be rolled out to staff that had been working at the service for over six months to provide them with greater knowledge and understanding of considerations when providing end of life care to people.

## Is the service well-led?

### Our findings

At our last inspection of Excel Care Management in March 2017, this key question was rated as requires improvement. This was because the audits had not captured PRN protocols not being in place. We also found support plans and risk assessments to be lacking in detail regarding people's current care and support needs. At this inspection, we found all the required action had been taken and this key-question had improved to good.

At the time of this inspection, there was a registered manager in post. 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 service had clear lines of accountability and the provider, registered manager and care coordinator were all on site to facilitate the inspection visit. We found the management team to be organised and responsive to our requests during the inspection.

The service is a member of the local authorities 'Ethical Community Services Framework' and was awarded the contract for Leigh. This meant Excel Care Management was responsible for providing care and support in this geographical area. Prior to being awarded this contract, the agency had been situated in Atherton but after being identified as the service provider for Leigh, the provider found premises in Leigh town centre to be part of the community it supports. The provider told us that the move to Leigh had consolidated the company identity and enabled them to be accessible to people they serve.

The provider and registered manager spoke positively of being part of the Ethical framework and the relations they had developed with other providers. As part of the framework, providers met regularly and shared intelligence, access to training and best practice. The local authority facilitated these meetings and spoke positively of the services engagement and commitment to improving service provision across Wigan.

The service was committed to supporting the community and improving people's lives. The provider had set up a charity that would support local people which was called 'excel care community'. The charity was in its infancy and had commenced fundraising. Prior to the inspection a carer from the service had arranged a fun day at a local pub raising £406 for the charity. The provider was in the process of receiving donations from friends and local businesses and would be using the reception area at the agency to sell these items to raise further funds for the charity. The purpose of the charity was to raise funds, then people from the local community or people receiving support from the agency could access the monies. The provider told us that they wanted to be in the position that if a carer identified a person required a new chair that the charity could be approached to fund and purchase this.

Currently in the reception area prior to entering the agency office, we saw the service had captured what had occurred at the service throughout the last year. This was captured by a series of photograph's that were promoted as; 'A year in the life of Excel'. We saw photographs that captured fundraising events which



included the recent 'fun day', a Christmas jumper day which had been organised to support 'save the children' and a Christmas hamper that had been provided to support the 'Excel foundation' and the raffle had been drawn by a person that used the service.

The service had also introduced new uniforms since our previous inspection to substantiate the service identity and the registered manager discussed the professionalism that the identity supported. To consolidate the identity of the service further and demonstrate the Excel values, there was a 'profile tree' in the office which was being developed and had a picture of the staff and a short profile regarding the staff member. The provider and registered manager were keen that the office and care staff encompass the service values and felt part of the Excel family/community. The Excel care tree had a quote scribed across it which the registered manager told us captured the values and attributes of the service; 'To make a difference in someone else's life, you don't have to be brilliant, rich or perfect, you just have to care.'

We saw the service had introduced the 'Herbert Protocol' for people supported living with dementia. This is a national scheme in collaboration with the police which encourages services to document useful information which could be used in the event of the person going missing from their home. The service, family members and friends complete a record in advance of this occurring, which includes important information, such as a photograph of the person, the person's prescribed medicines, contact numbers, places previously located. In the event the person going missing, the form is handed to the police and reduces the time taken to compile this information.

Governance systems were in place to monitor all aspects of the service. Care plans were audited to ensure they were up to date and reflective of people's needs. Daily logs and electronic contacts were reviewed to maintain oversight and ensure staff were providing support correctly and consistently. Medication records were organised and checked monthly upon return to the office. When errors or gaps had been identified on the MAR these had been brought to the attention of staff and followed up by telephone or through supervision. Actions taken were clearly documented to provide an audit trail of what had been implemented to minimise the risk of the error re-occurring. Spot checks were also completed by the management team including observed medication procedures.

The management had monthly meetings. We saw this was clearly documented and identified the discussion from the meeting, tasks to be completed following the meeting and by whom. Outstanding or on-going actions were carried over to the following meeting until completion. We saw staff meetings had also been convened called 'cluster meetings' which were facilitated over several days to enable staff the opportunity to attend one of the scheduled meetings. Each cluster meeting had been well attended with the last one facilitated in April 2018 discussing; dress code, code of conduct, rota's, PPE, additional documents, handbooks and visiting the office.

At the time of the inspection, the registered manager was reviewing the surveys to streamline these and align them with CQC key questions so that this could feed in to the PIR and inspection process moving forwards.

We asked people if they were happy with the support they received and whether they would recommend the service. Of the 21 interviews conducted, we received 15 positive responses and six were less favourable in their replies. Positive comments included; "I would definitely recommend them. I hope they get the praise they deserve, they are excellent." "Would do definitely. They are the most caring and organised company we have had." "I would recommend Excel to others. This is because of the carers they have and the service I have received. I can't fault them. It is a different ball game compared to the previous companies I have been with." Negative comments included; "I wouldn't as nothing changes when you tell them what isn't working."

"I'm not sure I would recommend them, it's 50/50 really."

The ratings from the last inspection were displayed in the small office which was accessible to all people who came into the service.