

# ExcelCare24 Limited

# ExcelCare24

## Inspection report

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Date of inspection visit: 05 August 2015  
Date of publication: 28/08/2015

### 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 |  |

### Overall summary

ExcelCare24 provides care and support for adults in their own homes and local community. On the day of our visit the service provided support for three people in their own homes. The service has been providing care to people for approximately four months at the time of our visit.

This inspection was announced and took place on 05 August 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff protected people from harm or abuse. They understood the principles of safeguarding and were knowledgably about reporting procedures.

Systems were in place to manage risks to people, whilst promoting their independence.

# Summary of findings

Staffing levels were sufficient to meet people's needs and protect them from harm. Recruitment processes were robust and ensured that staff were of good character to work with vulnerable people.

There was training and support available to staff to ensure they had the skills and knowledge they needed to support people effectively.

Staff helped people to prepare food and drink if required.

People were supported to access healthcare professionals and appointments when they needed to.

Staff treated people with kindness and compassion and developed positive, caring relationships with them.

People were involved in planning their own care. They had been consulted to ensure their care plan reflected their own views and opinions. Care plans were reviewed with people and they had also been provided with sufficient information about the service.

People were treated with dignity and respect by staff who also worked to uphold their privacy.

Care was personalised and tailored to meet each person's specific needs and wishes. Staff had also taken time to get to know the people they supported. As a result they knew and understood them and their needs well.

The service welcomed feedback, including complaints, from people and their families to help develop the care they provided. There were systems in place to track and monitor feedback received.

There was a positive and open culture at the service. The registered manager and provider were open and provided information about the service readily.

There was clear and effective management at the service. The registered manager had a clear plan for the future development of the service and they were well supported by the provider.

There were systems in place to conduct quality assurance checks and audits. This meant that the registered manager could monitor the care which was being delivered and take steps to ensure people received high-quality care.

# Summary of findings

## 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.

People were protected from avoidable harm or abuse by staff who knew and understood the principles of safeguarding and reporting.

Risks to people and the service were managed effectively.

There were sufficient numbers of staff to meet people's needs and to keep them safe from harm. Staff were recruited in a robust way.

Good



### Is the service effective?

The service was effective.

Staff were well trained and had the right skills and knowledge to meet their needs.

Where necessary, staff supported people to prepare food and drinks.

There were systems in place to ensure that people had access to healthcare services if required.

Good



### Is the service caring?

The service was caring.

People were supported by staff who treated them with kindness and compassion.

Staff worked to develop positive relationships with the people they supported.

People had been involved in planning and reviewing their care and were provided with information about the service.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People received care which was personalised to meet their specific needs and wishes.

Staff knew and understood the people they provided care for.

Feedback, including complaints, was welcomed by the service to help drive improvements.

Good



### Is the service well-led?

The service was well-led.

The service had a positive, open and transparent culture.

There was good management and leadership at the service. The registered manager and provider had a clear vision of where they wanted the service to go in the future.

The registered manager was committed to carrying out quality assurance checks to ensure the service was delivering high-quality care.

Good



# ExcelCare24

## Detailed findings

### Background to this inspection

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

This inspection took place on 05 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the registered manager would be in.

The inspection team comprised of one inspector.

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and Clinical Commissioning Group to gain their feedback as to the care that people received.

We spoke with three people who used the service. We also spoke with the provider, the registered manager and one member of care staff.

We looked at all three people's care records to see if they were accurate and reflected people's needs. We reviewed staff recruitment files, recruitment procedures and training records. We also looked at further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

People were protected from avoidable harm or abuse by staff. They told us that when they received care from the service, they felt safe and that staff worked to ensure their safety was maintained. One person told us, “Yes, I do feel safe with them.” Another person said, “They made me feel safe.”

Staff told us that safeguarding people was a key part of their role. One staff member told us, “I make sure the way I work is to protect people from harm, danger or abuse.” They also told us that they received safeguarding training and were able to explain different types and potential indicators of abuse. They were aware of the provider’s procedures for reporting abuse and also identified other organisations which they could contact if they were concerned, including the local authority safeguarding team and the Care Quality Commission (CQC).

The registered manager told us that safeguarding was taken seriously by the provider. They were part of a local safeguarding forum which involved regular meetings with other providers to share best practice and learn new approaches. They also told us that they had completed the local authority train-the-trainer course in safeguarding, to cascade relevant information to all staff members, in line with the local authority guidelines. The registered manager also told us that they had not had a safeguarding incident since starting to provide care, therefore they had not made a referral to the local authority. Records confirmed this, and that staff had attended safeguarding training.

Risks to people and the service were managed effectively. Staff told us that risk assessments were in place to provide them with information about particular areas of risk for each person, as well as guidelines for how to manage those risks. They told us that people had been involved in their risk assessments, and that they were in place to keep people safe, whilst still promoting their independence. We saw risk assessments in people’s files which outlined key areas of risk, such as falls, pressure care and manual handling.

There were sufficient numbers of staff to meet people’s needs and to keep them safe from harm. People told us that staff came to their homes to provide them with support, there and in the community. The registered manager explained to us that, as the service was small, they only had one staff member currently employed. This meant that the registered manager and provider conducted visits to provide people with care. They also told us that the service was currently recruiting care and administrative staff, to ensure they could meet people’s needs as the service grew. Records confirmed this and we saw that this arrangement was sufficient to meet people’s needs.

Staff told us that they had to wait for checks to be carried out before they could start working with the service. The registered manager also told us that staff could not start working until they received a satisfactory Disclosure and Barring Service (DBS) check and two references from previous employers. We looked at staff records and saw that this process had been followed and systems were in place to obtain this information for prospective new employees.

# Is the service effective?

## Our findings

People told us that they felt staff had the right skills and knowledge to meet their needs. They said that staff were well trained and knew what they were doing when they provided them with care. One person said, “Yes I do feel that they are well trained.” Another person told us, “They seemed to know what they were doing.”

Staff told us that they were supported closely by the registered manager and provider. They explained that when they started working with the provider they completed an induction. This involved identifying training needs, whilst completing mandatory training courses, such as safeguarding and moving and handling. Staff also told us that they were signed onto the Care Certificate, to complete over a number of months. One staff member told us, “I did the care certificate assessment and induction training. It was very relevant to my role and useful.” Records confirmed that staff had received training and that an induction programme was ready to be put in place for new members of staff.

Staff also told us that they received regular supervision from the registered manager and they could approach them for support whenever they needed to. They used these sessions to discuss people and their needs, as well as identify areas for learning and development or raise any concerns or issues either party may have. We saw records to show that staff had received supervision from the registered manager.

The registered manager explained that, as well as their induction, staff would receive additional training courses and support throughout their career. This would include a mixture of internal courses and one’s provided by the local authority. We saw evidence that they had accessed this training previously and that they had copies of further training completed by them, the provider and staff.

People told us that, where necessary, staff supported them to prepare meals and drinks. They told us that when they did this, they provided them with the food that they had chosen and involved them as much as possible in its preparation. The registered manager told us that they worked to ensure that people had the food and drinks that they wanted and that there were options available to the person for when the staff weren’t due to visit. People’s care plans recorded their preferences to provide staff with guidance and support.

There were systems in place to ensure that people had access to healthcare services if required. The registered manager told us that district nurses visited people in their homes. Staff recorded these visits and the outcomes of them to ensure people’s care was reflective of these visits. The service would also support people to make and attend health appointments if necessary. We saw that people’s health needs were recorded in their care plans and any actions required were also recorded.

# Is the service caring?

## Our findings

People told us that they were supported by staff who treated them with kindness and compassion. One person said, “Oh yes, they are lovely.” Another said, “I like the staff, I get on with them well.”

Staff worked to develop relationships with the people they supported. They told us that it was important to them to get to know people so that they could provide them with the care and support they needed, in the way that they wanted. The registered manager explained that, for each person, they spent time with them, discussing their needs and interests. They then matched the member of staff who best fit their needs to provide them with care on a regular basis. Where possible, the service ensured that people saw the same members of staff to allow them to build relationships and their understanding of their strengths and needs.

People told us that they had been involved in the development of their care plan. They said that they had been listened to and the care they received was according to their own wishes. One person told us, “I was involved in my care plan, in fact, we are due to review it soon.” Another person said, “I like them because they were prepared to listen to me.” Records showed that people had been consulted in the preparation of their care plans and that, once they were written, they had gone through them and signed to say that they agreed with the content of the plan.

People also told us that the service provided them with the information they needed regarding their care. They said that when their care package started they were provided with a guide to the service which included useful information, such as contact details and the complaints procedure. One person told us, “They gave me enough information.” We looked at people’s care plans and saw that this information was in place. The registered manager explained to us that they were in the process of involving advocacy services in people’s care where necessary. For example, where people were agreeing to pay their own costs, the service consulted an advocate to ensure the person in question was receiving the care they needed and weren’t at risk of being financially abused. Records confirmed that the service had made contact with advocacy services.

People told us that they felt staff treated them with dignity and respect. They told us that staff spoke to them in a polite and respectful way and that they took steps to ensure their privacy was maintained as much as was possible. One person told us, “They treat me with dignity and respect and consider my privacy.” Another person said, “They respect my privacy and dignity.” Staff confirmed that they respected people’s dignity and that privacy and people’s rights were important to them. Records showed that this approach was reflected in people’s care plans and that these areas had been covered in staff induction and on-going training.

# Is the service responsive?

## Our findings

People received care which was personalised to meet their specific needs and wishes. They told us that they felt listened to by the service and that they received the care they felt they wanted, rather than what somebody else said they needed. They were involved in writing their person-centred care plans and these were reviewed regularly. One person told us, “Yes, I do the things I want to do and they make sure I have choice.” Another person said, “They were fine when I said that I wanted to do it my way.”

Staff knew and understood the people they provided care for. They had taken time to familiarise themselves with people’s care plans, as well as spending time chatting with people to get to know them. This meant that staff had an understanding of people’s needs and wishes, but also of their strengths and abilities. Staff told us they felt this was important as it allowed them to promote people’s independence and prevent them from losing skills they already had. One staff member told us, “We promote independent living skills and encourage people to do things for themselves, to raise their self-esteem and confidence.”

The registered manager explained to us that people had an initial assessment before a care package was commenced.

This was used to identify the areas where the person may require support, as well as the skills they already had. This would then be reviewed and used to produce the person’s main care plan. They also told us that they pushed for regular reviews of people’s care packages, involving them and other people important to them, such as their family members or social workers, to ensure the person was receiving the care they needed. Care plans we looked at had evidence of initial assessments and regular reviews.

People told us that they felt able to give the registered manager and provider feedback regarding the service they received. They told us that the registered manager made frequent contact with them to gain their views and opinions regarding their care and that they could also speak to staff during a visit or make a call to the office at any time. The registered manager told us that they felt the feedback from people was an important part of the development of the service. They showed us that systems were in place for receiving, investigating and responding to complaints, both formal and informal. In addition, the registered manager had plans in place to implement an annual satisfaction survey. They told us that they would use the answers from the survey to develop an action plan and put improvements in place.



# Is the service well-led?

## Our findings

The service had a positive, open and transparent culture. People were positive about the care they received and felt that they were included and valued. They told us that they received the care they needed but were also encouraged and supported to live as independently as possible.

Staff were also positive about the service. They felt that they were well trained and supported and were committed to the care and development of the people the service supported. There was a clear relationship between people and the staff that cared for them, as well as with the registered manager and provider. This meant that communication between the people, staff and the service was effective and concerns or issues were quickly identified and rectified.

People were positive about the registered manager and the provider. They knew who they were and informed us that they regularly came out and supported people, often spending time getting to know them. One person told us, “The service is well managed, it was the manager who came out to see me.” Another person said, “Yes I know the management, they are lovely.” Staff felt that the registered manager and provider were supportive of them and worked with them to ensure people received the care that they needed.

The registered manager told us that they currently split their time between working in the office and supporting people in their homes. They told us that there were plans to grow the business over the coming months and years and were in communication with local authorities and clinical commissioning groups to identify people whose needs they could meet. They explained that they didn’t

want the service to grow too large, too soon. They were committed to providing quality care and so did not want the development of the service to have an impact on the people who already received care from them. In addition, they felt that they were currently able to get to know people and their families well, and did not want to lose this and become overly ‘corporate’. We saw that the service had a business plan in place to drive their future development and that they were in the process of recruiting new staff to ensure they would be able to continue providing their current commitments, as new care packages were added.

Due to the current size of the service and the number of people they supported, there had been few incidents and accidents reported. Those that had, had been reported and investigated appropriately and steps taken to address any issues raised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

There were plans in place to carry out quality control checks as the service developed. The registered manager told us that they planned to carry out spot checks on staff to ensure they were meeting the standards the service had set. In addition, they would carry out annual satisfaction surveys and internal audits to ensure paperwork was up-to-date and the service was operating in accordance with their policies and procedures. We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as incidents and complaints. We also saw evidence that the registered manager had systems in place to carry out regular quality monitoring processes as the service grew in size.