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Excele Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Excelle Home care is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service was supporting 26 people with personal care at the time of the inspection.

People's experience of using this service

Some people and relatives told us staff were late for care visits. Records confirmed that staff were late to attend calls, which could put people at risk of harm.

An effective audit system was not in place to monitor staff time keeping to ensure late calls could be identified and prompt action taken to ensure people received timely care.

Systems were in place to record incidents and take appropriate action. However, analysis of incidents had not been carried out to ensure lessons were learnt and to minimise the risk of re-occurrence. We made a recommendation in this area. Quality assurance systems were in place to review care plans, risk assessments and medicines.

Although staff were aware of risks associated with people, accurate records of risk assessments had not been kept consistently. Medicines were being managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Assessments had been carried out prior to people receiving a service to determine if they could be supported effectively. Care plans were person centred to ensure people received personalised care.

People told us that staff were caring. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.

Staff had been trained to perform their roles effectively. Systems were in place for infection control.

Systems were in place to obtain feedback from people and relatives.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 January 2019). We identified two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to risk assessments, medicine management and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Enforcement

We have identified breaches in relation to staff time keeping and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will speak with the provider prior to the report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Excele Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a registered manager, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of the management team would be in the office to support with the inspection.

The inspection activity started on 10 January 2020 and ended on 10 January 2020. We visited the office location on 10 January 2020.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we already held about the service. This included details of its registration, last

inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, care manager and a care coordinator. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and five staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as looking at training data. We also contacted professionals that were involved with the service to obtain feedback. We spoke with four people, nine relatives and four staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant that some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing

At our last inspection we made a recommendation that the provider reviews their procedures for late calls and staff rotas to ensure the risk of missed visits or late calls were minimised. During this inspection, we found enough improvements had not been made.

- The systems that were in place to monitor time keeping to ensure staff attended calls on time were not effective. The service used an online call monitoring system to monitor staff timekeeping and attendance. Staff logged in and out of visits electronically or by using a phone. This showed they had attended and left their visit after carrying out personal care. This then generated a report, which showed the times staff logged in and out of a care call that was monitored by office staff. However, there was no 'real time' system in place to alert senior staff when a staff member was running late or had not attended a call.
- The report showed the planned time that staff were supposed to attend call visits. However, entries showed a number of late calls at times up to an hour late. The registered manager told us that people changed the time, however this was not recorded therefore we were not assured that staff attended calls on time.
- People and relatives had mixed feedback with staff punctuality. A person told us, "They can sometimes be a bit late, but they stay the full time." A person told us, "They can be up to an hour late and that's both morning and tea-time. I have complained and now they will ring me if they're going to be late." A relative commented, "If it's not one of the regular carers, they can be an hour to an hour and a half late. They sometimes call to let me know."

The above concerns meant that effective systems were not in place to ensure people received safe high-quality care in a timely manner. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. We found care plans did not contain suitable and sufficient risk assessments to effectively manage risks such as with people's health conditions and current circumstances. In addition, medicines were not being managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However further improvements were required to ensure risk assessments were completed

consistently.

- There were risk assessments in place for moving and handling, neglect, falls, skin integrity and the environment. Assessments included control measures to minimise risks. A relative told us, "(Person) has been prone to falling, but (person) is delighted with carer and (person) feels very safe with them."
- However, risk assessments had not been completed consistently in relation to people's health conditions such as diabetes and stroke. The registered manager told us that they would ensure this was completed.
- Staff were able to tell us the signs and symptoms associated with unstable glucose levels and stroke.

Using medicines safely

- Medicines were being managed safely.
- People and relatives told us they received their medicines safely. A relative told us, "(Person) has medicines three times a day and they (staff) know what they're doing."
- Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to. A medicines policy was in place.
- We checked people's medicine administration records (MAR) and found that people had been given their medicines as prescribed. Regular medicines audits had been introduced to ensure medicines were being managed safely.

Recruitment

- At our last inspection we found that pre-employment checks were not being completed in full. We found that references for staff had not been obtained prior to staff supporting people. At this inspection, we found improvements had been made.
- Records showed that relevant pre-employment checks, such as criminal record checks and proof of staff's identity had been carried out. Two references had been requested and received, which included character references and professional references, which was in line with the provider's recruitment policy. This ensured staff were suitable to provide safe care to people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- Staff had received safeguarding training and understood their responsibilities to keep people safe. A staff member told us, "It's keeping (people) safe in their environment they live. Abuse is putting somebody through a way which is not acceptable. There are types of abuse, neglect, financial, physical. I will raise alert with all the managers, you record it and see if manager will do anything about it. If not, you take to the higher authorities like council or safeguarding team."
- People told us people were safe. A person told us, "Yeah, I do (feel safe). Out of the few companies I've had, the carer and this company are delightful." A relative told us, "Yes, definitely. When I've been there I'm happy with how they deal with her."

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents. Incidents had been recorded and detailed the action that was taken. However, analysis of the incidents had not been carried out to identify trends and minimise the risk of re-occurrence so lessons could be learned. This is to ensure people always received safe care.

We recommend the service follows best practice guidance on incident management.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons.

Information on care plans included that staff should wear PPE when supporting people. A staff member told us, "We have gloves, aprons and uniform for infection control."

- People confirmed that staff used PPE when supporting them with personal care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant that people's outcomes were consistently good.

Staff support: induction, training, skills and experience

At our last inspection, we made a recommendation that staff received regular supervision in accordance with the provider's supervision policy as staff did not receive regular supervision and appraisals. At this inspection, we found improvements had been made.

- Regular supervisions had been carried out to ensure staff were supported. Supervisions enabled staff to discuss any issues they may have and their development. For staff that had been working for more than 12 months, an appraisal was carried out. Staff told us they felt supported. A staff member told us, "(Registered manager) is a lovely lady to work with, very understandable. If you need support, she gives it."
- Staff had completed mandatory training and refresher courses to perform their roles effectively. Staff had received an induction, which involved shadowing experienced care staff and meeting people who used the service. A staff member told us, "I went to do shadowing. Training was very good, they made sure I understood what I was doing."
- People told us that staff were suitably skilled to support people. One person told us, "The one carer I have knows my whole history and how best to support me." A relative commented, "My (person) is very hard to please and (person) has never complained about them (staff)."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At our last inspection we found that some staff did not know the principles of the MCA. We were informed that refresher training would be delivered to ensure staff were more knowledgeable. At this inspection, staff we spoke to were aware of the principles of the MCA and had received training in this area.
- Staff told us that they always requested people's consent before doing any tasks. A relative commented, "They (staff) always tell (person) what they're going to do."

- Records showed that people's consent had been sought prior to receiving care from the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-service assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Reviews had been carried out regularly to ensure people received support in accordance with their current circumstances. This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included information that people should be offered choices when supporting them with meals. A staff member commented, "We give choices, you have to help them make a choice with food." A person told us, "(Staff) always does my breakfast and always asks me what I want."
- Care plans included if people required support with their meals. A relative told us, "The (staff) do shopping and (person) will tell them what they want. (Person) does have varied food and doesn't eat the same food every day."

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

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency. A relative told us, "Definitely. If (person) a bit confused, they'll ring and let me know. On one occasion (person) had fallen when they arrived and they called an ambulance, but the carer stayed with (person) for four hours until the ambulance arrived." Another relative commented, "One day they went in and were concerned about (person) and they called for a doctor. The doctor did come out and gave (person) a prescription."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring. A person told us, "Yes. We've built a good relationship over the time she's been here." A relative commented, "Very well. They're always polite."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age or sexual orientation and all people were treated equally.

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

- People or their relatives were involved in decisions about people's care. Care plans showed that people or their relatives had been involved with the support people would receive. A staff member told us, "We encourage independence through giving them choices. When you seek their consent, you are allowing to make decision for themselves."
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. Information in care plans included that staff should ask people how their personal care should be carried out to ensure people decided how they should be supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected when they were supported by staff.
- Staff told us that when providing support with personal care, it was done in private and they would ensure doors and windows were closed with people's consent. A person told us, "She's good in that respect. She covers me in a big towel for me to walk back to the bedroom. My curtains are always drawn, but she opens them and the windows after she's seen to me." A staff member told us, "If you have to wash the person you close the curtains and shut the door to make sure they have privacy."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. A person told us, "At first I was incapable of doing anything, but they've encouraged me to do things for myself." A relative commented, "(Person) is pretty much bed-bound now, but they do encourage (person) to get in their wheelchair and they'll put (person) in the living room. But it does depend on who it is."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At our last inspection, the service was unable to provide daily records about some people's care over a certain period of time and some daily records did not include the tasks carried out in full. We made a recommendation in this area. At this inspection, we found improvements had been made.

- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities. This was completed in full and also uploaded electronically for safe keeping.
- Care plans were person centred and detailed people's support needs. A person told us, "I do believe so. They listen to how I am feeling on the day and change the care appropriately." A relative commented, "Yes and it's (care plan) changed according to (person's) declining condition."
- Care plans were specific to people's needs. For example, information on one care plan included specifically how a person prefers to have their shower. There was a 'What is important about me' section that included people's living arrangements and family relations and level of safety needs.
- Staff told us they found the care plans helpful. A staff member told us, "The care plans are very helpful, you know everything about the service user. It is very, very helpful."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. People did not have communication difficulties. The registered manager was aware of what AIS was and told us, should they support people with communication difficulties then they would explore what equipment or resources were available. This would ensure staff communicated with people effectively and responded to their needs.

Improving care quality in response to complaints or concerns

- A complaints policy was in place.
- Complaints had been managed appropriately with details of the action taken to investigate. The registered manager told us about the complaints process and people were given information on how to complain if they needed to.
- People we spoke with told us they knew how to make complaints and who to complain too. A person told

us, "Initially I'd complain to the company themselves and if not, then social services. The company certainly listened when I complained about the one carer." A relative commented, "I would complain to management. I think they would help; I've every confidence in them."

End of Life Care:

- The service supported one person with end of life care. Although a personalised care plan was in place on how to support the person, records were not kept of the person's preference for their end of life care, such as funeral arrangements. The registered manager told us that this was discussed but not recorded as there was not a section on the digital system to record this specifically. A request was made to the software developers and a section had been added on the digital system. We were informed this would be completed. An end of life policy was in place and staff had been trained on end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure audit processes were robust to identify shortfalls and take prompt action to ensure people received safe care. We found that visual audits had not been recorded and there was no structure to carry out audits. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- Audits had been introduced and carried out on the running of the service. Systems had been put in place to carry out audits regularly. However, although improvements had been made in some areas such as with medicine management and staff files, audit processes would need to be made more robust to identify shortfalls such as ensuring risk assessments were always completed consistently to ensure people received safe care.
- We also continued to find shortfalls with time management, as effective systems were not in place to ensure staff attended calls on time. Although we made a recommendation in this area at our last inspection, improvements had not been made as some people and relatives told us some staff were sometimes late by up to an hour. There was not an effective call monitoring system in place to check staff attended calls on time. The registered manager told us that they would address this as soon as possible.

The above concerns meant that effective systems were not in place to ensure people always received safe high-quality care in a timely manner. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service. They knew to be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an effective system to gather people's and staff feedback on the service.

- The service carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff approach and performance when delivering care. This also included getting people's feedback on staff and the care they received.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team, to ensure people received high quality support and care.
- People and relatives told us they liked the service and the management. A person commented, "Personally, I think (registered manager) is nice. She seems very on the ball and is very rigid about the rules and regulations." A relative commented, "Excellent. They're very accommodating and efficient. They're the best we've come across as a company."

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

- Staff told us the service was well-led and they enjoyed working for the service. One staff member told us, "She (registered manager) know what she is doing, she makes sure that you done the right thing. If you found difficulties, she is always there to help you."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent to people to gather feedback and this was analysed to identify areas of improvement. The results were positive.
- The care manager told us that surveys were carried out as they were always looking to improve the service by acting on people's feedback.

Working in partnership with others:

- Staff told us they worked in partnership with other agencies such as health professionals, when people were not well, to ensure people were in the best of health.
- The service worked with other agencies to develop practice. For example, with placing authorities to carry out reviews of people's care to ensure they were in the best of health.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users by ensuring staff attended calls on time.</p> <p>Regulation 17(1)(2)(a)(b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider was not deploying sufficient numbers of staff to ensure people received support in a timely manner.</p> <p>Regulation 18(1).</p>