

Excel Care Management Services Ltd

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Inspection report

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Tel: 01942883970

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Excel care management is a domiciliary care agency, which provides personal care and support to people in their own home. The service provides support to people living in Leigh and the office has recently moved to Leigh to support the care delivery. At the time of our inspection, there were 82 people using the service. The service is part of the ethical framework for community services in Wigan so the majority of people who used the service had their care funded by the local authority.

The inspection took place on 15 March 2017 and was announced. We gave the provider of the service 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the manager would be available to speak with us.

Our last inspection of Excel was in December 2015 where the service was rated as 'Requires Improvement' overall and for the key questions of Safe, Effective, and Well-led. The key questions for Caring and Responsive were rated as Good.

During this inspection we found 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. You can see what action we have taken at the back of the full version of this report.

The service had 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.

There were appropriate policies and procedures in place. Staff demonstrated a good understanding of safeguarding, whistleblowing and how they would report concerns.

We found medicines were managed safely but there was no information recorded to guide staff when administering medicines which were prescribed to be given "when required" (PRN). The registered manager commenced addressing this during the inspection and sent confirmation that this had been rectified.

We saw employment checks had been conducted prior to staff commencing with the service and current staffing levels were sufficient to meet the care packages. People told us missed visits were not a regular occurrence and that staff were generally on time for the scheduled visit.

People did not always have risk assessments that reflected their current needs or care plans to mitigate these risks. Staff did not have detailed guidance about the care people required.

We found there were gaps in records. People did not have sufficient guidance recorded to mitigate risks and the registered manager was unable to demonstrate how they captured, reviewed and monitored any trends or patterns for accidents and incidents or shared information with staff to prevent re-occurrence and to promote learning.

Staff received an induction that was aligned with the care certificate. We saw there were gaps in the training staff received which meant the provider had not ensured staff had the required knowledge and skills to support them to fulfil the requirements of their role.

We found people did not consistently have the required support plans in place and staff were following an overview of people's support needs which was prescriptive detailing how care was to be delivered and did not incorporate individualized, measurable and achievable goals.

People were complimentary about the staff and support they received. People were supported by a regular staff team and told us they were treated with dignity and respect and felt able to contribute to the care they received.

People were encouraged to engage in activities and a complimentary service had been developed to enable people to access two hours per month support to engage in activities of their choosing.

There were systems in place to monitor the quality of the service being provided, however it was not effective given the areas of concern we identified during the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Not all aspects of the service were safe.

Risk assessments were not always in place and support plans had not been updated timely to respond to risks.

Medicine documentation required strengthening to support staff. PRN protocol and cream charts were not in place to provide staff with appropriate guidance.

People who used the service told us they felt safe and staff had a good understanding of safeguarding procedures.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

Staff told us they received enough training but we found gaps in the training staff had received and there was no identified timeframe for completion.

People's nutritional needs were supported.

People told us staff sought their consent before care and support was provided.

Is the service caring?

Good ●

The service was caring

People received care from a consistent staff team that knew them well.

People confirmed they were cared for in ways which respected

their privacy and dignity.

People told us the staff were caring and their interactions with staff were positive.

Is the service responsive?

Not all aspects of the service were responsive

Care documents were not person centred and did not give a complete picture of the person or their needs.

Community links were being developed and people were encouraged to engage in activities of interest.

The service user guide detailed the complaints process. People and their relatives told us if they needed to complain they were confident their complaint would be resolved.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well-led.

The registered manager was visible and involved in providing people's care and support. Staff had opportunities to voice their opinion and raise concerns informally and more formally through supervision and team meetings.

Although audits and quality assurance systems were in place, they were not wide enough in scope to be fully effective in identifying the concerns we found during the inspection.

The service had relevant policies and procedures in place.

Requires Improvement ●

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 March 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be in the office to facilitate the inspection.

The inspection team consisted of two adult social care Inspectors from the Care Quality Commission (CQC).

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

In advance of the inspection, we reviewed any complaints, safeguarding concerns and intelligence provided to us about the service. We spoke with safeguarding teams and the commissioners to gather feedback about the service.

During the inspection, we looked at various documentation including eight care files for people receiving support and six staff personnel files. We looked at staff recruitment information, supervision notes, training, staff rota's, schedule visits, policies and procedures and seven medication administration records (MAR).

We visited two people receiving support from the service. We spoke with a further six people and four relatives of people receiving support by phone. During the inspection we spoke with the registered manager, care coordinator and care staff to hear what people had to say about the service and care provided.



Our findings

We asked people and their relatives whether they or their family member had ever had cause for concern regarding their safety whilst receiving support from the service. The people we spoke with and their relatives told us they felt the service was safe. One person said; "I feel safe with the staff. We go out into the community together and they always link my arm which makes me feel safe." A second person said; "I feel perfectly safe when they're here." A relative said; "I feel very confident with [persons] care and I know they are safe with the staff."

People expressed no concerns regarding the management of their medicines. People consistently told us their medication was stored safely, given correctly and at the appropriate time. A person said; "My medication is in a blister pack and they always get it out for me." A second person said; "They get my medication out for me to take and sign the record to confirm I've taken it."

We found the management of medicines had been strengthened since our last inspection. All the MAR were returned to the office to be audited to ensure oversight could be maintained and issues addressed if they arose. We looked at seven medication administration records (MAR) and found an accurate record was maintained of each medicine administered, there were no omissions of signature which meant people had received their medicines as required. On the reverse of the MAR, staff documented if PRN (when required) medicines had been administered, the time and the reason that PRN had been requested so that sufficient time could be maintained between doses.

However, we found PRN protocols (when required medicines) were not consistently in place to guide staff when and in what circumstances these medicines should be given. The registered manager started to address this whilst we were undertaking the inspection and sent confirmation that this had been done following our inspection.

The service had recently undergone significant change in their care packages as a result of being part of the ethical framework of community living services. The model involved one homecare service being commissioned for care packages within a determined geographical boundary. This meant people and staff had changed services depending on where they lived. As a result, providers were leaving their care file with people to support the transition.

We found people did not always have the required risk assessments in place and when a risk had been

identified, there was not sufficient detail to provide staff guidance on the control measures to mitigate the risk. For example; a person was identified as having poor balance but there was no information to guide staff as to what this meant for the person and what the person required to mitigate the risk.

We saw an accident and incident log had been maintained for staff but the provider was unable to demonstrate they captured incidents that involved people receiving support. The registered manager told us this would be documented in people's care files which meant incidents were not being reviewed to monitor trends to implement measure to prevent re-occurrence.

These issues meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. This was because the service did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided

We looked at the systems in place to safeguard people from abuse and improper treatment. There was a safeguarding policy in place and staff understood the procedure to follow to report concerns if they felt that people might be at risk of avoidable harm. We asked staff about their understanding of safeguarding, whistleblowing and how they would report any concerns. All the staff we spoke with confirmed they had received training and were aware of the local safeguarding procedures. A member of staff told us; "Abuse could be things like unexplained bruising or bullying a person. My first priority would be to make sure the person was safe. I would speak to management if I had concerns and if needed; the police, social services or CQC."

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 analysed the last four visit schedules and found the visits were appropriately planned with sufficient time scheduled in between visits to enable staff sufficient time to travel between calls. At our last inspection, we were told an electronic monitoring system; care free was being implemented and that this would enable robust monitoring of staff calls and improve communication between staff and the office. We found this had not been implemented and meant people would have to alert the office when a call was late or missed as there was no system in place to alert the office to this to enable them to deploy another member of staff to undertake the visit.

We spoke with people who used the service, staff and relatives about staffing levels within the service. We were told staffing levels were sufficient. One member of staff said; "I certainly feel there are enough staff. I'm given enough time between my calls and travel time is always factored in. We complete a communication sheet to show what time we arrive and leave on each visit."

People told us; "I don't feel there is a shortage of staff and I have never felt that. The staff always seem to be on time and missed visits have never been an issue." "The time they arrive varies a bit but they've never missed an appointment." "I don't know the exact time that they're supposed to come but they arrive at the time I like." "They are sometimes late. This morning, she was due at 9.30am and she arrived at 10.15am. She couldn't apologise enough. I don't like them to be too late." "Occasionally, they've been late due to getting stuck elsewhere but they always apologise for being late and sometimes the office ring me to tell me." "They've never missed a visit"

"Occasionally we've had missed visits. It's not happened for a few weeks now, but nobody's turned up for the night time visits. It's not really a problem because they only come to give her night-time tablet so I just give it to her." "One visit was missed but I rang the office and they sent someone round straight away."

We checked to see staff working at the service had been recruited safely as at our last inspection we found

recruitment procedures needed strengthening. We looked at six staff personnel files and saw this had been addressed. All the files we looked at contained written application forms, interview questions/responses, contracts of employment, proof of identity, two references and Disclosure and Barring Service (DBS) checks undertaken before staff started providing support to people in their own homes. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. This showed us staff had been recruited safely.



Our findings

The people we spoke with said they felt staff were well trained and possessed the required skills to undertake their roles effectively. People told us; "I think the staff are all very good at their jobs. They understand my problems which I appreciate." "We have a regular Carer. She's very good and very polite. She gets on well with all of us particularly [person] who's deaf. He lip-reads and they're always having a bit of banter especially about football. She always chats with us."

"They come four times a day. They do what they have to do for me very well." "Some of the Carers haven't had a lot of experience, some are relatively new but we manage together." "He gets on very well with (Staff Name). They get on like a house on fire. She's brilliant." "I tend to see the same people except for their days off." "They use the hoist quite well. Everyone has their own way of doing it."

We looked at the induction programme that staff undertook when they first began working for the service. This was centred round the care certificate and enabled staff to gain a thorough understanding of both working for the company and in a care environment. The Care Certificate is a set of standards that social care and health care staff work towards in their daily working life. It is the new minimum standards that should be covered as part of induction training of new staff. The induction focussed on areas such as safeguarding, infection control, medication and moving and handling. The staff we spoke with said they completed the induction when they first started working at Excel. One member of staff said; "I was introduced to all the people I would be supporting and was given everything I needed to be able to do the job. I felt it was sufficient." A second member of staff said; "I've just completed the care certificate, I really enjoyed it. It was very informative."

We checked to see staff were provided with sufficient training to enable them to undertake their roles effectively. The registered manager confirmed we had the most up to date training matrix which was dated February 2017. This showed staff had received training in areas such as safeguarding, medication and moving and handling. Where any courses were due to be updated, this was also listed on the matrix. We saw there were gaps on the matrix, where training had not yet been completed. This included training in infection control, dementia, health and safety, fire safety and first aid. Training in relation to MCA/DoLS was also not listed on the matrix as being undertaken by any members of staff.

We asked staff about the training and development they had available to them. One member of staff said; "I've done safeguarding, moving and handling and medication. I was satisfied with the training and there was enough available."

Staff had access to supervision as part of their on-going development. We looked at a sample of six staff supervision records and saw they provided a focus on working with other colleagues, any feedback from service users, rotas, grievances, time keeping/attendance, standards of work and personnel development. One member of staff said; "I've had a few since working for Excel and it's a good opportunity to talk about what is going on and any training." We asked to see appraisal records for staff who had worked at the service for longer than 12 months, however the manager told us these had not yet taken place. We found the registered manager was honest regarding the position and acknowledged supervision, appraisal and training had been an area of weakness.

Due to staff not undertaking sufficient training and not receiving an annual appraisal meant there had been a breach of regulation 18 (2), (a) with regards to staffing. This was because staff did not always receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our visit there was nobody receiving care and support that was subject to a court order.

We found staff had not attended Mental Capacity training but they demonstrated a basic knowledge of this in consideration of the people they were supporting. The registered manager demonstrated a good understanding of their legal obligations and worked closely with the local authority regarding this.

Staff told us they would always ask for peoples' consent before providing support and this was confirmed by the people we spoke with. They also told us they would act in a person's best interests if they lacked mental capacity. One member of staff said; "DoLS relates to people who lack mental capacity to make their own decisions. This would be where best interest meetings come in to establish the best way forward."

We asked people who used the service if staff sought their consent prior to receiving any care or treatment. We also spoke with staff about how they ensured the people they cared for were in agreement with the care they received. One person who used the service said; "They always ask me if I want to do things. Like going out for example. If I don't want to then they respect that." A member of staff also told us; "I will always ask people if it is okay for me to do things and if they want this or that. If I person was refusing care I would either seek further advice or try again a bit later."

We found care files did not consistently contain consent forms. The registered manager identified that this was as a result of the significant changes that had occurred in the people Excel supported. The registered manager and care coordinator had an identified time scale of two weeks to complete this. Lap tops and mobile printers had been purchased to support this being achieved. The registered manager explained that this would enable them to devise the support plan and consent forms could be signed and left with the person at the same time.

We checked to see that people were supported to maintain good nutrition and hydration. The manager and care staff told us their main involvement in this area was to prepare food for people at meal times and to leave them a drink or a snack when the call was finished. Where this was a requirement, this was clearly

detailed within the care plan informing staff what support the person needed. Staff also maintained a record of peoples food and drink intake where required and these were checked by management when they were returned to the office to ensure they were being completed correctly.



Our findings

The service is a domiciliary care agency, which means service user's care is delivered in people's own home. During the inspection we were unable to observe the care being delivered and therefore have made our judgement based on the information provided by the people we spoke with and their experience of the care received.

We asked people who used the service for their overall impressions of the care and support they received from Excel. People told us; "I've been with Excel for two and half years now and I have found them to be alright and they help me a lot. They understand all of my problems and are very good. Everything is going very well for me and they are a good firm to have." "I'm very happy with who I get. It's mostly regular faces but some of them don't work weekends. They're all very polite and kind." "They're very friendly, kind and very polite." "They're very helpful and they're very good." "I'm quite happy with them."

During the inspection we found rotas were organised in consideration of the people supported. People were receiving their care from a small number of staff who understood their needs and got along with them. We were told by people receiving support they were supported by the same staff which meant people were receiving their care from a small number of staff who understood their needs. The staff spoken with had a good knowledge of the people they supported. The people we spoke with said the staff that cared for them were kind and caring. One person said; "The staff are alright. They are pleasant and will do anything for you. I've always found they will go out of their way for you." We saw one person had written to the service detailing how one of their care staff had gone "above and beyond the call of duty" for them. The person had said that the electricity had gone off in their street and the staff member had visited the person to make sure they were okay and to see if the person needed anything as they thought they may be worried.

Staff spoke about people with fondness and it was evident bonds had formed between staff and the people they were supporting. One relative told us how their family member displayed their affection for the staff by smiling and using their eyes to communicate with them. They told us that their family member was comfortable with the staff and that they had been supported by the same staff for some time. Their relative affectionately referred to the staff as [person's] girlfriends and we saw [person] smile brightly at this reference. Their relative explained that the staff spoke to [person] throughout care to keep [person] at ease and said they banter and joke with person which I like because I can see [person] is comfortable with the staff supporting them.

We asked people if they felt treated with dignity, respect and were given privacy by staff when they needed

it. People told us; "Starting this week, they just wash [person] down. [Person] can't have a shower because of their leg in bandages. The carer is very respectful." "They don't shower me just wash me. They treat me well, I've no concerns." "I have my shower on a Tuesday and Friday which is my choice and they're very respectful towards me." "I'm well treated by the staff. I've always been treated with such respect by the staff and really feel comfortable with them."

We also asked staff how they aimed to treat people with dignity and respect when providing care. A member of staff said; "If a person is in the bath or shower, I will leave them to it if they are safe and they want some privacy. I would always ensure doors and curtains are closed as well when delivering personal care." A second member of staff said; "When supporting people to have a wash, I always make sure there is a towel covering the person. I always chat and make people comfortable. I want people to feel confident and talking keeps people preoccupied and focused on something else." Another staff member told us; "I treat people as if they are a family member. I ask their personal preference when providing care. If giving a person a full body wash, I cover people best I can with towels. I wouldn't want to be sat there with nothing on so why would they."

We were told people were able to maintain as much independence as possible by staff. Staff also told us how they aimed to maximise people's independence when delivering care. A member of staff said; "I provide as much encouragement and help as needed in order to allow people to do things themselves. I would always be there to assist though." A person using the service also said; "I'm hoping to get to the point where I can go out on my own which is very much what I am working towards. With the support from staff I think I can get there." A staff member said; "I don't believe in rushing anybody. Things take time, I encourage people, give praise and reassure them that I am here to help. I'm not bothered if things take longer than they should as long as the person's okay." A second member of staff said; "I coax people to do things. I'll say will you just pass me this or that, if you do that, I'll grab such a thing."



Our findings

The people we spoke with said they received a service that was responsive to their needs. One person said; "We've actually had three lots of different services over four months but we were not affected at all by the transition to Excel. It didn't affect her care at all, it was quite painless." A second person said; "I receive two hours support each day to access the community. The staff make sure I am okay though and that I am not too anxious. I'm getting everything I want from the service and the staff do as they should. They meet my needs."

The provider demonstrated a commitment to promoting social engagement and exploring support network's to achieve this for people who were at risk of social isolation. The service had actively built links with the local community that enhanced people's sense of wellbeing and quality of life. Excel had developed a bespoke service; wellbeing and resilience which provided people with two hours complimentary support to access any activity of their choosing in the community. The registered manager told us; "We are trying to offer something extra and promote health and well-being. This encourages community engagement." A staff member said; "I support one person for two to go for a walk, the garden centre or anything of their choosing."

Everyone we spoke with told us they had a care file at their home which contained the person's support plan, service policies, contact numbers, and was used by the staff to maintain daily records. We found that not all the care files we looked at contained an initial assessment to determine people's needs. This was due to the recent restructure of homecare services and the staff were working with a previous care providers care file until completion of their own assessments. The registered manager indicated the time frame for completion was two weeks post our inspection visit date.

We saw the care files contained a health overview which included people's personal care, communication, general health, mobility, nutrition, social and recreational information and a health action plan. We saw people's care files contained an overview document of the support needs of people. The record was prescriptive and task led. It focused on what had to be done and didn't account for people's individual needs and promoting people's independence.

We found some the support plans we looked at lacked detail about people's complex personal care needs and did not provide staff with enough information. Support plans we looked at had little information about the person or their wishes as to how their care should be provided. Information about people's personal care needs, daily routine, nutrition and hydration needs, continence care and support required with their

mobility had been identified but there was no corresponding support plan to detail people's preference on how these care needs would be met in line with this. There was limited information and no details documented to support staff to provide responsive care. For example; if there was an identified risk this was blocked out in blue but there was no corresponding support plan to detail what this meant for the person. We also found that people's history and background had not been consistently completed. This information is important for staff to help them to understand the person and to get to know them.

These issues meant there had been a further breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. This was because the service did not maintain securely an accurate, complete and contemporaneous record in respect of each service user.

We looked at how complaints were handled. The service had policies and procedures in place to deal with formal complaints. The policy provided directions for making a complaint and how it would be managed, this included timescales for responses. We saw low level complaints had been responded to and prompt action taken by the service to resolve any issues that had arisen. People confirmed they were aware of the complaints procedure and how to report any concerns they had. One person told us; "I have made one complaint. I didn't get on with one member of staff. It was resolved and handled properly. They didn't send them again." "We've no complaints." "I've never needed to complain."

We saw the service had received several compliments from people and relatives regarding the service received. One of the compliments recorded said; "Thank you for everything that was put in place to make sure care ran smoothly. You were always professional and compassionate to person's needs, we will never forget."



Our findings

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 registered manager was available throughout the inspection and was supported by the care coordinator to manage the service.

The staff we spoke with said that Excel were a good company to work for and that there was a positive culture within the service. One member of staff said to us; "They are a good company to work for and all the staff appear to work well together. I find them supportive and can always raise any issues I have". "I'm happy here. Very approachable. you feel comfortable and can come in to office and speak confidentially. A member of staff also added; "They are good. If they need to speak to me about a certain issue, then they do. I feel I always receive good advice".

We asked both staff and people who used the service for their views and opinions of management and leadership within the service. People said; "I've met the manager a few times. They always make an effort to speak with me and are nice. " "We've seen the Manager on a couple of occasions. She was actually here last week regarding the change to provision regarding showering." "The Manager has rung me to check everything is going okay." "I didn't know anything about the change to Excel at all until the Manager came out and told me. I was a bit dumbfounded. She was very nice and explained a lot of things to me."

We asked people if they were happy with the support they were receiving and whether they would recommend the service. People told us; "I'm quite happy with everything at the moment." "Excel are alright. The only problem when I changed service was with me because of new people. I didn't know the carers but I've got to know them now." "No problems at all with them." "I've no concerns at all with Excel, I receive good support from them." "I'm extremely happy with the service." "They're okay but my last service was much better in comparison. They're not as professional; speak about other carers in front of me and a bit amateurish."

We looked at the systems in place within the service to monitor the quality of service being provided to ensure good governance. The manager told us these checks included MAR (Medication Administration Records), communication logs and food and fluid sheets. The manager said these were completed each

month and had been done up until the end of February 2017. Care plans were also checked to ensure information was current and up to date. The manager said that another form of quality assurance was done during the reviews of people's care packages. We looked at a sample of these during the inspection and saw they captured details around any changes people wished to make, how things were progressing and if they had any overall comments to make. These were also signed to demonstrate their agreement and involvement.

The audits had not captured PRN protocols not being in place and we also found support plans and risk assessments to be lacking in detail regarding people's current care and support needs.

These issues meant there had been a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. This was because the provider and registered manager were not effectively assessing, monitoring and improving the quality and safety of the services provided.

Staff also received spot checks and observations from managers within the service. This would ensure standards were being adhered to and that people received an improved quality of service as a result. It also presented the opportunity to identify any shortfalls and identify good practice. We saw these provided a focus on appearance, infection control, staff attitude, if following the care plan, administration duties and any concerns arising from the observation. A member of staff told us; "The spot checks do take place. A manager will just turn up to see if we are doing things properly. I think they are a good system to have to make sure things are right".

We looked at the minutes from staff meetings which had taken place. The manager said the last one had been in December 2016. This provided the opportunity for staff to raise any concerns and hear about any updates within the service. Topics of discussion included uniforms, the sending of newsletters, policies and procedures, medication sheets, communication logs, rotas and mandatory training requirements. A member of staff told us; "Team meetings are useful and they improve team working. We certainly feel listened to".

Staff working for Excel were sent a newsletter which provided a briefing and any updates or changes within the service. We looked at the newsletter from February 2017 which provided information about changes to the ethical framework, welcoming any new staff into the team, call monitoring, sickness absence, annual leave and the Excel Facebook page.

The manager told us about a link Excel had within the local community with a service called 'Wellbeing and Resilience'. The support service is provided from three community hubs, ensuring people can access the service from across Wigan and the surrounding areas. The service provides support in peoples' own homes, or through structured drop-in sessions, courses/activities and peer mentoring and in the local community.

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>This was because the provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.</p> <p>The provider did not have effective systems in place to monitor the quality of the service provision.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not provided training to ensure staff were sufficiently supported to undertake their role.</p>