Excellent Healthcare Services Ltd

Excellent Health 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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 1 May 2018 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

This was the first inspection since the service registered in April 2017. The service had moved to the current location in March 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. There was one person using the service since February 2018 and one care worker working for the service. The service was also registered to provide supported living support but at the time of the inspection this was not being offered to people in the community.

There was a manager in post who had applied to be the registered manager and their interview for this position was three days after the inspection. 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.

Systems and procedures had not been put in place to ensure safe management of medicines to reflect current legislation and national guidance.

There were some systems in place to monitor and assess the quality of the service. However, these needed to expand to cover more aspects of the service and identify what was working well and where improvements needed to be made.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

Care plans were in place which described their support needs. However, we recommended for the provider to seek national guidance on writing person centred care plans that recorded specific information relating to that person.

The provider had systems in place to assess people's needs before the person started to receive a service. Risks were assessed so that care workers knew how to safely support the person. Care workers completed a record of the support they provided during each visit. These records needed to contain more detailed information to ensure there was a clear record of how the person was at each visit.

A relative told us they were happy with the care the person using the service received. They told us that care workers arrived on time and stayed the agreed length of time. They explained that care workers did everything they asked and offered the person choices.

People were supported to eat and drink sufficient amounts. Their health needs were identified and recorded in their care files and care workers supported them with these if this was required.

There were enough care workers recruited to care for and support people. The provider's recruitment procedures included making checks on the suitability of the staff. The provider needed to make sure robust checks and processes were in place to ensure they were confident in employing the new care worker.

The provider had arrangements in place to support the care worker through one to one meetings, training and spot checks carried out on their work to make sure they were doing everything right. The care worker told us they could contact the manager or provider and ask for help whenever they needed.

The provider had arrangements to help protect people from the risk of the spread of infection as they ensured they had an adequate supply of protective equipment for the care worker, such as gloves and aprons, when providing care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The provider and manager regularly contacted people using the service and their relative to ask for their feedback.

The provider had a complaints process in place and the relative we spoke with knew what to do if they wished to raise any concerns.

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

Aspects of the service were not always safe.

There were procedures for medicines management but the care worker did not always follow these because they did not record medicines administration tasks that had been carried out.

Recruitment checks were in place to obtain information about new care workers. However, criminal records checks had not always been carried out by the provider in a timely manner.

The risks to people's safety and wellbeing were assessed to guide care workers to support people safely.

The service employed enough care workers to meet people's needs as required.

There were procedures for safeguarding adults and care workers received training on this subject and knew how to respond if they suspected a person using the service was at risk of harm.

The provider had arrangements to help protect people from the risk of the spread of infection.

There had been no incidents or accidents since the service started operating.

Is the service effective?

Good

The service was effective.

The provider assessed people's care needs before they used the service.

Care workers had the training and support they needed to care for and support people using the service.

The provider and manager had a good understanding of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported in receiving meals of their choice.

The provider assessed people's healthcare needs and care workers were aware of reporting any changes in people's needs.

Is the service caring?

Good

The service was caring.

A relative said the care workers were caring and treated them with dignity and respect while providing care.

People were actively involved in making decisions about their care and expressing their views.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

The provider assessed people's care and support needs but had not fully developed person-centred care plans to meet these.

There were processes in place for people and relatives to raise concerns. One relative told us they were confident the provider would take these seriously.

The service was not currently supporting any person with their end of life care but the provider had plans to develop this aspect of the service.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

There were systems in place to assess and monitor the quality of the service. However, some audits and checks had not been formalised and certain areas that needed to be improved had not been identified.

People knew who the provider and manager were and knew how to contact them when required.

The care worker gave us positive feedback on the support from the provider and manager, confirming they were supportive and approachable.

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Detailed findings

Background to this inspection

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

The inspection was carried out by a one inspector. It took place on 1 May 2018 and was announced. We gave the provider 2 working days' notice of the inspection site visit because the service is small and we needed to be sure someone would be available to assist with the inspection at the office location.

Before the inspection we looked at all the information we held about the provider. This included the Care Quality Commission (CQC) registration report from 2017. Prior to 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.

We looked at a variety of records including one care worker employment file, one person's care records and records related to the running of the service. These included, checks and audits carried out on various areas of the service to monitor quality in the service and make improvements.

Following the inspection we received feedback on the service from one care worker and one relative, as the person using the service was unable to speak with us.

Requires Improvement

Is the service safe?

Our findings

We looked at how people using the service were safeguarded from abuse. Feedback from a relative was that they were happy with the service and if they had any concerns they confirmed, "I know who I should contact and if I want to raise the issue I know who to speak to." A care worker told us if they suspected someone was at risk of harm and abuse then they would "report it as soon as possible."

The manager and provider told us how they supported a person to receive their medicines. The task was to open the bottles and boxes where the medicines were kept for the person and hand them to the person to take. They had not identified that the tasks involved in this area required them to ensure the care worker had completed training on medicines management, that the tasks relating to medicines was clearly recorded in their care plan and that a Medicine Administration Record (MAR) was used for the care worker to sign to show that medicines had been given to the person using the service. We discussed this with the manager and provider and following on from the inspection they confirmed via email that the care worker had completed the online medicines training course, discussions had taken place with the pharmacist to request that they provide a MAR for the person and that it was now more clearly recorded in the person's care plan and risk assessments that they could not open their medicines packaging and therefore needed help with this task. The care worker had been supervised by the manager to carry out this task and they confirmed the care worker would be assessed on an ongoing basis to ensure they continued to carry out this task safely.

Although the provider took action to address this issue, the provider did not have these systems in place prior to the inspection to demonstrate they were managing medicines safely and therefore the person could have been placed at risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager assessed risks and provided guidance on supporting the person using the service. The person's file we viewed contained risk assessments on various areas, including the environment and fire safety. The person's initial assessment prior to them receiving a service, had noted they were at risk of choking, however, there was no reference to this in any risk assessment. The manager informed us that this was not accurate and that information would be made clearer in their care records that the person was not at risk of choking. There was reference to the person using a zimmer frame, however, the manager said that the person mobilised without any equipment and that they would make this clearer on the person's records. The environmental risk assessment noted that clutter needed to be removed to ensure the room was safe to move around in. There was no record to confirm that this had been addressed. We discussed with the manager and provider about ensuring information was updated once action was taken to mitigate risks to people and others. They told us this would be actioned.

The provider had a safeguarding policy and procedure in place and the care worker had completed safeguarding training. The manager and provider were aware of their duties to report any concerns to the

Local Authority and to the Care Quality Commission (CQC). There had been no safeguarding concerns since the service started supporting the person using the service.

The provider and manager confirmed there had been no incidents or accidents since the person started using the service. We saw there were various documents in place for when such an event took place, such as body maps and a record of what had occurred. The provider said they would monitor incidents and accidents when they happened to ensure they took any action they needed to in order to minimise this occurring again.

Currently the service provided support to one person for just over 11 hours a week. They had the same care worker visit them. There was also an administrator who had experience in working in social care and they were in the process of having their criminal record check updated. Once completed, they would then be available as a second care worker as and when they were needed. A relative told us that the care worker arrived on time and stayed for the agreed length of time. They confirmed that the care worker, "Always makes sure that she finishes her work on time but without rushing [person using the service]."

We saw the times recorded on the person's care file. However, this did not always match the time on the sample of timesheets we viewed from April 2018. The provider explained that the relatives sometimes requested slightly different times and days than what had been initially agreed. There was no evidence of the communication the manager or provider had with relatives about any requests to vary the times or days. They confirmed they would develop a procedure for recording any communication and for checking the timesheets so that it was clear that the person and/or their relatives had asked for changes to the usual schedule.

The provider had carried out the majority of checks on the staff suitability before they started work at the service. For example, the care worker had completed an application form. This recorded that they did not have any employment history and the reasons for this. The provider had obtained two character references due to the lack of any employment. There was a Disclosure and Barring Service (DBS) check from another company dated July 2017, whom we were told the care worker had planned to work for, but then chose not to. The provider had only requested a new DBS check the day before the inspection on the 30 April 2018. When the care worker was employed the provider and manager did not carry out any risk assessment with regards to employing an inexperienced person who had no current DBS check carried out on them. The provider and manager told us they had not seen this as an issue, as the DBS check had not been a year old. We discussed with them the need to demonstrate that when they recruited a care worker they had done all the necessary checks to confirm the care worker was suitable to work at the service.

The provider supplied the care worker with protective equipment such as gloves and aprons so that risks associated with the spread of infection were minimised. Care workers received training around infection control. The provider's spot check visits on care workers out in the community included information about whether they followed infection control procedures.

The manager was experienced and aware that they needed to demonstrate how adjustments and improvements were made to learn from events, where this was required. As the service only recently started offering support to a person the manager and provider had just started to consider what was working well and what areas required attention. They were receptive to the findings of the inspection and recognised that there were areas that required improving to ensure they were offering a safe and quality service.

Good

Is the service effective?

Our findings

The provider assessed people's needs and choices before they started using the service in line with good practice guidance. There was information relating to their physical, social care and personal care needs. There was also some information about their preferred routines, such as liking to go to bed late and needing assistance in eating their meals. A relative told us they and the person using the service had been involved in these assessments and they were happy with the way in which the person's care was planned.

We looked at how care workers were supported in their roles. One care worker confirmed they had shadowed staff before working with the person. There was no evidence of the shadowing dates and so it was not clear how many days the care worker had observed support and care being carried out. They were new to working in social care and so the manager explained they had spent time with them ensuring they were competent to carry out their duties. They said they would record shadowing for new care workers so that they could evidence they had assessed them as being ready to work alone and unsupervised.

We saw evidence of the training the care worker had completed and they confirmed they had completed training on various subjects. We saw that for many of the training courses that were deemed mandatory by the provider the trainer had provided these all in one day. We asked the manager and provider about this as this was a lot of information to cover especially for a care worker new to working in this field. They said this would be reviewed to ensure the training was appropriate. Other training was online so that the manager and provider could monitor how much training the care worker had gone through and if they had passed the test at the end of each subject. The care worker told us they had completed training on many topics such as, moving and handling, dementia awareness and food hygiene. The manager confirmed care workers received training that was in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

The care worker received support through supervision and had met with the manager and the provider so that they could discuss their work and performance and make improvements where this was identified.

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

The manager demonstrated an understanding about this and confirmed the person using the service could make decisions about their lives and did not have any problems with deciding on how they wanted to be helped. The relative told us that the person using the service had been involved in agreeing to the care and support they needed. They confirmed they had seen and signed the care plan on the person's behalf.

The care worker had received training on the MCA. We asked the care worker about how they worked within the principles of this legislation. Their response indicated that they had not fully understood how the MCA informs how they should be working with a person. We fed this back to the provider so that the care worker could receive further information and guidance about the MCA.

People were supported at mealtimes and the relative told us that the family member had the support they required. The care worker recorded the food they had given to the person in the daily logs and these showed that people had a variety of different meals and they had made choices about what they ate. The care worker told us that they "ask the person if they had enough to eat and then I record it." The person was not at risk of dehydration or malnutrition but the provider confirmed separate food and fluid records were available to use if this was deemed necessary.

People's health needs were recorded along with the contact details of the GP. Relatives arranged and took people to medical appointments, where these were needed. The care worker confirmed they would "report to the agency" if they observed any changes to the person's needs.

Good

Is the service caring?

Our findings

A relative was happy with the support the care worker provided to the person using the service. They told us, "The carer gives good personal care with dignity and respect" and that the care worker had a "good attitude." The also explained, "The care worker respects [person using the service] and listens to their needs for example [person using the service] requires time to be given when they are replying to people. I witnessed different times that I have visited where the care worker is someone who has patience and waits for [person using the service] to reply so that she can meet her needs. This puts a smile on [person using the service] face, which makes me happy."

There was information in the person's care records regarding their religious beliefs and preferences to help the care worker support the person in the way they want to be. The relative confirmed they were part of choosing how to best help the person using the service and that the person themselves was actively involved in deciding on how they wanted to be assisted in their everyday life.

The service was flexible with regards to the requests from the person or their relatives and adjusted visits accordingly to help them out. The provider confirmed that they had recently made contact with an advocacy service and an advocate was assigned to help the person using the service and their relatives liaise with the local authority. The advocate spoke the same language as the person using the service and could communicate with them and their relatives about the type of additional assistance they needed from the local authority to ensure the person's needs were being met. The relative confirmed that this had helped the person using the service "to speak to the advocate and raise issues."

We asked the provider and manager if they could give people information such as details about the service or about their care plans in a language other than English. They had not considered doing this, but would look at the different documents that could be translated if this was required to make sure people and their relatives were informed about what to expect when using the service. The provider and manager told us they could speak various languages which would help when providing a service to the local diverse community. The provider had matched the care worker to the person using the service, as they both spoke a common language, in order to meet their communication needs. As the person did not speak English they were able to express themselves in the language they spoke and inform the care worker directly on how they wanted to be supported without the need for relatives to be present.

Requires Improvement

Is the service responsive?

Our findings

A relative and care worker confirmed that copies of the person's care plans and risk assessments were kept in the person's home. These documents would inform the care worker on the person's needs and how they wanted to be helped at each visit. The care plan we viewed was mainly task focused and did not give as much detail as there could have been about how to support the person. Information such as preparing someone for their prayers was noted. However, there was no guidance on what this meant. It was not evident from the care plan what the person could do independently and therefore it was not clear how much support the care worker needed to give and what the person could do without them aiding them. The person had the ability and capacity to explain to the care worker how they wanted to be supported but we found improvements were needed to ensure the written information gave as much detail as possible.

The daily records were also task focused and mainly recorded a list of medicines and the meals provided. These records did not note if personal care had been provided or record the general mood of the person during the visit. We brought this to the attention of the manager and provider and shortly after the inspection the manager and provider confirmed they had reviewed the care plan and had updated information to ensure it included person centred care information. They told us they would also support and guide the care worker on the type of information that needed to be recorded in the daily logs.

We recommend the provider seek national guidance on developing care plans and keeping care records in a more person centred way.

There was some personal information within the care plans such as details about what the person liked to eat at breakfast and there was a reminder to turn the television on after assisting the person with their personal care. There was also a note of what name they preferred to be called so that the care worker called them by their preferred name.

We saw that the provider had a document to record any complaints, along with how the complaint had been dealt with. The provider told us they had not received any complaints since the service registered. A relative told us, "The provider and/or manager visits [person using the service] on several occasions to see if they have any concerns and if the service is running smoothly." The relative said they had no concerns about the service and that "The few months that [person using the service] is with Excellent Healthcare I can see the difference."

There was no-one using the service with life limiting conditions. The manager said where possible end of life wishes were explored with people where they were happy to talk about this with staff. The manager confirmed they would be arranging end of life care training so that care workers had the information and support on this subject to support someone effectively.

Requires Improvement

Is the service well-led?

Our findings

The provider and manager had visited the person using the service frequently to check they were satisfied with the help they were receiving. They both understood the person's needs and how they wanted to be supported at each visit. The relative informed us that, "The provider always keeps us updated if anything changes and when I need to speak with him over the phone he is someone who is available for us. I feeling confident with the commitment that I am getting from the manager."

The provider had some checks in place, such as spot check visits on the care worker's performance and regularly reviewing the person's needs. However, we found there were areas that had not been checked and there was a lack of written evidence to show what had been audited and if anything was untoward what action the provider or manager had taken to make the necessary improvements. Whilst we acknowledge that the service was relatively new in directly offering a service, the provider and manager had not fully considered all the different aspects of the service that should be recorded and checked. This included recording any contact made with people, relatives and professionals. There was no system to note down conversations that had taken place so that any problems or concerns raised could be followed up.

There had been no formal checks on the care worker's timesheet so that the provider could be confident that the care worker was working the agreed hours for each visit and visiting the person at the agreed time. Also, the provider had employed a care worker in February 2018 using their Disclosure and Barring Service check from July 2017 without carrying a new check until the day before the inspection on the 30 April 2018. They had not also completed a risk assessment on employing a care worker without this current formal check. It had not been considered that this could be deemed a risk to not carry out a new DBS check and the provider had not thought about the potential risks in employing a person new to care work without fully carrying out all checks. Finally the provider had not established appropriate arrangements to manage people's medicines in line with legislation and good guidance.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had sought feedback from people using the service and their relatives through the review meetings held, the visits to check on care workers included talking with the person about the care they received and by sending satisfaction surveys. They had sent out a satisfaction survey to a relative and this had provided them with positive feedback. One comment from the survey was, "[Person using the service] gets a lot of support from the staff."

The care worker was complimentary about the support they were given by the provider and manager. They told us, "I like this agency as they consistently give me work, communication with the manager is good and easy, we always get the help we need." They also confirmed if they had any problems they would visit the office to speak with the manager.

The provider had recruited the current manager just over two months prior to the inspection. They had a

background in managing a community care service and were in the process of registering with the Care Quality Commission (CQC). They were aware they could receive support and guidance from Skills for Care and we notified them of the manager's meetings also held in the local authority that they could attend to share experiences and best practice.

There had been no meetings recorded between the provider and manager and there was no action plan in place to see if there had been discussions and agreements about the direction the provider wanted the service to go. The provider confirmed this would be recorded following on from the inspection as they saw this would help them check what needed to be improved and who was responsible for making the changes.

Due to the person's needs the provider and manager had not yet needed to work together with other professionals. We spoke with the provider and manager about ensuring that when they do start communicating and working alongside health and social care professionals that this would be clearly recorded to show they were all working together in the person's best interests.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not provide care in a safe way for service users and did not ensure the proper and safe management of medicines. Regulation 12 (1)(2) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not established and did not operate systems and processes effectively to assess, monitor and improve the quality of the services provided. Regulation 17 (1)(2)(a)