Excel Care (UK) Limited

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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?	**Inadequate**

Summary of findings

Overall summary

We inspected Excel Care (UK) Ltd (Excel Care) on 17 and 19 July 2017 and the first day of our inspection was unannounced. Excel Care is a domiciliary care service which provides personal care to people living in their own home. Their office is located in the New Moston area of Manchester. At the time of our inspection the agency was supporting 12 people.

The previous inspection took place in November 2016 where three breaches of the Health and Social Care Act 2008 were identified. This inspection was carried out to check on the improvement actions identified in the provider's representations following our inspection in May 2016 where enforcement action was taken and a Notice of Proposal (NoP) was issued. The inspection in November 2016 found that there was not enough improvement to take the provider out of special measures and the service was rated Inadequate in the well led domain and overall 'Requires Improvement'

This inspection was carried out to check on the improvement actions identified when we inspected in November 2016. We found that there were continuing breaches of the Health and Social Care Act 2008 and insufficient improvements made.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures."

The service had a registered manager who had been in post since March 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Recruitment processes needed to be strengthened to help ensure suitable candidates were employed to work at the service.

Risk assessments in place were not sufficiently detailed to guide staff on how to keep a person safe. We found an example where risks had been identified but no assessment had been done to mitigate these. This meant people were not protected from harm as care staff had limited or no guidance to manage these risks safely.

People told us they had not experienced many missed visits. They said care staff were occasionally late but that the quality of care provided had not been affected. They told us the care staff's timekeeping had improved. Missed and late visits meant however that people had either not received care and support needed or had not received care at times that suited them. People were satisfied with the consistency of care and told us they had regular care staff supporting them.

Where required, people were supported to take their medication safely. Following our inspection in November 2016, care staff had received required medication administration training. This should help to ensure that people received their medication safely.

Staff were aware of safeguarding principles and knew what to do in the event they suspected abuse was taking place. We concluded staff had sufficient knowledge and information to help ensure people were kept safe from harm.

People and relatives told us care staff had good hygiene practices and wore personal protective equipment when carrying out their duties. This practice helped to ensure people were protected from the risk of infection.

There was a system in place for recording accidents and incidents. This helped to ensure the service took appropriate action to keep people safe from harm.

People and their relatives told us care staff were effective and well trained, and always sought their consent before undertaking any task. The registered manager and care staff we spoke with demonstrated a good understanding and knowledge of the Mental Capacity Act (MCA) and we saw there was a policy in place to guide practice. We were satisfied the service was working within the principles of the MCA.

Staff had an induction and received mandatory training in key areas such as safeguarding, manual handling and infection control prior to starting their role. Staff received regular supervisions and appraisals to help ensure they received the necessary support to carry out their roles. This meant staff had suitable knowledge and skills and received continuous support to function effectively in their caring role.

People were supported and encouraged to make healthy eating and drinking choices. This should help people to maintain a balanced diet and support their wellbeing.

People's access to health care professionals and medical attention was facilitated, if required. This meant

people were supported to receive the right health care when they needed.

People and their relatives told us they received caring and compassionate support. Care staff were friendly yet professional and some people had developed good relationships with them.

People and relatives told us they had been involved in the care planning process. This meant that people and their relatives, where appropriate, were included in making decisions about the care they received.

People were treated with dignity and respect and their independence was encouraged according to their abilities. This helped to promote people's wellbeing.

People and their relatives found the service was responsive to their needs.
Initial assessments were carried out to help ensure the service was able to meet the specific needs of the person.

People knew the complaints procedure though no one had made a formal complaint. There was a complaints policy in place and we saw evidence the service adequately dealt with verbal concerns raised by people they supported.

The service had recently implemented quality surveys to find out what people thought about the service they received. Not everyone we spoke with had been surveyed and the results of completed surveys had not been collated or fully analysed. This meant that while the provider had sought people's feedback on the care they received, they had not demonstrated to us how this information would be used to improve the quality of care provided.

Care plans contained information about the support people required at each visit but not all care plans contained adequate guidance to help ensure staff carried out the tasks responsively. This meant people may not receive care that was responsive to their specific needs. Care staff knew what person centred care meant and told us they always looked at people's care records before undertaking tasks.

People and relatives told us they were happy with the services of Excel Care. Staff said they felt supported by the management team and that the registered manager was approachable and fair.

The service did not display the current rating which was 'Requires Improvement' at its office and on its website. This was a legal requirement.
We found that quality assurance processes in place were not robust and did not give the registered manager and provider effective oversight of the quality and safety of service. This meant that people's care and support were not adequately monitored to ensure their safety and wellbeing.

Staff meetings took place regularly and gave care staff the opportunity to discuss their work with each other and the management team. This meant staff received adequate support which helped them to provide people with effective care.

We found four breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, fit and proper persons, governance systems and failure to display.

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

The service was not consistently safe

People told us they felt safe with the service and that they generally received consistent care.

Recruitment processes were not robust and did not provide assurances that appropriate care staff were employed.

Risk assessments did not provide sufficient information to help care staff support people safely. Some risks had not been identified so no measures were in place to mitigate them.

Is the service effective?

Good

The service was effective.

People and relatives told us care staff suitably trained and experienced to carry out their care duties. Staff received an induction and had completed mandatory training and had shadowing experience prior to working unsupervised.

The registered manager and care staff were aware of and understood the principles of the Mental Capacity Act and this had been reinforced in staff meetings. There was a policy in place to guide practice.

People were encouraged to maintain healthy nutrition and hydration, and supported to access health care professionals as required.

Is the service caring?

Good

The service was caring.

People and relatives told us the care staff were friendly, caring and professional.

People and their relatives, when required, had been involved in planning their care and support needs.

People were treated with dignity and respect and supported to

maintain their independence according to their abilities. Care staff gave us examples of how they did this.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and their relatives found the service was responsive to their needs. Initial assessments were carried to help ensure the service could support the person according to their needs.

Care plans included brief information to guide staff to support people as needed. However some plans did not contain up to date and specific information to ensure people received person centred support.

People and their relatives had been given the opportunity to provide feedback about how the service was run. However the results had not been collated to help the service identify areas of good practice and where improvements were required.

Is the service well-led?

Inadequate

The service was not well led.

Governance systems still did not adequately monitor all aspects of the service provision to help ensure people received care and support that was effective and safe.

The service now had policies and procedures in place to help ensure staff were effectively supported to understand their role and carry out their responsibilities effectively.

Regular staff meetings were held and minutes indicated that care staff had the opportunity to discuss matters relating to their work with managers and colleagues.

Excel Care (UK) Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 19 July 2017 and the first day was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by two adult social care inspectors and an expert by experience who made telephone calls to people using the service and their relatives, if required. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had experience in caring for someone who used domiciliary services.

Before conducting our site visit, we asked the provider to complete 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 other information we held about the service including notifications. A notification is information about important events including safeguarding and serious injuries to people using the service, which the service is required to send us by law.

Prior to carrying out our inspection, we contacted Manchester City Council contracts and commissioning and safeguarding teams, Manchester clinical commissioning group (CCG) and Healthwatch Manchester to find out what information they held about this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. Healthwatch did not have any information about this service. In response to our request for feedback, the local authority told us they did not have any information about the service. This was because monitoring visits were not carried out as they did not have a contract with this provider and purchased care packages on an 'as required' basis (referred to as a 'spot purchase'). For the care provided as spot purchases, we received positive feedback from two social workers who were involved with the service.

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With their consent, we spoke with two people and three relatives on the telephone and we visited one person in their home. We also spoke with the registered manager, the service manager and two care staff. We looked at the service's operational records which included its statement of purpose, two care plans and risk assessments, three staff recruitment files and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

We asked people and their relatives if the service was safe. Everyone we spoke with said they had no concerns in this area. Comments included, "Yes, I feel safe", "Definitely, I feel safe with the carers" and "I feel safe in their hands." People and relatives also told us they would report any concerns they had to the registered manager.

Prior to our inspection visit we received information from a relative indicating that care staff did not wear identification (ID) badges on their visits to people's homes. We asked people and their relatives when we spoke with them if staff wore their ID badge and they all said they did.

We spoke with a social worker who had involvement with the service and they told us the only problem they had encountered with the service was the lack of ID badges; this issue had been brought to their attention by the relative who had raised the concern with us. They told us the care package was suspended for a few days until ID badges were put in place. We spoke with the registered manager about this issue and they assured us all staff members had been issued ID badges. We saw an example of the badge which clearly identified the staff member, the care provider and capacity in which they worked. The registered manager told us that checking all care staff wore their ID badges when working in people's homes was included in their quarterly spot checks.

We looked at the service's recruitment processes and we found these could be more robust to help ensure safe staff recruitment. We reviewed the personnel records of three recently recruited care staff. The files contained application forms, photographic identification and references. In the case of two staff members, we saw not all references had been received and there was no record on file to demonstrate that the registered manager had followed up on this. We noted for one of these staff member's the one reference that had been received was not company headed paper and had not been verified by the registered manager.

On two application forms we reviewed the candidates' employment histories and found these had not been dated; this made it difficult to determine if there were gaps in their employment. On another application form we identified a gap in employment and we saw no record in their file to explain this gap. We also did not see that records of interviews were kept either. It is customary for gaps in employment history and other clarifications to be discussed at the interview stage so that the service can be assured that prospective employees are fit to work with people who are vulnerable.

We saw Disclosure and Barring Service (DBS) checks on staff were completed. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. In one staff file, we saw a conviction on a DBS record and we spoke with the registered manager about the incident. There was no evidence on file to demonstrate the service had considered any potential risks posed to people who use the service and taken appropriate steps to mitigate these.

The concerns we identified above meant the recruitment process did not provide robust assurances that adequate pre-employment checks had been completed and suitable staff employed. This was a breach of Regulation 19(1)(a) and 19(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed two care records to see what considerations had been made for assessing people's risk. Risk assessments should provide clear and person-specific guidance to staff and ensure control measures are in place to manage the risks an individual may be exposed to.

We found consideration of risks, for example, for moving and handling, mobility equipment, and kitchen hygiene, were completed as required. We found risk assessments were not sufficiently detailed to help staff support the individual in a safe way. For example, one person's care plan noted their inability to walk and that they needed to use a mobility aid to help them transfer safely from one place to another, for example from bed to a chair. We noted there were no risks or hazards identified in this regard and therefore no consideration of how to minimise these risks.

Another person's care records included assessments done by the local authority social services and identified various risks including the risk of falls, anxiety and presenting with behaviour that may challenge. We noted the person's care plan did not contain information about whether these risks were still applicable and if so what staff needed to do to keep the person safe. This meant the service had not provided suitable assurances that people's support needs were being met and they were kept safe from harm.

We noted there was no evidence in the person's care plan to demonstrate the service had considered these risks and put measures in place to keep the person safe.

Staff we spoke with told us they had received appropriate training in moving and handling and were able use various mobility aids such as hoists and rota stands to help people transfer in a safe way. Training certificated we saw confirmed staff had the relevant training and this was up to date. While we acknowledged staff knowledge and training was adequate, the registered manager had a duty of care to people and staff to ensure appropriate risk assessments were undertaken and in place to guide staff and to provide support that was safe and appropriate to the individual need.

We highlighted these concerns to the registered manager during feedback. The registered manager acknowledged these and stated they would review people's care records. Failure to ensure appropriate measures were in place to help mitigate these risks and keep people safe was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not everyone we spoke with required assistance with their medicines. Those who did told us care staff helped them to take their medicines in a safe way. At the inspection in November 2016, we found a continued breach of the regulations regarding the safe administration of medicines. At this inspection, we checked to see what improvements the provider had made. Care staff we spoke with confirmed they administered people's medication, if required, and that they had received the appropriate training. We saw evidence of this in their training records. We noted the service used an electronic care management system called PASSsystem to record people's medicines, the dosage and medicines administered. The service did not use paper versions of medication administration records (MAR). This meant care records in people's homes did not record what medicines had been administered.

We asked the registered manager if other persons such as family members and health care professionals, for example, GPs or paramedics, could access the medicines administered if this was only recorded on the

PASSsystem. They told us 30 minutes access to the customer's care records could be achieved by downloading the PASSsystem app to a smartphone, registering as a user and then scanning the barcode on the front of the care record. These instructions were on the cover of each person's care records.

We checked the provider's business continuity plan to see what systems were in place to mitigate any disruptions. We noted the plan was undated and did not contain specific information relating to how the service would cope with the failure of the PASSsystem. We concluded the provider's current systems did not provide suitable assurances.

We asked people and their relatives if they had experienced missed visits. Two people told us in the last twelve months they had experienced one missed visit. One person told us they had had to contact the service to find out why the care staff had not arrived. In both instances people told us they received apologies from the service and that it had not happened again.
Most people we spoke with identified that care staff were sometimes late for their visits. While they raised timekeeping as of some concern they said the care staff did not "rush about" and completed their care duties according to people's care plans. They also told us there had been significant improvement in this area over the last three to four months. Minutes of staff meetings held in February and June 2017 confirmed time keeping had been discussed and would remain an agenda item until further improvements had been made.

In the main people and their relatives told us they were attended to by the same care team. Comments included, "They're mostly the same ones", "It varies. You get the same people and then they change them" and "During the week it's fine but you get different ones at the weekend". Being supported by a regular care team meant people were cared for by care staff that were familiar with their specific needs.

We saw there were systems in place for reporting and recording accidents and incidents that took place within the service. We saw two incidents had been recorded since we last visited in November 2016. Records we looked at indicated relatives had not been informed and we did not see any records of the outcomes for people. The registered manager told us that relatives had been informed and that both people were safe and well. They said this information had been recorded in the PASSsystem and we saw evidence of this. We were satisfied that the registered manager had dealt with the incidents to ensure people's safety and wellbeing had been protected. However the incident log had not been updated. Given the outcome of these incidents was recorded in the communications log of the PASSsystem, this meant the registered manager did not have clear oversight of incidents and was not able to monitor patterns or trends in order to lessen future risks.

Care staff told us they had received safeguarding training and training records we looked at confirmed this. Staff were able to explain what they would do if they suspected abuse was taking place. One staff member said, "If someone does something inappropriate, I would report it to the manager. Incidents such as neglect, verbal abuse, stealing from the service users would be reported to the manager."

We saw the service had systems in place to monitor incidents including safeguarding. We noted there were no safeguarding referrals on the service's record nor had CQC received any such notifications We noted there was up to date information for Manchester local authority should the provider need to raise or discuss safeguarding issues. We did not see similar information for another local authority area in which the majority of the people receiving services lived. Care records we looked at in people's homes did not contain contact information for the relevant local authority. We spoke with registered manager about this to ensure relevant and appropriate information was contained in people's records.

People told us that care workers demonstrated good hygiene practices by using personal protective equipment (PPE) such as disposable gloves and washing their hands as required. We observed these supplies were kept in the office for care staff to collect. One staff member told us, "I have completed training in infection control, which includes the use of PPE such as gloves, washing hands and using hand gels." This meant they were aware of the need for infection control and took appropriate action to help keep people safe from harm of infection.

Good

Is the service effective?

Our findings

People and their relatives told us care staff knew how to do their jobs effectively. They said, "(Care staff) are very well trained", "They do the job properly, especially with [person's] personal care" and "Yes, they do look after [person] well." One person using the service told us they found the care staff attending to them had the right mix of skills and experience to support them safely and effectively.

At the last inspection, the registered manager told us new staff would complete the care certificate during their induction with Excel Care. The care certificate, though not mandatory, is a nationally recognised set of fundamental standards of care used to prepare new recruits to the care industry. We did not see that the service had implemented the care certificate. The registered manager told us and recruitment records confirmed, that the most recent recruits had previous training and experience in care. We saw the one-day induction programme which covered aspects of the care certificate such as the role and responsibilities of the care worker, duty of care, and company policies and procedures.

The registered manager told us the service had recently changed training providers. They said the new training provider carried out all of the service's mandatory training and that all training was done in a classroom environment. From training records, we saw staff had induction and received mandatory training in areas such as safeguarding, food hygiene and manual handling. We saw that mandatory training was up to date and that refresher training had been booked as required. Staff we spoke with said they had attended induction and that they had completed mandatory training and shadowed experienced colleagues before working unsupervised.

We saw the service had a system of staff supervision, appraisals and spot checks in place to monitor staff's performance in their role. The registered manager told us staff had supervision twice a year or more regularly if the staff member requested this. We saw that this was in line with the provider's supervision policy and procedure now in place and reviewed in January 2017. Staff personnel files we reviewed confirmed they received regular supervision sessions. We saw that supervisions were scheduled for July 2017 and that staff who had been employed with Excel Care for over a year had had an annual performance appraisal. The registered manager said given it was a small service, they were in regular contact with all of the care staff. Care staff confirmed with us they could approach the registered manager if they needed to outside of their scheduled supervision meeting. We saw evidence the registered manager carried out staff spot checks every three months or sooner if a concern about a staff member had been identified. Spot checks are used as a means of assessing the performance of staff members while they are performing their caring duties. This meant care staff had the knowledge and support to help ensure they carried out their roles safely and effectively.

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

People and their relatives told us care staff always sought their permission prior to carrying out their caring responsibilities. We spoke with the registered manager and care staff about the MCA and their role as care providers in ensuring that people were able to make their own decisions whenever possible. The registered manager demonstrated they had a good understanding of MCA. We saw evidence that this knowledge and other information about mental capacity and the MCA had been cascaded to care staff. Staff we spoke with were able to demonstrate they understood how this legislation helped to ensure people's best interests were considered. We also saw there was an up to date policy in place to guide practice.

We checked three care records and noted in two records that people had signed their consent to care. The other record had been incorrectly signed by a relative and we noted the registered manager had written to the relative indicating that they were not legally authorised to sign the care documents. It is important to note that relatives may, and usually should, be consulted about the proposed care and support, and their views taken into account, but this is not the same as consent. They do not have automatic legal authority to provide permission for proposed care or treatment. An 'attorney' is a person with delegated responsibility for their relative to act on their behalf. We were satisfied that the service was working within the principles of the MCA.

No one we spoke with had needed any assistance with arranging healthcare appointments. However, people and their relatives told us their care staff would support them if this was required. Care staff told us in the event of an emergency they would contact emergency services and then inform the office. We saw that people's care plans contained up to date information about their GP, pharmacy that supplied their medication and people's medical conditions. We saw examples in people's daily notes where care staff had identified an emerging health need. For example, a mobility assessment had assisted staff to make an appropriate referral. We concluded the service would act proactively to help ensure people received relevant care and support in a timely manner.

Where it was part of an assessed care need, staff assisted people with their meals. People and their relatives told us care staff asked what they wanted to eat and always gave them a choice of meals depending on what was available. One staff member told us they had received training and checked people's care plans which helped them to ensure people's nutritional needs were met. Staff we spoke with said they encouraged people to have a healthy diet but that they were free to choose what they wanted. This meant that, when required, staff supported people with to maintain good nutrition.

Good

Is the service caring?

Our findings

People using the service and their relatives told us the care and support they received was compassionate and caring. Comments they made about the care staff and the service included: "Yes. They're (care staff) very caring and they do extra things for [person]; of course they're kind", "Very nice people" and "They're amazing. Nothing 'floors' them. I'm very satisfied."

We received positive feedback from local authority social workers who worked with Excel Care. They provided examples of care staff going the extra mile to support people in a caring and safe way. They told us of an instance where care staff had supported a person to arrange their flat as that person was limited in what they could do for themselves. This was not part of the commissioned care package. Another example provided detailed how a member of care staff went back to a person's home after their other visits because they had concerns about the person's wellbeing and their ability to live independently. These concerns were raised with the local authority social work team who intervened to help ensure the person was safe.

Care staff we spoke with were able to demonstrate they had a good knowledge of people's likes and dislikes, their support needs and how they preferred to be supported. People we spoke with confirmed this. One person told us the care staff that visited them were professional yet friendly and would chat with them while undertaking their duties. They added, "It's never awkward." One care worker told us, "I know my clients' likes and dislikes. I always ask what they would like, as well as referring to their care plan." We saw people's care records included sections about what was important to them such as family and social relationships, religion, hobbies and interests. This meant staff had relevant information to be able to build relationships with the people they supported. We concluded that people felt cared for and supported by care workers.

People and their relatives told us they were involved in planning their care and support. They said information about what they required was gathered during their initial assessment. This was confirmed in the care records we reviewed. People we spoke with said if they had any concerns about their care they would telephone the office to discuss them. Everyone we spoke with said the registered manager was very accommodating. We concluded people and relatives felt included and were consulted in making decisions about the care they received.

People and their relatives said they were respected and treated in a dignified manner. They told us all care staff covered them appropriately when undertaking personal care tasks. One person said, "I am extremely satisfied and appreciative with how the staff carry out their duties. They are sensitive and I feel treated with dignity all the time." Staff were able to demonstrate to us how they treated people with dignity and respect. They told us they ensured windows and doors were shut and curtains drawn as appropriate. We were satisfied that people felt their privacy and dignity were respected and that staff were aware of how to ensure they respected people's rights in this regard.

Where possible, care staff told us they encouraged people to undertake tasks independently but would provide help as required. People we spoke with confirmed this practice. Their comments included, "They (care staff) let me do what I can do" and "Oh yes, [person] does (their) breakfast and lunch."

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they found the service to be responsive to their needs. The registered manager told us, and we confirmed from care records kept at the office, that an initial assessment of people's needs was done prior to services starting. An initial assessment is carried out to determine whether or not Excel Care could provide the care and support needed. One person told us the registered manager came out to do an initial assessment with their occupational therapist prior to their discharge from hospital. They said another assessment was done when they were discharged from hospital and back home permanently.

At the inspection in November 2016, we found the service had not carried out reviews of people's care records which meant they contained incorrect information. This was a breach of the Health and Social Care Act regulations relating to providing person centred care. At this inspection we checked to see what improvements had been made in this area.

We noted the service still used the PASSsystem which is a computer based care management system. Excel Care used PASSsystem to create care records for people using their service. We saw a copy of the care plan was printed and kept at people's homes. We looked at three care plans, two held at the office and one at a person's home. We saw that all care plans we looked at had been reviewed by the service and but as previously identified we noted not all aspects of some people's plans had been updated, for example risk assessments. This meant people were not receiving care and support that was responsive to their specific needs.

We saw care plans included information about the support people required and the tasks to be completed at each visit. We noted for all care plans reviewed that details about the care to be provided were brief. Not all care plans contained adequate guidance to support care staff to provide responsive care. This was discussed in a previous section.

We noted one person's care plan contained additional detailed instructions for providing the care and demonstrated the family's involvement in the care planning process. We saw examples that changes in people's circumstances had been reflected and the person's care records updated accordingly.

We concluded that while the service had made some improvements in this area, there was still further work to be done to ensure the standard of care provided met people's needs.

We asked people if they knew how to make a complaint and they told us they did. People and their relatives we spoke with said they would contact the registered manager in the first instance if they had any concerns or complaints. No one we spoke with had ever made a formal complaint but had however raised concerns regarding care staff coming "really late on the odd occasion". In this regard, one relative said, "We spoke to [registered manager] and they have improved, especially over the last 3-4 months." Everyone told us they were confident the registered manager would resolve any issue they raised.

At our inspection in November 2016, we found the service did not have a formal complaints policy and procedure in place. We checked at this inspection to see if this policy and process had been implemented. We saw the service maintained a folder which contained the complaints policy and process to be followed to ensure each complaint was properly investigated and appropriate actions taken as required. No complaints were recorded in this folder. From the staff meeting held in June 2017, we noted care staff were asked to record concerns or complaints in the PASSsystem and also to report these to the office. We saw evidence within the PASSsystem which demonstrated the service had addressed people's concerns including missed visits previously mentioned in this report. We concluded however that the current system was ineffective as the registered manager was unable to monitor the types of complaints or concerns received and to use this information to improve the quality of care provided.

We asked people and their relatives if they had ever been asked by the service to give their opinion about the care and support they received. We had mixed feedback with some people indicating their views had been sought and others saying they were uncertain. The registered manager told us they had implemented quality surveys in May 2017 and had visited six people thus far to carry out this survey. The registered manager told us the results were positive but was unable to provide a summary of these when we requested. We only received one example of a completed survey. While the service had sought people's opinions on their care provision it had not demonstrated how it had used or would use this feedback to improve the quality of care provided. The registered manager agreed that survey results should be analysed in order to continually drive improvements. They stated this analysis would be done when every person receiving services had completed a survey.

Care staff we spoke with understood the concept of person centred care. One staff member said, "(Person centred care means) looking after clients individual needs; everyone is different." Staff we spoke with said they would check people's care records or the PASSsystem to see if there had been any changes in people's needs.

The registered manager told us and we saw from our own observations, that care staff used the PASSsystem to record their daily notes and to confirm they had completed the agreed tasks for each visit. Similar to what we found at the previous inspection in November 2016, we noted the level of detail provided within daily notes was variable, with some staff recording the specifics of what they had done while others recorded 'All tasks completed' or 'All ok'. This meant the next member of staff was not always provided with meaningful details of the support given.

Inadequate

Is the service well-led?

Our findings

There was a registered manager in post since March 2014 and people and relatives spoke highly of them and found the service to be well managed. Comments included: "The care provided is second to none. I'm very happy. This company is fantastic", "[Registered manager] is great and approachable" and "Yes, [registered manager] is very pleasant." People and relatives we spoke with said they would recommend the service to others.
Care staff we spoke with said they found the registered manager to be approachable and fair. One staff member told us, "I have felt supported by the management. When my (relative) was sick in the hospital, management was very supportive; they were always checking on me and my (relative's) wellbeing."

The service had recruited a services manager who supported the registered manager with recruitment and the day to day care management operation.

Prior to our site visit we checked the provider's website to see if the current rating of the service was displayed. We noted it was not. We also made checks when we visited the provider's offices and noted again the current rating was not displayed either. Failure to display the current rating of the service was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed this breach in regulation with the registered manager and noted during the first day of our inspection they displayed the rating in the office. We are currently considering our enforcement options in relation to this regulatory breach.

Care staff recorded medicines administered via an app on their smart phone and the PASSsystem could only be updated when there was Internet access. If the PASSsystem was not updated, staff may not be always know if the medicines had been taken during the earlier visit. This meant there was the potential for medicines to be administered incorrectly and cause harm to a person. At the last inspection in November 2016 we drew the same conclusions so we asked the registered manager at this inspection what contingency plans were in place to mitigate this risk. They told us due to the small size of the care team and how staff shifts were scheduled care staff would tell each other what medication had been administered. Also, one staff member told us they did not have access to the app and had to ask another member of staff to update records on their behalf. We saw this was the case when we reviewed daily notes recorded on PASSsystem via the app. This practice was not safe. Medicines should be recorded at the time they are given by the person responsible for this task and not a third party. This concern was compounded by the fact the service did not audit these electronic MAR sheets.

The fact that not all staff could access the system, the lack of proper contingency plans and no oversight of medication recording was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspections in May 2016 And November 2016, we found the service had not implemented effective systems to monitor and assess the overall quality of its care provision. At this inspection we checked to see what systems had been put in place. The registered manager told us the PASSsystem

facilitated daily checks of information such as when care staff did not log into the system before starting their visit or when they did not indicate completed tasks. Because the PASSsystem worked with real-time data, gaps were flagged up and dealt with proactively and on a daily basis.

The registered manager showed us examples of alerts that had been raised within the PASSsystem and how these had been dealt with. We noted the resolution of issues was recorded in another section of the PASSsystem and that currently this information was not collated in a meaningful and systematic way so as to drive improvement within the service.

In their PIR submission, the registered manager stated the service used a quality monitoring system. At the office, we saw a flow chart which described the process of monitoring and auditing various aspects of the service for example people using the service, staff systems and documentation. We asked about this but the registered manager told us this system was not fully in place.

While we acknowledged the provider had implemented some quality monitoring systems such as spot checks and quality surveys, they had failed to fully implement the systems they had assured us would be in place following our previous inspections in May 2016 and November 2016. Current systems did not monitor medication administration records and missed and late visits nor had they identified the issues we found at this inspection such as incomplete and inadequate records and the lack of oversight of issues recorded within the PASSsystem such as complaints and daily notes.

This meant quality assurance systems did not effectively provide adequate oversight of the service's operations nor did they monitor that quality of care and support was satisfactory. The continued failure to adequately monitor and assess the quality of the service was a breach of Regulation 17(1) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We looked at the policies and procedures in place to guide staff in their work. These were available at the office and electronically. We asked the registered manager if these were accessible to staff. They told us they highlighted and discussed key policies such as safeguarding and mental capacity during staff meetings. This meant that the registered manager and care staff did not always have accurate and up to date guidance to help ensure they were effective.

We saw from minutes that staff meetings took place every three months which was in line with the service's policy. Staff told us these meetings gave them the opportunity to discuss service specific issues with each other and the registered manager and also suggest improvements. We saw from these minutes that meetings were also used to deliver training. This should help to ensure that care staff received adequate support required to function effectively in their role.

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 Risk assessments did not contained specific guidance about what actions needed to be taken to reduce or remove the risk. Risks to people had not been assessed and controls put in place to manage these risks. Reg 12(1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have systems and processes to effectively assess, monitor and improve the quality and safety of the service provided to people Regulation 17(1)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The recruitment process did not provide robust assurances that adequate pre-employment checks had been satisfactorily done and suitable staff employed. Regulation 19(1)(a),(3)(a)

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance

assessments

Failure to display current rating at premises and on location website
Reg 20A