

Excite Care Limited

Excite Care LTD

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection visit took place on 26 May 2016 and was announced. The provider was given two days' notice of our inspection visit to ensure the manager and care staff were available when we visited the agency's office.

The service was last inspected in March 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Excite Care is a domiciliary care agency providing care for people in their own homes. Most people who used the service received support through several visits each day. On the day of our inspection the agency was providing support to 63 people with 29 members of care staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We refer to the registered manager as the manager in the body of this report.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Care staff understood how to protect people from abuse and keep people safe. The character and suitability of care staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There were enough care staff to deliver the care and support people required. Most people said care staff arrived around the time expected and stayed long enough to complete the care people required. People told us care staff were caring, kind and knew how people liked to receive their care.

Care staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us care staff had the right skills to provide the care and support they required. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

Staff were supported by managers through regular meetings. There was an out of hours' on call system in operation, which ensured management support and advice was always available for staff during their working hours. The manager understood the principles of the Mental Capacity Act (MCA), care staff respected people's decisions and gained people's consent before they provided personal care.

Staff, people and their relatives felt the manager was approachable. People knew how to complain and information about making a complaint was available for people. Care staff said they could raise any

concerns or issues with the managers. Communication was encouraged and identified concerns were acted upon by the manager and provider. The provider monitored complaints and made changes to the service in response to complaints.

There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service. This was through regular communication with people and staff, spot checks on care staff and a programme of other checks and audits. Where issues had been identified, the provider acted to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with care staff. People received support from staff who understood the risks relating to people's care and supported people safely. Care staff understood their responsibility to keep people safe and to report any suspected abuse. There were enough care staff to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

Care staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care workers respected decisions people made about their care. People who required support with their nutritional needs received support to prepare food and people had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by care staff who they considered kind and who respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. People's care needs were assessed and people received a service that was based on their personal preferences. Care staff were kept up to date about changes in people's care. People knew how to make a complaint and the management team responded to these and

acted to improve the service.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to management if they needed to. Managers supported staff to provide care which focused on the needs of the individual. Staff were supported to do their work effectively and felt able to raise any concerns with the management team. The manager provided good leadership and regularly reviewed the quality of service provided.

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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 visit took place on 26 May 2016 and was announced. This service was inspected by one inspector. The provider was given two days' notice of our inspection because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with them and staff who worked for the agency.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority.

We contacted people who used the service and their relatives to obtain their views of the service they received. We spoke by telephone with seven people and two relatives of people who used the service.

During our inspection visit we spoke with a trainer, the registered manager and one member of care staff. Following our inspection visit we spoke with one member of care staff and contacted 17 care staff via email to gather their feedback about the service, we received six responses.

We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe with staff who visited them in their homes. Comments included: "Yes I feel safe," "I have nothing to grumble about", "Yes, staff are very good" and "I'm happy."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff attended safeguarding training regularly. This training included information on how staff could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone's safety. One staff member told us, "I would raise any issues of concern with the manager. I'm sure any concerns would be looked into."

The provider had notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed of the outcome of the referral and any actions they had taken that ensured people were protected.

The provider's recruitment process ensured risks to people's safety were minimised. The manager checked staff were of a suitable character to work with people in their own homes. Staff told us, and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure to identify and manage risks associated with people's care. An assessor conducted an assessment of people's care needs that identified any potential risks to providing their support. One person told us, "I was impressed when the assessor came around and went through the paperwork with us." Risk assessments were up to date, were reviewed regularly and included instructions for staff on how risks to people could be minimised or managed. For example, one person who was at risk of becoming suddenly unconscious had a risk assessment in place for managing their condition, which instructed staff that the person could not be left unattended during their scheduled call. Staff followed the instructions, which minimised the risk of harm to the person.

In another person's risk assessment it detailed how one person needed to be supported to move around safely. Two staff members were needed to assist the person, and specialist equipment was in the person's home to support with this. The risk assessments gave staff clear instructions on how to use the required equipment. The person's relative confirmed, "There are always two members of staff sent to help move [Name] safely with the hoist."

People we spoke with told us there were enough staff to meet their needs. The manager confirmed the agency had a monitoring system which alerted them if care staff did not arrive for a scheduled call, so that alternative arrangements could be made. This helped to ensure people always received a visit from staff when they were supposed to. The majority of the people we spoke with also told us staff generally arrived on time and stayed for the right amount of time. Comments from people included, "Yes, they come every day

and they generally come on time" and "They come on time, more or less, I don't want anything to change."

The manager told us, "We monitor when staff arrive and leave through our call monitoring system. This is to ensure people are receiving support at the right times." We reviewed the monitoring log records which showed managers regularly checked staff times.

The manager and care staff confirmed there were enough care staff to cover all the calls people required. The manager told us they currently had vacancies for three members of care staff and were managing an on-going recruitment campaign, this would increase current staffing levels. Five new care staff were due to start work at the agency shortly, following their employment checks. However, rotas for staff to cover all scheduled calls had already been prepared using existing staff. The manager explained staff were given travelling time between each scheduled call to reduce the risk of staff arriving late. We saw rotas gave staff the correct time allocated on each care package. People were sent a copy of the staff rotas via email if they requested this, so that they knew which staff were scheduled to support them and at what time. Those people who did not have access to email could have a copy of the staff rotas sent to them via regular care staff.

We looked at how medicines were managed by the agency. Most people we spoke with administered their own medicines or their relatives helped them with this. Most people who received support with medicines told us they received their prescribed medicines as they should. One person said, "The medicines come in 'blister' packs that are all ready, I get them when I need to." We spoke with two members of staff who administered medicines to people in their own home. Staff told us they administered medicines to people as prescribed. They received training in the 'effective administration of medicines'. This included checks by the trainer on staff's competency to give medicines safely. Care staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by care staff during visits and by senior staff during spot checks. Completed MARs were also returned to the office every month for auditing. These procedures minimised the risk of errors being made.

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. Comments included: "The staff are good", "I'm confident in them", "They get the job done" and "All of them are brilliant."

The provider had a recruitment process in place to recruit staff who had the right skills and values to support people. The provider recruited staff locally as well as nationally and from other European countries. The manager explained this process assisted them in recruiting the number of staff they needed. The manager also told us, "Any staff that are recruited from overseas, or where English is not their primary language, undergo checks to ensure they have the communication skills they need to support people. We also look at staff values and their previous work backgrounds before we employ people."

Care staff told us they received an induction to the job when they started work. This included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. One member of staff described their induction as being 'comprehensive'. They told us "The induction is a number of full days in the office before we go out to people's homes." Another staff member said, "We received training in specific skills, according to the people we support. For example, epilepsy training." The provider had an onsite training room and a member of staff who was employed to support staff with their training needs. The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care staff in the UK. This demonstrated the provider was following the latest guidance on the standard of induction care staff should receive.

Care staff told us in addition to completing the induction programme, they had a probationary period and were regularly assessed to check they had the right skills and attitudes required to support people. Records confirmed care staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. One member of staff told us, "We have access to online training as well as the onsite training room. We can use specialist equipment in the training such as hoists and slide sheets for our manual handling training, as these are here too." Care staff told us they were encouraged to complete a qualification in care. One member of staff told us, "The assessor comes in to support us at the office, most staff go on to do follow up training such as a National Vocational Qualification."

Care staff told us they had regular supervision meetings to make sure they understood their role and spot checks (unannounced visits) to make sure they put this into practice safely. The manager said, "Staff are spot checked, we also meet with staff on a quarterly basis as well as conducting yearly appraisals. These meetings are used as a development tool and to discuss staff progression."

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The manager understood their responsibilities under the MCA. They told us the agency supported people who could not make all of their own decisions, as well as some people who had the capacity to make all of their own decisions. There were processes in place to assess people's capacity to make their own decisions where necessary. Care records showed where people had consented to their own care and support. We saw where some people lacked the capacity to make certain complex decisions, for example how they managed their finances, people had somebody who could support them to make these decisions in their best interest such as a relative. Where people lacked the capacity to make complex decisions we saw 'best interests' decisions had been made in conjunction with health professionals and people's representatives.

Care staff completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. Staff knew they should seek people's consent before providing care and support. One person confirmed, "Staff ask us what we want." A member of care staff told us, "I always try to include the person in any decision making, like asking 'how about this for lunch...?' or 'what do you think about having a shower today.'"

Most people told us, they, or their relative provided their meals and drinks. However, those people who were reliant on care staff to assist them with meal preparation were satisfied with how this was provided.

Care staff and people told us Excite Care worked well with other health and social care professionals to support people. Most of the people we spoke with managed their own health care appointments. However, they described staff helping them to contact health professionals where this was required. One relative described staff assisting with their family members' healthcare needs by liaising with the district nursing team regarding appropriate wound dressings.

Is the service caring?

Our findings

All of the people and their relatives told us staff treated them with kindness, and staff had a caring attitude. Comments included: "They are very caring," "Yes, and we have a laugh and a joke together," "They are very caring and thorough" and "I can't praise them highly enough."

People told us they were involved in making decisions about their care through meetings with the manager, or care assessor, and had regular reviews of their care needs. One person said, "We are involved in care planning, they ask us what we want."

People told us staff treated them with respect and dignity. People said care staff asked them how they wanted to be supported, and respected their decisions. One person commented, "You just tell them what you want them to do, and they do it." Another person said, "We get along well, they are very agreeable."

People told us care staff listened to them, and supported them to maintain their independence for as long as possible. One person said, "They just help me with certain tasks." Another person explained having care staff come into their home helped them remain at home for as long as possible.

Care staff had a good understanding of people's care and support needs. They told us they supported the same people regularly so they knew people's likes and preferences. One staff member said, "I personally have four or five regular people, I came to know pretty much all of the people well in my area."

We looked at the call schedules for four people who used the service. These showed people were allocated the same care staff where possible. The manager and care co-ordinator told us they tried to schedule calls to make sure people were supported by the same team of care staff. They said, "Care staff are allocated to support the same people, our staff work together in team so people have a consistent team of staff that they know."

People told us staff upheld their privacy wherever possible. One person said, "The staff make sure the curtains are drawn when I'm in bed, as this is near to a window." A relative said, "Yes they always respect [Name's] privacy when they are providing care."

Is the service responsive?

Our findings

People told us staff at Excite Care were responsive to their individual needs and wishes. This was because care staff listened to what people wanted and acted in response. One person said, "They do whatever you need them to do. They fill their time up with anything I ask them to do."

People told us their support needs had been discussed and agreed with them when the agency began supporting them. Their care package was based on their individual needs, choices and preferences. The care records we reviewed provided care staff with information about the person's individual preferences and how they wanted to receive their care and support. For example, when people wanted to be supported by staff of a specific gender. Records confirmed staff of a specific gender were assigned to support people where this was requested.

Care staff told us they had an opportunity to read care records at the start of each visit. They said the records provided them with the information they needed to support people effectively. People told us staff kept up to date records in their home. One person said, "They always fill them in every day." The care records included 'handover' information from the previous member of staff, which updated the following member of staff with any changes since they were last in the person's home. Care staff explained the daily records supported them to provide effective care for people because the information kept them up to date with any changes to people's health or care needs.

Care staff told us they referred any changes to people's care to the office staff or managers, and plans were reviewed and updated so they had the required information to continue to meet people's needs. One member of staff said, "If there are any changes it gets written down and the office is told about the change. We also inform health professionals such as the district nurses."

People told us that they were supported to go out of their home if this was part of their care plan. Staff encouraged and supported people to follow their interests and take part in social activities, where this had been identified as a specific need. One member of care staff told us, "Some people go out. I personally assist one person in going out for fresh air, a cup of coffee etc." This helped people maintain links with their local community.

People told us they knew how to make a complaint if they needed to. The complaints policy was contained in the service user guide each person had in their home, which was available in different communication formats if needed. One person said, "I would just raise it straight away with the staff." They added, "I haven't needed to though." Other people told us they had never needed to make a complaint. They said, "I can't complaint at all" and "I can't fault them."

The manager kept a log of complaints they had received. Where complaints had been recorded in the complaint's log we saw these were investigated and responded to according to the provider's complaints procedure. This meant people knew what to expect when they made a complaint. The manager had discussed concerns with complainants and tried to resolve the person's concerns according to their wishes.

For example, one person had expressed concerns regarding a member of care staff. We saw the complaint had been followed up by the manager, and the person's records showed they were subsequently happy with the care they received.

Is the service well-led?

Our findings

Most of the people we spoke with told us the care they received from Excite Care was excellent and the management team and staff were responsive to their feedback. One person told us they couldn't always speak to the manager when they wanted to, but also said staff did respond to them if they left a message. Comments from people regarding the care they received included, "The care is always superb" and "I can't fault them."

Care staff said they enjoyed working for Excite Care and most of the staff we spoke with told us the service was managed well. One member of staff commented, "It is a fair company and if you do your job with passion and accuracy they will reward you with respect and promotion." Other comments included, "The manager is approachable" and "It's a team." However, one member of staff told us communication between the manager and care staff could be improved, whilst another member of staff said they required shorter hours and more time between calls, to allow for adequate travelling time and breaks. We spoke with the manager in response to these comments who explained they were working with one member of staff regarding their contracted hours of work.

Staff at Excite Care were supported by a management team which consisted of the registered manager, a care co-ordinator, a recruitment specialist, a designated trainer and care assessors. The manager explained the agency had undergone a recent re-structure following a member of office staff leaving the team. The recent unexpected vacancy had resulted in the agency agreeing not to take any new care packages until the re-structure had been implemented. This was in part due to a recruitment campaign being delayed by the unexpected office staff vacancy. The local authority commissioner confirmed a recent voluntary placement stop was being lifted at the time of our inspection visit.

The manager told us they had resumed the recruitment of staff following the restructure and were currently recruiting six staff members to become team leaders. This was to improve the support staff received. The team leaders' role included supporting a group of staff, in a small geographical area, to ensure they had the right support locally to effectively complete their work.

Staff told us they received regular support and advice from the current manager and office staff via the telephone and face to face meetings. Staff told us the manager kept in touch with what was happening with their work because they completed some care shifts themselves. Care staff were able to access support and information from managers at the times they worked (between 06.15 and 22.30) as the agency operated an out of office hours' advice and support telephone line, which supported staff in delivering consistent and safe care to people.

Care staff said they had group staff meetings as well as individual meetings with their manager. Meetings allowed them to share their views and opinions and kept them up to date with any changes. The manager also listened to their feedback and was interested in their ideas. One member of staff told us, "Excite Care are developing a staff portal at the moment. This is a new system where staff will be able to get support online, share ideas and feedback." The manager said, "Staff have been involved in developing this portal

through a focus group, the idea is to share best practice, ideas and suggestions. We think this will promote teamwork."

People, their relatives and staff were asked to give feedback about the quality of the service they received through a range of different routes. People were visited in their home by managers who conducted 'spot checks' on the work of care staff, and spoke to people to gather their feedback. The manager also contacted people regularly by telephone to ask them about the service they received and to gather their feedback. In addition the provider operated a dedicated email address for people to provide feedback.

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. The manager completed audits in a number of areas including care records, medicines management and staff timekeeping. The provider visited the agency's office each week to review quality assurance procedures and findings with the manager. Where issues had been identified, action plans were put in place to make improvements. The manager worked with other experts in their field such as the local authority to share paperwork and systems. These were then shared with other services in the Leicestershire area as best practice. In addition, electronic monitoring systems had recently been updated and developed to assist the manager in scheduling staff rotas and call times, to ensure people always received their calls at the agreed times.