

Excel Living Limited

# Excel Living Limited

## Inspection report

Kingswood House  
South Road, Kingswood  
Bristol  
BS15 8JF

Tel: 01179070067

Date of inspection visit:  
13 December 2016

Date of publication:  
09 March 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was completed on 13 December 2016 and was announced. The provider was given 24 hours' notice because the service provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service. At the time of the inspection the service was supporting four people in their own homes.

There was a registered manager in post at the service; 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in February 2014. There were no breaches of regulation at that time.

At the time of our inspection the service was supporting four people living in their own homes. Each person had one member of staff supporting them at all times. This included a member of staff who would stay overnight and sleep at each person's home. One person had two staff to support them whilst out in the community.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. People's medicines were being managed safely. People told us they felt safe.

People were receiving effective care and support. Staff received training which was relevant to their role. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS). Staff supervisions and appraisals were being completed. People were supported to access health professionals. People could choose what they liked to eat and drink.

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people. There was positive feedback from relatives regarding the management.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they like to do and how they liked to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was responsive to people's needs. Support plans were person centred to provide consistent, high quality care and support. Daily records were detailed and contained sufficient information for staff to read and support people effectively.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. People, staff and relatives spoke positively about the registered manager.

## 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.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

There were sufficient staff to keep people safe. Staff had been recruited following safe recruitment procedures.

People were kept safe through risks being identified and well managed.

Medicines were well managed with people receiving their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff received regular and effective supervision. Staff received adequate training to do their job effectively.

People's nutritional needs were being met in an individualised way that encouraged them to be as independent as possible.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA). Staff promoted and respected people's choices.

### Is the service caring?

Outstanding ☆

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with thought the staff were approachable and kind. People were supported in an individualised way. People were supported to maintain contact with family and friends.

People were given information about the service in ways they could understand.

### Is the service responsive?

Good ●

The service was responsive.

People were able to express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People were supported to make choices about their care and support.

There was a system in place to manage complaints. Everyone we asked said they would be comfortable to make a complaint. They were confident any complaints would be listened to and taken seriously.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

### Is the service well-led?

Good ●

The service was well-led.

Staff felt very supported and worked well as a team. Staff were clear on their roles and the aims and objectives of the service.

Quality monitoring systems were used to further improve the service provided.

There were positive comments from people, relatives and staff regarding the management team.

# Excel Living Limited

## 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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection was completed on 13 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service.

The inspection was completed by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The previous inspection was completed on 21 February 2014 and there were no breaches of regulation at that time.

At the time of the inspection, the provider was supporting four people living in four different supported living locations. The landlords, in most cases were housing associations.

During the inspection we looked at three people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with the registered manager of the service, the director and five members of care staff. We visited one person living in their own home. There was only one person available for us to visit during our inspection. We contacted three relatives who gave us feedback.



# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I am safe as I have staff with me". Staff told us they were able to keep people safe. One staff member said, "People are definitely safe, we make sure they are" and another staff member said, "If there was a problem I would either speak to my manager, social services or CQC, depending on the problem".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. An easy read safeguarding policy was available for people. The safeguarding policy had been updated and reviewed in October 2016. The registered manager and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said, "We do our safeguarding training every year to make sure we are up to date". The registered manager said, "We attend local information events and recently attended one related to managing safeguarding".

Each person had a financial profile. This explained what they understood about their finances and what support was needed. We were informed this was implemented to minimise any risk of financial abuse to people. There were checks by staff members in place every day and all receipts were counter signed by a team leader. All relatives said they had no concerns about their family's finances.

The number of staff needed for each shift was calculated using the hours contracted by the local authority. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people who used the service. One staff member said, "We are all regular staff and we don't use agency staff". Another staff member said, "The team we have has been with Excel for around eight years now, it consists of six regular staff and one cover member". One relative said, "There is the same staff all the time".

Staff completed a six month probationary period where the provider checked if they were performing to a suitable standard. This process enabled the registered managers to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We saw individual risk assessments in people's support plans such as; travelling alone, community access and using household appliances. The risk assessments we saw had been regularly reviewed and kept up to date. Staff told us they had access to risk assessments and ensured they followed the guidance in them. On one occasion Excel Living Ltd supported one person to move to a new home. The registered manager reviewed the person's accidents and falls records and found most of their falls/injuries occurred in the garden. The person's garden had raised concrete flower borders and a few uneven surfaces. The service discussed the person's financial position with their court appointed deputy and suggested the garden be made suitable for their individual needs. This was agreed and the person now has



access to a fully enclosed garden which has been made flat and covered with a shockproof pad and artificial grass.

One person who was supported by Excel living Ltd often chose to sleep on the floor rather than in their bed and on one occasion fell out of bed whilst sliding on to the floor to sleep. The service looked at alternatives and purchased a bed with a slide out bed underneath. Risks were assessed and it was clear there would be a risk of the person catching their fingers if they managed to move the bed back under. The registered manager secured the bed in the open position using metal fixings and covered all sharp edges with foam padding. This worked well for a while and the person would sleep on the lower bed. After a while the person stopped using the lower bed and went back to sleeping on the floor. A staff member noticed this and informed the registered manager and also said the person had pink marks on their hips from sleeping on the floor. A staff meeting was arranged and the team discussed possible options. The service decided to purchase some cut to size memory foam to cover the majority of the person's bedroom floor. This has worked well and the person is now able to sleep on the floor like they prefer to do in a more comfortable manner, whilst also reducing any risk of pressure sores from sleeping on the hard floor.

People's medicines were safely managed and the practices and procedures followed resulted in minimal risk of error. People's medicines were stored safely and their medicines were given as prescribed. People were supported to take their medicines as they wished. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicine were being managed safely. Staff received training, watched other staff and completed a full and comprehensive competency assessment before being able to administer medication. All relatives were happy with medication arrangements and one relative said, "Excel oversaw [The person] weaning off their medication, under the supervision of the GP and they did it really well".

The service used a variety of equipment and technology to keep people safe and make sure people had as few restrictions as possible such as; Door sensors, epilepsy monitors and mobile phones for people who used the service to call family and friends whenever they wished to. Two people who used the service were supported to change their Motability vehicle to ensure one had wheelchair access and one that had a large Perspex screen.

All staff had received fire safety training and people had personal emergency evacuation plans. (PEEPs). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in an emergency. One person's PEEP said, 'During the night the internal doors are locked via a Yale star key. This key is kept in the lock, which locks the second bedroom door. Staff should ensure this set of keys is kept in the lock when going to sleep. If they need to support [The person] during the night or in an emergency they should take the keys with them as [The person] has been known to lock themselves in their room'.

A 24 hour on-call system was available for staff every day. The registered manager said, "We are on the phone throughout the day to our team members offering support and guidance as and when needed. We can be contacted at all hours and everyone knows that".

# Is the service effective?

## Our findings

People and relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included; "Staff know what and how I want things to be done". One relative said, "My relative isn't always easy but the staff are brilliant with [The person]". Another relative said, "Excel kept [The person] as mobile as possible for as long as possible, they go above and beyond".

We checked whether the service 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 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 and legally authorised under the MCA. From speaking with staff it was evident they had a good understanding of the act and how it impacted on their day to day roles of supporting people. One person was having a best interest meeting the day after our inspection with regard to their finances. One staff member said, "I have just contributed to a person's capacity assessment to make sure all of the paperwork was in order".

The service used various different techniques to communicate and support people with decisions about care and treatment including; You tube videos showing what happens during a mammogram, pictures/photos of activities to attend, objects of reference for activities to attend and books to enable people to select outfits depending on the weather. The book had photos of specific outfits and were labelled for the type of weather it would be appropriate to wear. Information and details of support groups were available. Easy read documents were also available.

For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles and found that at the time of the inspection, the service was liaising with the local authority who has the duty to submit the application to the COP. One person was being considered for this due to being unable to manage their own finances. All relatives we spoke to were confident that the best interests of their loved ones were considered at all times. One relative said, "I trust them implicitly, I don't know what I'd do without them".

Staff had completed induction training when they first started working at the service. This was a mixture of face to face training, online training and shadowing more experienced staff. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. The Care Certificate covered areas such as; equality and diversity, privacy and dignity and autism-the facts. There were mandatory courses for staff to complete such as; first aid, MCA and DoLS, safeguarding and positive behaviour management. The 12 week induction programme was discussed and signed off by a registered manager to ensure staff understood their role and what was expected of them.

Staff had been trained to meet people's care and support needs. The registered manager said staff received

core training for their role and specific training to meet the needs of people they supported. Staff told us they had the training to meet people's needs. One staff member said, "We undertake all of our training every year and we have all either finished or are working towards our NVQ (National Vocational Qualification). We reviewed the training records for staff which confirmed they had been appropriately trained to support people with learning disabilities and complex needs. The registered manager and director attend the same training as the staff team to ensure the course remains relevant to the support provided. The trainers had given feedback to the management team and said, 'We don't often get directors attending training. It is refreshing that they attended'. The service had signed up to, and encouraged all staff to also sign up to the social care commitment which is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment focuses on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care. The registered manager told us that they had organised positive behaviour management team with the Bristol intensive response team (BIRT) and this was well attended. One health and social care professional from the BIRT team said, "The management team work closely with us and keep us up to date and informed. They welcome our input and advice and are always looking to improve".

Staff received regular supervisions and appraisals which provided them with formal support to develop their skills and knowledge. This helped ensure people continued to receive high standards of care from staff that were fully trained and supported. One staff member said, "I get regular supervisions, every two months and it helps me to do my job". Records confirmed these were being completed. The registered manager said, "We enjoy challenging ourselves and our staff members thinking and making them look beyond what is in front of them using reflective practice during our supervisions and team meetings".

People chose the food they wanted and were supported by staff to assist with food preparation. People's dietary and fluid needs were assessed and if needed plans made to meet those needs. This meant the service monitored people's food and fluid intake to ensure they were not at risk. One person's fluid had to be limited for health reasons. A chart had been introduced so the person could see how much they had drunk and become more independent in managing this. Staff told us people were supported to eat a healthy diet and drink plenty of fluids. One person said, "This morning I had cereal and currants and I can choose whatever I like". One relative said, "I am happy with the quality of food. [The person] loves his food and the staff give them his favourites". Support plans gave staff guidance of any dietary requirements. One person had diabetes and their plan gave staff guidance on foods to be avoided and also any likes and dislikes. Some of the people supported by Excel living Ltd had been overweight on assessment to the service. One person was supported to attend slimming world and has successfully lost six stone and has maintained that weight loss. Another person was supported to make healthier decisions around food and limit treats and has also had significant weight loss. Both people are now within the healthy BMI range. One person was eating a lot of ready meals for convenience. The registered manager ensured staff were encouraged to show the person photographs of meals and buy fresh when they wanted to. This was to aid the person's digestion and be healthier. During a team meeting the importance of fresh healthy meals were addressed. This has continued to be monitored. Each house had information provided by the NHS on fluid intake and what a healthy diet is. One person had difficulty with swallowing, there was a clear protocol in place which staff followed at all times. This didn't prevent the person from eating out like they used to enjoy but it meant they need to plan ahead and look at the menu choices before they go anywhere.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians and members of the community learning disability team. We saw people's changing needs were monitored, and changes in health needs were responded to promptly. In each care plan, support needs were clearly recorded for staff to follow regard to attending appointments

and specific information for keeping healthy. One person said, "I have no issues with attending appointments. I go to the dentist and opticians. I went last month to get my eyes checked. Staff organise for my chiropodist to visit me at home when I want them too. It's very helpful and easier for me". All relatives we spoke to were happy with people accessing healthcare services. One said, "They take [The person] to all of her appointments. My relative was supported whilst in hospital and they helped me with the communication between the nurses". People were supported to have an annual health check at their local GP surgery. The service ensured that each person had a health action plan that was followed and that all health care appointments were attended. The registered manager attended all of one person's epilepsy reviews. This ensured the health professional had contact with one main person of the team.

## Is the service caring?

### Our findings

There were positive comments about the staff from people and relatives. One person said, "I like living here, the staff are very good". One staff member said, "I love working here, people achieve a lot and it's a great job". One person said, "The staff are helpful, it's nice". One relative said, "We are absolutely ecstatic with the service, they are amazing". Another relative said, "I know all of the staff and they are lovely, there is nothing they won't do" and "The interaction between my loved one and the staff is perfect". Another relative said, "I've never known [The person] to be so happy and optimistic about her life".

People were supported by a small team of staff. This ensured continuity and enabled the person to get to know the staff. To help staff get to know people there was a one page profile detailing what was important to the person, what people admire about them and how they liked to be supported. This included their likes and dislikes and activities they liked to take part in. One person liked making cakes, discos and eating out (especially a carvery). This person had held a Macmillan coffee morning to raise money for charity. Staff supported the person to bake cakes, invited family, friends and neighbours and helped decorate her living room. The person raised £60.54p for the charity and stated they were really proud and pleased with their achievements.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. We saw that staff had been trained about equality and diversity. We saw people were treated with kindness and compassion. We observed staff responding quickly to people's needs in a caring and meaningful way. One person was treated with dignity and respect whilst receiving personal care in their home whilst we visited. The staff member closed the door and explained to the person what they were doing, or about to do in a calm and reassuring manner. All relatives we spoke to were happy with their loved ones quality of life and the way they were treated.

One person using the service expressed an interest in having a relationship. Staff had supported the person to join a dating/friendship group and attend, sexual awareness and starting and maintaining a relationship courses. The person was supported to meet with a relationship therapist and had joint therapy sessions with her new partner. The couple have been engaged for a couple of years and are both happy to live separately for now. Staff spoke fondly of the engagement party they helped to organise and the relationship itself. The service had received positive feedback relating to their commitment to support an individual with complex support needs. The BIRT team praised the fact that the person was treated as an individual first and that the person's behaviour came second.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior their service being set up. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's support plans, in relation to their day to day needs.

Advocates, who are individuals not associated with the service were used to support people if they were needed. People using the service were given information regarding advocacy services when they began with the service. Two members of staff we spoke to told us that people had access to an advocate if required.

People we were able to speak with told us about their family and friends and how they maintained contact with them. One person said, "My fiancé comes and visits me at my home and staff are able to help us go out and have lunch if we want to". Staff told us supporting people to maintain contact with their family and friends was an important part of providing good care and support. All relatives we contacted had no issues with visiting their relatives when they wanted to. One relative said, "Visiting is fine, Thanks to Excel I can now have quality time with [The person] rather than spending time sorting things out". Another staff member said, "Relatives can come at any time. They are also invited to meetings".

After one person who used the service had passed away Excel Living Ltd continued to support the family, showing them empathy and understanding. The management team supported them to arrange the funeral, choose songs that the person enjoyed and also arranged the wake back at the person's home. The service was provided unpaid and out of a moral obligation to the person and their family who they had become close to and fond over of the eight years they had been supported by Excel Living Ltd.

People were supported to dress accordingly to their individual tastes. They looked well-presented and well cared for. People's choice around clothes and what they liked to wear was documented in their support plans. People were encouraged to look after their clothes and support plans gave staff clear guidance on how people liked to be supported. One person's support plan said, "I can dress myself although I will need a hand to do up my bra and adjust my trousers. I sometimes need a hand to choose clothing which looks nice". One relative said, "The staff paint [The person's] nails and take her to the hairdressers". One compliment from a relative said, 'I felt I should say that one staff member is brilliant with [The person]. She is really paying attention to the small things like making her clothes match and blow dry's her hair nicely. She also does lovely crafts work. She is an asset to your company. She is making a big difference to [The person's] life, she is lovely".

## Is the service responsive?

### Our findings

People we spoke with said the service was responsive to their needs.

There had been many compliments in 2016 from staff, relatives and professionals. One staff member wrote an email to the registered manager saying, "As a boss, you really do go above and beyond. We all recognise it, it's not just me. Thank you". One relative said, "I have visited [The person] today and I was so impressed. One staff member genuinely cares about my relative's welfare and it made me feel so grateful. [The person] is so lucky to have you and your fabulous staff". There had been many compliments from the latest quality assurance questionnaire and comments included, 'Very helpful when needing information' and 'I am very happy with Excel and I don't want to move on. I want to stay forever as it's up to me'. One relative had wrote, 'Excellent service, perfect for [The person's] needs, nothing to improve. No worries about anything and very pleased with the service. Thank you for everything you do'.

People talked to us about activities they enjoyed doing and any holidays they were planning with the help of staff. Staff told us they were continually trying to improve the activities on offer. One person we spoke to was going out to a local school to read to local children on the afternoon of our inspection. People enjoyed a range of activities such as; drama groups, shopping, discos, bowling, Bristol zoo, swimming, going for coffee or lunch and visiting family and friends. One person was going to Butlin's for a holiday next summer and another person was supported to go abroad with their family. All relatives we spoke to were happy with the activities their loved ones were taking part in.

Each person had a support plan to record and review information. The support plans detailed individual needs and how staff were to support people. Each support plan covered areas such as; communication, daily living, eating and drinking, personal care, mobility, hobbies and interests, personal safety and emotional well-being. Each support plan gave staff guidance on how to support people effectively and this was written by staff with people being able to decide how they would like things written. One person enjoyed shopping and their support plan gave staff guidance on how the person liked the shopping trip to be. The person would like to hold the basket whilst staff pushed the wheelchair. This had been updated and reviewed in July 2016. One person with specific behavioural needs was involved as much as possible with the support planning process by trying new techniques to help with their anxieties. The registered manager talked through things and ensured [The person] understood what was being said. The person was able to question the ideas before they were implemented. The person was able to make suggestions that might help them and these were taken on board by the service. As well as using discussions, visual aids were also used to ensure the person fully understood.

By speaking to staff and looking at records, it was evident that promoting people's rights and supporting people to increase their independence and make choices was important to the team. One person had been re-assessed as needing two staff members whilst out in the community due to specific concerns. A review had taken place and the extra support had been put in place by the service involving other professionals. The person was fully involved with discussing the changes and was much less anxious whilst going out due to the extra support. This had a positive outcome for the person. Recently the service had worked with a



social worker that wasn't following one person's behaviour protocols and this was causing the person to be anxious and upset. The management team addressed this in person, over the phone and via email with the social worker. When this didn't work there was contact with their manager. It still continued so the service submitted a formal complaint to the local authority. There were various meetings and the service highlighted the person's individual support needs and the importance of everyone following agreed protocols for the safety of the person, staff and others.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's current care and support needs. The daily notes contained information such as the activities people had engaged in, their nutritional intake, food offered and accepted or declined and any behaviour which may challenge. Details of support provided was recorded and anything people had done independently was logged to show outcomes for people. This meant staff working the next shift were well prepared and able to encourage people's independence.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff. One person's support plan showed important information that needed to be shared with medical professionals. For example: '[The person] will express pain or distress by becoming anxious, raising their voice, calling for parents or crying. They are currently taking medication as a mood stabiliser'. The medication and dosage was listed to inform hospital staff. One person had recently had an operation to remove a cataract. Due to a heart condition [The person] was to be under sedation rather than a general anaesthetic. A member of their support team and a director went to the hospital to support them. The director accompanied them into theatre during the operation to give reassurance and support to ensure the doctors could perform the surgery without the person becoming too anxious or upset.

People told us they were aware of who to speak to and how to raise a concern if they needed to. No-one we spoke with had concerns or needed to complain. People felt that the staff would listen to them if they did and that issues would be addressed. A copy of an "easy read" how to complain booklet was found in each person's care file. One relative said, "If anything bothers me, I ring the management team and they deal with it straight away". The registered manager said, "Anyone can contact me at any time to discuss anything they are worried about and it will be addressed immediately". Some time ago a staff member raised a complaint. The registered manager wasn't able to investigate this matter due to a conflict of interest so the provider purchased the services of an external company to investigate the matter and the complaint was dealt with appropriately.



## Is the service well-led?

### Our findings

There was a registered manager for the service. Staff and relatives told us they felt well supported by the registered manager and the provider. One staff member said, "The management team is really good, they are very accommodating. Another staff member said, "They are always on the end of the phone, they are very supportive". I needed some time off for a family funeral recently and I was allowed this". Relatives were happy and confident to deal with the registered manager if there was a problem and described them as 'Very approachable'. One relative said, "I would be happy to ring, they are lovely". On one occasion a member of the public complained about the support being provided. This was a misunderstanding and they were invited to meet the service user and staff team to go through any concerns they had. This offer wasn't taken up.

The registered manager was responsible for completing regular audits of the service. These included assessments of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. The Excel living ltd development plan gave seven areas for improvement and a target date was set for 30 December 2016. Areas such as, improving staff supervisions and updating staff job descriptions had been identified as areas requiring changes. The registered manager told us this was a way of improving quality of care and support within the service.

The organisational records, staff training and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Examples of these included safeguarding, duty of candour, infection control and lone working policy. A large number of easy read policies were available for people if they wanted them. These included complaints and how to complain, safeguarding and MCA and DoLS.

Excel living ltd sent out feedback questionnaires to people, relatives and staff to look at any areas of concern and ways to improve the service. A quality assurance report was produced from the information provided by the feedback. There had been two replies from people or relatives who use the service and five replies from staff. The questionnaire asked 20 questions which people were asked to grade A (Excellent) –E (Poor). When asked about the quality of the service both forms from people or relatives said 'excellent' and one relative said, 'They give [The person] an excellent service. Any problems are dealt with immediately. This service not only ensures [The person] but also me to live our lives to the full. Well done and Thank you, you are the best'. Three staff stated Excel living ltd provided 'excellent' quality and support and one staff said the quality and support was 'quite good'.

The service conducted spot checks on people's care and support needs sporadically. This included general comments about the property, finances, medication stock checks, support plans, house diaries and communication. Any concerns were identified and any actions were completed. One person's spot check completed in September 2016 identified that there were no painkillers available for the person and this was re-ordered by the online repeat prescription facility at the local chemist.

Staff attended regular team meetings. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. The meetings had specific outcomes. One person had a team meeting at their house with regular staff in attendance. The agenda covered specific areas such as; diet, exercise, health, maintenance and plans for Christmas. Relatives were invited to attend meetings and reviews whenever they wished. One relative said, "They have regular staff meetings and I can go to any of them".

The registered manager told us that supporting staff was equally as important to supporting people within the service. When one staff member was pregnant the service purchased a lightweight wheelchair and arranged a specific manual handling training session for the staff member. The service researched on the internet how to keep the staff member as safe as possible under the circumstances. For every staff member who was pregnant the provider paid for private 1:1 birthing classes. The feedback was positive and staff commented that it was lovely and really helped them to relax. The registered manager and other director provided continuous support to all of the staff team. The management team were willing to work within each of the teams covering shifts and were fully part of each team as well as managing and overseeing them. The registered manager said, "By being part of the support teams it means we can see things from their point of view. We can take in to consideration the actual job and what is expected of them and they are aware that we also do the job just like they do so we understand the difficulties they sometimes face".

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. There were recorded locations, people involved, witnesses and the duration of each incident logged for each one. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. One person who suffered with epilepsy had their seizures recorded and these were monitored by the registered manager for any patterns or trends.