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# Excelle Home Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out an announced inspection of Excelle Home Care on 10 December 2018. Excelle Home Care is registered to provide personal care to people in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service provided personal care to 48 people in their homes.

At our last inspection on 30 March 2016, we rated the service 'Good'. At this inspection, we found concerns with risk assessments, medicine management and quality assurance systems. Therefore, the service has been rated 'Requires Improvement'.

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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Risks to people were not always robustly managed. We found some care plans did not contain suitable and sufficient risk assessments to effectively manage risks. This placed people at risk of not being supported in a safe way at all times.

Staff had been trained to manage medicines safely. However, we found gaps in some people's medicine records and could not be assured people had received their medicines at the times prescribed.

Effective quality assurance systems were not in place. Audits had not identified the shortfalls we found during the inspection.

Accurate and complete records had not been kept to ensure people received high quality care and support.

Staff time-keeping and attendance was being monitored. We noted where staff were late, this was not being pursued by office staff to minimise the risk of late calls or missed visits. We made a recommendation in this area.

Care plans included the support people required. People's ability to communicate were recorded in their care plans. However, daily notes did not include accurate information to confirm people had received person centred care. We made a recommendation in this area.

Regular supervisions had not been carried out in accordance with the provider's supervision policy. We made a recommendation in this area.

Full pre-employment checks had not been carried out to ensure staff were suitable and of good character to

support people in a safe way. We made a recommendation in this area.

We received mixed feedback from staff, relatives and people about the management team.

Staff had received mandatory training to perform their roles effectively.

People's feedback was sought from surveys. Surveys were analysed to ascertain what the service was doing well and what areas required improvement.

People's privacy and dignity were respected by staff. People and relatives told us that staff were caring and they had a good relationship with them.

A complaints policy was in place to manage complaints. Staff were aware of how to support people with complaints

Spot checks of staff supporting people had been carried out to observe staff performance.

We identified two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to risk management, medicine management and good governance. You can see what action we have asked the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Some risk assessments had not been completed for people with identified risks.

Medicines were not being managed safely.

Monitoring of staff was not effective.

Pre-employment checks had not been carried out in full.

Appropriate infection control arrangements were in place.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had not received regular supervisions. Staff felt supported by the management team.

Although staff had received MCA training, some staff were not aware of the MCA principles. Consent had been sought from people to provide support to them.

Staff had received mandatory training.

People had access to healthcare services when required.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff had positive relationships with people and were caring.

People and their relatives were involved in decision making on the support people received.

People's privacy and dignity was respected.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care plans included the support people would require. However, daily records did not reflect the tasks that had been carried out.

People's ability to communicate was recorded.

Staff knew how to manage complaints. People and relatives had access to complaint forms should they need to make a complaint.

### **Is the service well-led?**

The service was not always well-led.

The quality systems in place had not identified the shortfalls we found during the inspection.

Accurate records had not been kept to ensure people received high quality care at all times.

People's feedback about the service was obtained from surveys.

Staff were positive about the management. However, people and relatives had mixed feedback of the management.

**Requires Improvement** 

# Exelle Home Care

## **Detailed findings**

### **Background to this inspection**

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

The inspection was carried out on 10 December 2018 and was announced. We gave the service notice because we wanted to be certain that someone would be available to support us. The inspection was undertaken by an inspector and an 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.

Before the inspection, we reviewed relevant information that we had about the provider including the last inspection report and any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We also sought feedback from social professionals.

During the inspection we reviewed documents and records that related to people's care and the management of the service. We reviewed five people's care plans, which included risk assessments and five staff files which included pre-employment checks. We looked at other documents held at the service such as medicine, training and supervision records. We spoke with the registered manager, care manager and two care coordinators.

After the inspection, we spoke to nine people who used the service, eight relatives and four staff by telephone.

# Is the service safe?

## Our findings

Risk assessments were carried out with people but they were not effective in identifying all risks and how to minimise them. For example, for one person who had been identified as risk of having seizures, there was no robust risk assessment in place to mitigate this risk. For example, triggers for seizures and what staff should do if the person was to have a seizure. The registered manager told us the seizures were controlled by medicines. However, we found on the person's medicines record that there had been missed medicines, which may increase the risk of the person having seizures. The person was also at risk of falls and their care plan included that staff to ensure the person wore a pendant alarm so the person can call for help in the event of an emergency. This level of information had not been included on the person's risk assessment. Another person was identified at risk of falls and their care plan detailed they had previously fractured a bone after a fall. However, a risk assessment had not been completed to minimise the risk of falls.

Risk assessments had not been created in relation to people's health conditions. For example, some people had a previous diagnosis of cancer. This had not been risk assessed, particularly the symptoms that may lead to cancer and what actions staff may take to ensure the person was in the best of health.

For another person, the summary section of the person's care plan showed that the person may be at risk of malnutrition and dehydration. However, there was no risk assessment in place to mitigate this risk such as the signs and symptoms of malnutrition and dehydration and who staff should report to. The person was also at risk of skin complications; however, a risk assessment had not been completed to mitigate this risk.

The above concerns meant that risk assessments were not completed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. This placed people at risk of not being supported in a safe way at all times.

Care plans included the type of medicine people were prescribed. A relative commented, "They do all the medicines, well they do everything really, I have no worries about that." The service supported some people with medicines. We looked at Medicine Administration Records (MAR) for some of the people the service supported with medicines. MAR had to be completed electronically and included the medicine people were given with the dosage and when this should be administered during the day. Staff had received medicines training and told us that they were confident with managing medicines and had been competency assessed to check their understanding of medicines. Staff were also aware on what to do if an error was made such as missing a medicine. They told us they would report this to the office and depending on the type of medicine then contact the GP for advice.

However, we found records that showed a number of gaps on people's MAR. For one person, we found a number of gaps throughout November 2018. We fed this back to the registered manager and went through the daily records to identify if these medicines were administered. There were no entries on the daily records to evidence if the medicines had been administered. For other people, the registered manager told us that one of the people was in hospital and some people may not have been at home. However, this had not been recorded on the person's MAR or daily records.

We fed this back to the registered manager who told us as the care planning system was digital, the MAR chart was signed as administered only when staff completed daily records and listed the types of medicines that had been administered. Therefore, as staff had not completed daily records, the MAR chart would not have been updated. The registered manager informed us that audits would be introduced to ensure medicines were managed safely at all times and further training would be delivered to staff on recording daily notes digitally.

This meant that by not recording the administering of medicines, the service may not be assured that medicine was being administered as prescribed.

The above issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff told us they were given adequate time to travel and attend appointments on time. However, we had mixed reviews on staff time-keeping from people and relative. A person told us, "They come four times a day. They are on time." A relative said "They come three times a week to put (relative) in the shower, the girls come when they should, they do use their gloves and aprons." However, a person told us, "The calls can vary by up to two hours and they don't let you know. They hadn't come by 8.30 the other night so I rang, the girl did come but I sent her away as it was far too late for a meal." A relative told us, "Well it's not as good as it should be. We've had this from March for both my parents, they come four times a day and we do have two that's more or less regular in the week but the weekends are a bit all over the place."

The service used an online call monitoring system to monitor staff timekeeping and attendance. Staff logged in and out of visits electronically or by using a phone. This showed they had attended and left their visit after carrying out personal care. This then generated a report, which showed the times staff logged in and out of a care call that was monitored by office staff. There was no 'real time' system in place to alert senior staff when a staff member was running late or had not attended a call. An office staff member told us, "Each morning we would check the spreadsheet to check if staff were late. If not, then we would call to check where they are. If we were alerted then it would be easier."

Records showed that staff were given a short amount of time to travel in between care visits because they were allocated specific postcode areas to work in to minimise travel time. The care manager said staff did not usually have to travel more than five minutes between visits as rotas were organised according to close proximity where people lived. We looked at staff rotas and saw staff were generally given five minutes time to travel in between appointments. Rotas showed the days and times care was to be provided to people. Cover was in place if staff could not attend calls. Staff we spoke to confirmed this. A staff member told us, "Yes, there is someone always available if we cannot attend a call."

Records showed that there had been a number of late calls over the weekend before the inspection, some for over an hour. Some entries showed that staff had not stayed the required amount of time to ensure people received the full support. However, there were no records to evidence that any action had been taken to check why staff were late to ensure the risk of late calls or missed calls were minimised.

We recommend the provider reviews procedures for late calls and rotas to ensure the risk of missed visits or late calls are minimised.

People and relatives we spoke to told us that people were safe. A person told us, "I do feel safe with [staff member]." Staff were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to and understood how to whistle blow and knew they could

report to outside organisations, such as the Care Quality Commission (CQC) and the police.

We checked five staff records to see if pre-employment checks had been completed. Pre-employment checks such as DBS and immigration checks, employment history and proof of the person's identity had been carried out as part of the recruitment process. This ensured staff were suitable and of good character before supporting people. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. The providers recruitment policy states, 'A minimum of 2 references, one of which must be from their current or last previous employer.' However, for two staff we found full references had not been obtained to check if staff were of good character. One member of staff only had one reference and another member of staff did not have any reference that had been requested before being employed. The registered manager told us that references had been requested, however they may have been misplaced and would look for them. Staff we spoke to told us that pre-employment checks had been carried out before they had been employed.

The registered manager told us that there had been no incidents or accidents since the last inspection. There were incident and accident forms available to record incidents. The registered manager told us that if there was any incident, they would analyse this to ensure lessons were learnt and to minimise the risk of re-occurrence.

Some people and relative raised concerns with infection control and staff not using gloves or aprons when supporting them with personal care. We fed this back to the registered manager who told us they were not aware of this and would look into this promptly. After the inspection, the registered manager told us that they had spoken to the people and relatives and would follow this up with the staff members, to ensure this does not happen again. Records showed staff had been trained on infection control. Staff told us they were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE separately when completing personal care.

## Is the service effective?

### Our findings

Supervision meetings for care staff included discussions on timekeeping, attendance, professional development and any concerns that staff may have. The registered manager told us that it was the service's policy to ensure staff get four supervisions a year. Staff told us they were supported in their role. A staff member told us, "I am supported in my role." Another staff member told us, "[Registered manager] is understanding. Very supportive." However, records showed that some staff had not received regular supervision for 2018. For example, one staff member that had been working since January 2018 had only received one supervision on April 2018 and another staff member employed for more than 12 months had only received two supervisions during 2018. The staff member was required to have an appraisal on October 2018 but had not received one. There was no schedule in place to show when supervision was due. This meant that not all staff were being fully supported, which may impact on the support they provide to people.

We recommend the service follows its own supervision policy to ensure staff are supported at all times.

Most people and relatives told us staff were skilled, knowledgeable and able to provide care and support effectively. A person and a relative told us, "They are all very well trained." A relative commented, "(Staff member) knows what she is doing." We saw a written compliment from one person which said, "Both carer had great moving and handling techniques and I just wanted to commend them on great care provided."

Staff told us that they found training helpful. A staff member told us, "Training is good. We do have regular training." Records showed that new staff members that had started employment with the service had received an induction. A staff member told us, "At induction, we did a lot of things. It was helpful." Part of the induction included Care Certificate standards. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life, such as safeguarding, infection control, first aid and health and safety. There was an observation report following the induction to check staff understanding of the induction training before supporting people.

We looked at the training matrix. The matrix was up to date and showed staff had received mandatory training. Training topics included safeguarding, infection control, moving and handling and first aid.

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 whether the service was working within the principles of the MCA.

Some staff did not know the principles of the MCA when we spoke to them. The registered manager told us after the inspection, refresher training would be delivered. Where possible, people had signed a consent to care forms agreeing to receive support and care from the service. Staff we spoke with told us that they always requested people's consent before doing anything. A staff member told us, "You have to ask for

consent before doing anything, definitely."

Pre-admission assessments had been completed prior to people receiving support and care from the service. These enabled the service to identify people's daily living activities and the support that people required. This allowed the service to determine if they could support people effectively. Using this information, care plans were developed. The service assessed people's needs and choices through regular reviews. Records showed that changes in people's circumstances had been recorded and used to update people's care plans. This meant that people's needs and choices were being assessed effectively to achieve effective outcomes.

The service supported people with meals, which included preparing meals and making meals from scratch. Care plans included the support people would require with food and drink and their likes and dislikes. People were given choices by staff when supporting them with meals. A staff member told us, "You have to ask them first and they will tell you what they want." However, two people raised concerns with their meal time when receiving support from staff. A person told us, "They do microwave meals and some don't know what to do with the timer and the meals are cold and I have to say that's got to go back in." Another person commented, "The meals are terrible, it's all microwave and they are nearly always cold. I say but nothing happens." We fed this back to the registered manager who told us, they would speak to the people and ensure this was not repeated.

Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health, they called for a health professional to support the person and support their healthcare needs. Staff were able to tell us the signs people would display if they did not feel well. This meant the service supported people to access health services to ensure people were in the best of health.

## Is the service caring?

### Our findings

People and relatives told us that staff were caring and treated people well. A person told us, "They are all kind." Another person told us, "They are all very nice to me." Staff told us how they built positive relationships with people. A staff member told us, "We have a good relationship [with people]." Another staff member commented, "I build relationship by just spending time with them so when I support them, I talk to them and find out what they enjoy doing. We have a good time and I get to know them more."

People and relatives confirmed that they had been involved in decision making on the care people received. There was a section where people and relatives could sign to evidence that they agreed with the contents of their care plan. Information on one person's care plan included, "I will like to make my own decisions but still would like the support of my children in making some decisions together.' A staff member told us, "You give people a chance and they will tell you their decision. You have to get them to make the decisions."

People's independence was promoted. Care plans included information on where people could support themselves and areas they would need support with. On one person's care plan, information included, '[Person] can put out clothes and [person] and can put it on.' A staff member told us, "Yes, I encourage people to do things by themselves and let them know, I am here to help them if they need help. This gives them confidence to support themselves."

Staff ensured people's privacy and dignity were respected. They told us that when providing particular support or treatment, it was done in private. A staff member told us, "When taking care, I close the curtains, cover person up and respect what they want. We take it seriously." Another staff member told us, "I always respect our client's privacy. When I support them, I make sure no one is around and also cover them so they are not exposed." People and relatives, we spoke to confirmed that people's privacy and dignity was respected when staff supported them with care.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely in the office.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. People and their relatives we spoke with confirmed that they were treated well and had no concerns about discrimination.

## Is the service responsive?

### Our findings

Each person had an individual care plan, which contained information about the support they needed from staff. Staff told us that they found care plans helpful. One staff member told us, "Care plans are helpful. Most of the time we follow care plans, it is good." The care plans were electronic and hard copies had been kept in people's homes. There was a 'What is important to me' section that included information on people's living arrangements, family relations and important events. Care plans included the support people required and the times they required support. In one person's care plan, information included that staff should monitor a person's food intake due to concerns with their appetite. Daily records showed that this was being monitored and the person was being encouraged to eat. In another person's care plan, information included, 'I wake up early. I do not have a routine. I will take a shower every other day and have breakfast. Assist with my medicine also.'

There were daily records, which staff should record about people's daily routines and the support provided by staff such as when medicines were administered. However, we were unable to find daily records for people for a certain period of time to evidence if they had received their medicines. One care plan showed that a person should wear a pendant alarm to press in the event of an emergency. Daily records did not evidence that staff put the pendant alarm on the person when they left. This meant records were not being kept of the support and care people provided to people, which meant the provider may not know if people received safe and effective care.

The registered manager told us that they had changed their care plans and daily notes from hand written to digital records. They told us staff were getting used to the digital notes but would ensure important information would be captured in their digital notes in future.

We recommend the service follows best practise guidance on ensuring daily records reflects the tasks carried out.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Staff were able to tell us how they communicated with people. Care plans included people's ability to communicate and recorded how staff should communicate with people. Information on one care plan included, 'Need to look at me and speak louder when talking to me.'

There was a complaints policy in place. No formal complaints had been received since the last inspection. There was a complaint form available should people or relatives want to make a complaint. People and relatives knew how to make complaints. Staff were aware of how to manage complaints.

Records showed that the service had received compliments from relatives and people. Compliments included, 'Thank you very much for looking after me so kindly' and 'May I take this opportunity to say how

lovely [staff member] has been. You all do such a wonderful job'.

## Is the service well-led?

### Our findings

People and relatives had mixed response about the management and the service. A person told us, "It's a very good service." However, some relatives raised concerns. A relative commented, "Well it's all a bit disorganised." A person told us, "This agency is very poor in comparison to my last one, I don't want to complain."

The provider had failed to ensure that adequate quality assurance and systems were in place. There was no system or structure in place to ensure audits would be carried out at frequent intervals. The registered manager told us that they did visual audits on care plans and medicines management. However, the findings and the areas that had been covered for the audits had not been recorded. Recording audits is important to make sure that any identified actions could be monitored and if any actions had been implemented. The visual audits that were carried out, had not identified the shortfalls we found at the inspection with risk assessments and medicine management. In addition, audits were not carried out on staff files and staff call logs, which may have enabled the management team to identify the shortfalls we found with staff logging onto calls and pre-employment checks. This was required to ensure staff attended calls on time and delivered high quality care at all times, ensuring there was a culture of continuous improvement.

Records were not always kept up to date. We found risk assessments, daily records and medicine records had not been completed in full to ensure people received safe care. Keeping accurate records is important to ensure the service had oversight of the support people required and if support had been delivered effectively. The registered manager told us that the issues with recording were with the digital system and told us the action they would take to ensure this is not repeated. Actions include training staff and also ensuring their phones are fully charged when supporting people, so that notes can be entered digitally.

This meant that robust governance systems were not in place to ensure shortfalls in relation to daily notes, staff lateness, safer recruitment checks, medicine management and risk assessments could be identified and action taken to ensure people always received safe and effective care at all times.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff told us that they were supported in their role and the service was well-led. One staff member told us, "I like what I do. They are nice people, I work with. I have a good relationship with [registered manager]. She is good." Another staff member commented, "Everything is perfect." A third member of staff told us, "It's really good. It's like a family. [Registered manager] is good."

Spot checks of staff supporting people had been carried out and these had been recorded. They focused on appearance, record keeping, service delivery, which included time keeping and people's feedback. This was then communicated to staff. This meant that the service was able to identify what areas staff were doing well in and identify if further development was required. This ensured people received effective care and

support.

People's feedback was sought through surveys. They focused on quality of care, care arrangements and feedback from people. Where there had been negative comments, records showed that the management took action to ensure improvements were made such as ensuring people had the same members of staff where possible. Analysis of the results of the 2017 survey had been carried out. The registered manager showed us evidence that surveys for 2018 had been sent and this would be analysed once all the responses have been gathered.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff held discussions on training, quality assurance and record keeping. Office meetings were also held. This meant that staff were able to discuss any ideas or areas of improvements as a team, to ensure people received high quality support and care.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1)(2)(a)(b).</p> <p>The provider was not providing care in a safe way as they were not doing all that was reasonably practicable to ensure the safe management of medicines</p> <p>Regulation 12(1)(2)(g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Regulation 17 (1)(2)(a)(b).</p> <p>The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(1)(2)(c).</p>

