

MADeBA Care Ltd

# Excalibur Serviced Offices

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 29 September 2017 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake the inspection. This was because Excalibur Serviced Offices provides personal care for people who live in their own homes and in supported living. We needed to therefore be sure someone would be available at the office.

At the time of our inspection the registered provider had two people who were receiving personal care while living with family members in their own homes. One other person was receiving care at certain times throughout the year. The people who were receiving a supported living service were either receiving very little or no personal care.

There was a registered manager in post at the time of our inspection who was present throughout our time at the office. 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.

People and their relatives believed safe care was provided. Staff had knowledge in how they were able to protect people from the risk of harm. Risk assessments were in place regarding people's care and support needs. There were enough staff to provide the care people were assessed as requiring and were able to accommodate changes as needed. Where needed people were supported with their medicines.

People received care and support which met their preferences and were consulted about these and their consent was sought. People told us staff were kind, caring and respectful. Staff would support people with their dietary and healthcare needs if required.

Staff had not always received up to date refresher training to ensure they had the required skills, knowledge and ability to provide care. Management systems had not identified this shortfall. In addition systems in place for the reviewing and monitoring daily records had not identified staff were carrying out a care task. Staff were doing this outside of the agreed plan and there was a lack of consistency on the understanding of this need.

Relatives we spoke with had not needed to raise any complaints about the service provided. They felt confident they would be able to do this. The registered provider had not received any complaints. The registered manager kept in regular contact with people to seek their views about the service.

## 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 were cared for by staff who had knowledge on how to protect them from harm

There were sufficient staff to care for people

When needed people were supported with their medicines.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always protected from the potential risk of injury as staff training was not always up to date.

People were consulted before care and support was provided.

Assistance was provided where needed with providing meals and accessing healthcare professionals was limited.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and friendly.

People and their relatives were involved in their care and where encouraged to retain their independence.

People's privacy and dignity was upheld.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were responded to by members of staff in a way people wanted them met.

People were aware they could make a complaint and were

confident they would be listened to with action taken to resolve any issues.

**Is the service well-led?**

The service was not always well led.

Systems in place had not identified shortfalls in some practices undertaken by members of staff and shortfalls in training requirements.

People and others liked the registered manager who was found to be helpful to people who used the service and staff.

The registered manager sought to seek people's views.

**Requires Improvement** 

# Excalibur Serviced Offices

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 September 2017 and was undertaken by one inspector.

Prior to our inspection the provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they intend to make. We reviewed the information we held about the service and looked at notifications they had sent to us. A notification is information about important events which the provider is required by law to send to us. The inspection considered information shared by the local authority who have responsibility for commissioning services.

During the inspection we spoke with two people who used the service and two relatives.

We also spoke with four staff members including senior care staff. In addition we spoke with the registered manager. We looked at care plans and risk assessments relating to two people plus medicine records for one person. We also looked at records maintained by the registered manager.

# Is the service safe?

## Our findings

One person who received care through the providers supported living told us they felt safe because staff were always around when they needed them. We were told by one person, "Staff make me feel safe. I am safe".

Relatives of people who received care in their own home told us they believed their family member to be safe while they were receiving care. One relative told us they would not leave their family member in the care of the staff team if they believed otherwise. Another relative told us the care provided was, "Very safe."

Staff we spoke with told us they would report any concerns they had about people's safety such as potential or actual abuse. One member of staff told us about the importance of initially making sure the person was safe and then to report it. Another member of staff told us, "I think people are safe." Staff members were aware of other agencies such as the Care Quality Commission where they could report their concerns to and of whistleblowing procedures within their own organisation.

The registered manager was aware of their responsibility to report any actual or suspected abuse. We saw they were involved when some concerns had been raised in relation to one person and the support they had received while the person was under the care of others.

We saw risk assessments were in place for aspects of people care. Relatives we spoke with confirmed these assessments were also held at their home address for staff to refer to when providing care. The risk assessments included areas such as the use of equipment [hoists], showering, dressing, medicines and the use of vehicles. They gave instructions to staff to ensure they provided care safely such as having brakes on wheelchairs. The registered manager told us there had been no accidents or incidents involving people who had used the service.

We were told of recent changes in the deployment of staff. As a result a small group of staff provided the personal care to people who were receiving domiciliary care in their own homes. This had resulted in people receiving consistent care from people they knew well. One person who received care through supported living told us they always knew who was due to work the next shift. Staff told us there were a sufficient number of them available to carry out the calls to people. They told us they were always on time, stayed the time stipulated and never missed any calls. These comments were confirmed by relatives we spoke with.

One person told us staff helped them with their medicines and confirmed they received these at the right time. We were also informed people could ask for pain relief if needed. Staff we spoke with told us they administered a small number of medicines to people while others were administered by people's own family members. One relative told us staff oversaw the medicines to make sure their family member took them.

Within the Pre Inspection Return completed by the registered manager they told us 'Staff are recruited following our equal opportunities policy and we seek two valid references and a DBS check before

employment.' We spoke with staff who confirmed they had not started work until the Disclosure and Barring Service (DBS) check had been returned. The DBS helps employers make safer recruitment decisions. We saw evidence of these checks on staff files.

## Is the service effective?

### Our findings

We were told of recent changes the registered manager had made and as a result a small dedicated number of staff were providing the personal care to people who received domiciliary care. Relatives we spoke with felt the staff who visited their family member were trained to carry out the care needed.

People who used the service did not have any concerns about staff practices when they provided care and support to them. This included assisting with transferring people from one place to using equipment such as a hoist.

We looked at the training records of staff members who were providing care to people receiving domiciliary care in their own home. These included people who required staff to assist them transfer using these items of equipment.

We found suitable refresher training had not been carried out for five years for these staff members and therefore they could not be assured of having current and up to date skills and knowledge. The rota showed occasions whereby staff had worked together to provide care and support where neither had received training updates. Staff we spoke with as well as the registered manager agreed with our findings.

The registered manager was trained to carry out the training of staff. They undertook to ensure these members of staff received the training as a matter of urgency and before they provided this level of care and support again. We spoke with staff members concerned. One confirmed they undertook the training following our inspection while the other told us they were going to undertake the training.

We spoke with other staff about their training. One member of staff described their training as, "Quite good" and told us they had received training including the care certificate. The care certificate is a nationally agreed set of standards which health and social care workers follow in their daily working lives. Another member of staff told us they had received training before they had started work. A member of staff told us if they wanted to do training this would be supported by the registered provider and the registered manager. Staff told us they received supervision with the registered manager and felt supported. New members of staff worked alongside experienced staff initially and were allocated a 'buddy' while undertaking shadowing.

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 make particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

Staff we spoke with understood the need to gain consent from people prior to them providing care and support. One member of staff described one person as, "Leading the day" in relation to their individual support and as far as choice and consent was concerned. Relatives we spoke with believed staff sought



permission from their family member before they provided care. Risk assessments regarding care tasks such as the use of equipment highlighted the need to gain people's consent before these items were used.

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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection for approval to restrict the freedom of people who used the service. The registered manager was aware of this and confirmed they had not made any applications. They were aware of a best interest decision which had been made involving one person's family and suitable social and healthcare professionals.

One person told us staff helped them to cook and this made them feel safe. Relatives were spoke with confirmed staff assisted and provided meals such as breakfast when they were supporting their family member. At other times people were supported with meals and other drinks by family members.

One person told us staff would take them to see their doctor if needed. Relatives told us they would usually arrange health care appointments for people.

## Is the service caring?

### Our findings

People told us they liked the staff who cared for them. One person told us staff are, "Nice people. Nice and kind" and "I get good care". The registered manager was aware of mixed comments made by one person and was working with other professionals to resolve these.

Relatives spoke highly of the staff who cared for their family member. Comments included, "Excellent" and "Really good". Staff we spoke with believed people were receiving good quality care from the staff team. Relatives confirmed they saw the same staff regularly and therefore their family member received continuity of care. One relative told us, "This is a big thing" and saw it as important to their family member to be cared for by staff they knew.

We spoke with the staff who provided care and support to people in their own homes. They told us they had got to know people well as a result of recent changes whereby they consistently provided the care to these people.

Relatives we spoke with told us staff knew people well and would encourage their family member to be as independent as possible and to be involved where possible with their own care. Care plans showed how people were supported to make decisions about their care for example in relation to a choice between different wheelchairs used available to one person.

A relative told us, "They [staff] are hot on dignity and gave us examples of how their family member had their privacy and dignity maintained while staff were providing personal care.

We saw the registered provider stated within their contact with people that they would be treated with dignity and respect. Risk assessments also highlighted the need for staff to have an awareness of how they upheld people's dignity.

## Is the service responsive?

### Our findings

Relatives told us they found the registered manager and the staff to be responsive and felt they were able to meet the needs of people. One relative told us they were able to change the arrangements regarding their family member's care when needed such as during holidays. They also told us they along with their family member were going to be discussing with the registered manager an increase in the care package received.

One person told us staff would at times talk with them about their folder (care plan) and felt what was in it was correct. Relatives we spoke with told us they had care plans for staff to refer to at their homes. They were confident staff would let them know of any concerns they had regarding people's care.

We saw people's care plans while we were at the office. Where a care need had been identified we found these plans to be detailed and centred on the person. These plans provided staff with guidance about people's care needs. Care plans instructed staff to gain consent from people prior to them providing their care and support. The registered manager told us they reviewed the care plans as needed or on an annual basis. Relatives we spoke with confirmed care plans were reviewed yearly or when their family member's needs changed.

People were encouraged and enabled by members of staff to avoid social isolation. People were involved in activities outside of either the supported living or their own home supported by staff members.

One person told us they would speak with the registered manager if they had any concerns about their care. The same person felt they could speak with the on-call person as well. They felt they could ask staff to support them with this if needed. A relative told us, "If I had a problem I could ring her [registered manager] up. They were confident any concerns they had would be actioned and taken seriously.

Staff we spoke with were not aware of any complaints made about the service they were providing. The registered manager confirmed they had not received any complaints. Details of the provider's complaints procedure were included within the Statement of Purpose. This is a document setting out what the service provides and how they do this.

## Is the service well-led?

### Our findings

We looked at training records maintained on behalf of the registered provider. These showed staff had not always either received or undertaken the level of training refreshers required to assure their training was suitably updated. For example, staff who were required to assist people transfer from one place to another had not received this level of training for over five years. Although the registered manager undertook to take immediate action to make sure staff were suitably trained this shortfall had not been identified by the management prior to our inspection.

We found audits of records returned to the office were not sufficient to identify areas where clarification was needed. For example in one person's records completed by staff we saw reference to them providing an additional element of personal care. The care plan and other records at the office did not show this as an identified care need and did not provide any instructions on how staff needed to complete this. When we spoke with relatives and staff we did not obtain clarity as to what care had taken place. The registered manager was unsure what their staff were providing as they had not picked this up when carrying out a monthly check of the daily records.

Other audits were in place however these were primarily in relation to records completed by staff at the supported living and not in relation to people receiving care in their own home. People told us the registered manager visited them and they were confident they could raise any concerns they had with them. We saw a system for seeking feedback from people in the supported living. The registered manager told us they intended to implement a similar system to people who were living in their own homes. This would support the registered manager to seek feedback about the service provided and how the service could be developed further. One relative did however tell us, "They [staff] are continually asking if we are happy" with the service provided.

Everyone spoke highly of the registered manager. People who received care told us they liked her and felt able to speak with her in the event of them having any concerns. A relative described the registered manager as, "Approachable" and told us they listened and were, "Respectful". The registered manager told us they saw people in their own homes regularly and this gave them the opportunity to ensure they were happy with the care and support provided. People we spoke with confirmed the registered manager visited and confirmed their satisfaction with the service provided.

Staff told us they felt supported by the registered manager. One member of staff described them as, "Lovely" and, "Easy to talk to". Other comments included, "Very approachable" and "Keen to progress" the service provided. Staff also told us the registered manager was, "Flexible". Staff told us they liked working for the registered manager and enjoyed their work and felt confident they could raise any concerns with her.

Staff meetings had taken place however these had not involved the staff who provided care to people in their own homes. Staff did however feel they were able to voice any concerns they had about the care and support provided for people. One member of staff told us they had, "Regular supervision" with the registered manager and added, "We can talk about anything."

The registered manager was aware of their responsibility to notify the Care Quality Commission of certain events. They confirmed none had taken place involving people who were in receipt of care from their staff and therefore none had been needed. The registered manager was aware of the requirement to display their rating following this inspection by the Care Quality Commission.