

ExcelCare24 Limited

ExcelCare24

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 20 and 21 March 2017 and was announced.

Excel Care 24 provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 18 people.

There was a registered manager in post. 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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse. Staff were confident that any concerns they raised were followed up appropriately by their manager and people were kept safe.

People had risk assessments in place to enable them to be as independent as possible. All areas of a person's life were assessed for risk and staff were able to support people safely and in a positive manner.

Staffing levels were adequate to meet people's current needs. People told us that their care was not missed and staff told us they could confidently complete the shifts that were needed to be covered.

The staff recruitment procedures were robust and ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

People told us that their medicines were administered safely and on time. Appropriate and accurate records were kept when staff were involved with the administration of medication.

Staff were well supported by the registered manager and senior team, and had regular one to one Supervisions, spot checks and competency assessments to monitor their ongoing skill and performance within their roles.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed by people or their representatives when required.

People were able to choose the food and drink they wanted and staff supported people with this. Staff were

able to explain both the preferences and health requirements that people had within their diets and provide the support to them that they needed.

People were supported to access health appointments when necessary. Staff had good knowledge and links with health professionals and helped people to both book and access a variety of different appointments.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Both the management and the staff had a good knowledge of people's likes and dislikes, their personal history, personality, and family relationships.

People and their families were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good 

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good 

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

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Detailed findings

Background to this inspection

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

This inspection took place on 20 and 21 March and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with four people who used the service, two relatives of people that use the service, four support workers, the registered manager, the field care supervisor and the recruitment manager. We reviewed six people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People using the service were protected from abuse and avoidable harm. People told us they felt safe when staff were in their home. One person said, "Yes I feel safe when being supported by the staff. I haven't been using them long, but I felt safe right away." A relative of a person said, "I am happy that the staff act safely when they are caring for my relative."

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "The first thing I would do is talk to the person and make sure they are ok. Then I would report everything straight to the manager or supervisor." Another staff member said, "Recording everything accurately is very important." All the staff we spoke with during our inspection had a good understanding of safeguarding and whistleblowing procedures and we saw that they had received training in these areas.

Risk assessments were put in place to manage areas of risks within people's lives. All the staff we spoke with were happy that the risks involved in their jobs were being assessed and controlled well. One staff member said, "We are involved in risk assessing ourselves. One person acquired a mobility scooter and asked for support to use it. I made sure that proper risk assessments were put in place regarding its use, before supporting them with it." The service used an electronic care planning system, and we saw that where risk had been identified within someone's care plan, it linked to information about how that risk was being assessed. We saw that various hazards were listed, and control measures were in place to respond to them. Areas such as moving and handling, the environment, and health were risk assessed appropriately.

Safe recruitment practices were observed by the service. The service had a recruitment manager who was in charge of getting all staff through the safe recruitment processes. We were shown that all staff had a full Disclosure and Barring Service check (DBS) before starting employment. If any information of concern was revealed during these security checks, we saw that the service had taken action and carried out risk assessments to appropriately address any issues, and ensure that staff were suitable and safe to be employed in their roles. We saw that all staff had provided two references from former employers, and identification checks and right to work checks had been carried out on everyone. The staff we spoke with confirmed that they had gone through these pre-employment checks. Records showed that all necessary checks had been verified by the provider before each staff member began to work.

People told us there were enough staff working for the service. One person said, "I always have the same few carers. It's quite consistent." Other people we spoke with told us that they received consistency in their care and their visits were never missed. The staff we spoke with also felt that staffing levels were good. One staff member said, "The visits are separated in to separate runs. All the shifts are covered, and we can fill in for other staff if they are off. Staffing is good."

Medication was administered safely. The people we spoke with were happy that they received the support they needed to take medicines within their home. Staff told us that most of the people they supported administered their own medication, and their role was simply to prompt and remind people. We saw electronic Medication Administration Records (MAR) for people who did need support to administer. These

records were accurately filled out. The electronic system in place allowed the management to be alerted if any medication was not given at the correct time. We saw that staff had received medication administration training.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff are very good at supporting me. I get on well with them and I am happy with how they work." One relative of a person told us, "I can't complain, the staff are good at their jobs."

All staff members confirmed that they had gone through an induction programme when starting work with the service. The staff we spoke with told us they felt the induction process was detailed and made sure they felt comfortable doing their job. The registered manager told us that induction training would differ for staff depending on their previous experience and any valid training certificates they brought with them. If a staff member had already received training, they would still have to complete an assessment to make sure their knowledge was up to the correct standard. All staff had the opportunity to shadow more experienced staff and get to know the people being supported. We saw that training courses had been completed and new staff were being enrolled on the care certificate qualification. The on-going training of staff was monitored, kept up to date, and maintained by management. A training matrix was used to track all staff training and update as required.

Staff told us that they received supervision from the management within the service. One staff member said, "Supervisions are regular. I find them worthwhile." Another staff member said, "We have spot checks as well. It's a good chance to refresh your memory on things." All the staff we spoke with confirmed that they had regular contact with management and were able to get support from them as and when they needed. We saw records that supervisions had taken place.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection.

Consent was gained by staff before carrying out any care tasks with people. One relative of a person told us, "The staff always gain consent. I see them working with [person's name] and they ask first." All the staff we spoke with understood the importance of asking and checking with people or their relatives before carrying out any care. We saw that people had consent forms that were signed by them or their family members, which were digitally stored on the electronic care planning system.

People had the support they needed to maintain a healthy and balanced diet. Most of the people we spoke with explained that they were either able to prepare their own food and drink, or had help from family, but could be supported by staff if they required. The staff we spoke with confirmed this but also gave examples of when they had supported people with food preparation. One staff member said, "We can be flexible with

our visit times to suit people and the help they might need on a particular day with making breakfast or dinner."

People could have support to access healthcare services if they required it. All of the people we spoke with told us that family members usually supported them to health appointments, but they knew that staff could help them if they needed to. One staff member told us, "I do 'live in' care, and I support the person with booking and attending all of their required health appointments." The records we looked at contained detailed information about people's medical history, any diagnosis they may have and the effect it may have on them. All records of input from medical professionals was clearly documented and updated regularly. The staff we spoke with confirmed that most people had family members to support them to attend appointments.

Is the service caring?

Our findings

People and their family members told us the staff were caring towards them and had a positive approach. One person said, "The carers are lovely, we get on well." A relative of a person said, "I can't fault them really, they do a great job." All the staff we spoke with told us they felt they could develop positive relationships with people and their family as the visits they did were consistent.

People and their relatives told us they were able to express their views and be involved in making decisions about their care. One person said, "I am able to control and guide my own care. The staff listen to what I need and respond. I have had nothing but a positive experience so far with this service." All the people and relatives we spoke with confirmed that they had been involved in their care planning from when they started using the service. They confirmed that a senior member of staff had discussed their care needs with them, and that they were regularly spoken to by staff about any changes they may require.

People's likes and dislikes were respected by all staff members. We saw that people had detailed information within their care plans that informed staff about what they liked and who they were. There was a 'What is important to me' section within people's plans that contained information about family relationships, living arrangements, routines, hobbies and personal history. Staff told us having this information was important in getting to know each person and supporting them as an individual. Care tasks were documented within care plans in a way that was specific to each person, and considered their individual needs and preference.

The privacy and dignity of each person was respected by all staff. One person said, "I receive personal care and I find the staff very respectful. I wouldn't be using them if this was not the case." A relative told us, "They absolutely respect [person's name] dignity." A staff member said, "The first thing I think about is respecting a person's privacy and dignity when I care for them." All the staff we spoke with were able to explain the importance of respecting a person's privacy within their own home.

People were supported to be as independent as they could. The service provided care to people over a wide age range and ability, and the staff we spoke with understood the importance of maintaining or regaining independence to different people. A staff member said, "I support a gentleman to be as independent as he can be. I encourage and prompt him to do the things that he can do for himself. He has actually improved in many areas of his life and can now do a lot more for himself." All the staff we spoke with said that they would encourage people to remain independent by continuing to do tasks or help with tasks if they still could. We saw written compliments from a health and social care professional who had worked alongside the service with the support of a particular person. They thanked and complimented the service on the positive and professional work they had done which had resulted in the person avoiding a crisis, and becoming happy, stable and independent. We saw that care plans and notes made by staff documented the things that people were able to do for themselves, and where and when staff should provide support.

We were told that advocacy services could be made available should people require them. At the time of our inspection, no one was using the services of an advocate.

Is the service responsive?

Our findings

People received a pre assessment of their needs before using the service. The registered manager confirmed that she would collate all the necessary information when first meeting people, and use it to create an initial care plan. The registered manager told us, "We have an interest in all the people we support, and we take in to consideration all of their preferences for care. We are as person centred as possible." The people we spoke with confirmed that pre assessments had taken place. We saw that the electronic care system had this pre assessment information recorded, and that regular updates to a person's care were documented as time went on.

People received care that was personalised to their needs. One person said, "I think they have done a good job in getting to know me, and what I want. It's still new but so far so good." All the people we spoke with made similarly positive comments. The registered manager told us, "Continuity is good for the clients. We match people up wherever possible so the right skills are placed with people. For example, one person likes to regularly go to a disco and needs support, so we have a staff member who also enjoys that and is enthusiastic about taking them." The people we spoke with confirmed they were able to get to know the staff members and that their care was consistent. We saw that people had their communication preferences recorded in their care plans which informed staff about people's sight, hearing, body language, self-awareness and memory. This enabled staff to be fully aware of how to communicate with people and understand their preferences.

We saw that the service had put care plans together that described the care people needed in a way that was personalised to them, and clearly stated personal preference and choice. There was information within plans which documented personal history, hobbies and interests, likes and dislikes. We saw that systems were in place to regularly review and monitor care plans to keep them up to date and relevant to people's needs.

People were encouraged and supported to develop and maintain relationships with people that matter to them. A relative of a person told us, "I have good banter with the staff, they respect my position as [person's name] relative and main carer." One staff member said, "If someone's family member is present and I need to support with personal care, I will always ask them to step out if that is what the person wants." The staff we spoke with understood the importance of building a good relationship and rapport with a person's family, as well as respecting a person's right to privacy.

People were given the time they needed to receive care in a person-centred way. All the people we spoke with told us that the staff arrived on time and spent the time required to complete all the care tasks that were necessary and not have to rush. The service was able to remotely monitor its staff and the time they spent on a visit. One staff member told us that if any care task was missed, they would get a phone call to prompt them. This was because they used an electronic system to register each care task being completed, in accordance with the person's care plan. This ensured that people's care was fully delivered.

The service had a complaints procedure in place. One person said, "I have made no formal complaints, but I'm sure they would listen if I did. Any small things get ironed out quickly." All the people we spoke with were aware of the complaints procedure and knew how to use it. We saw that any complaints made had been logged in detail, investigated, and outcomes and actions were recorded as required.

Is the service well-led?

Our findings

The service had a registered manager. The people we spoke with told us they found the registered manager, or other senior members of staff within the service to be friendly, helpful, and approachable. All the staff we spoke with were very positive about working for the service. One staff member said, "It is a very good company. I have worked at other places that are nowhere near as good." Another staff member said, "It's very positive here, everything is done well, the care is top quality." During our inspection, we observed that the registered manager, and all the management and senior team, were very knowledgeable about the specifics of people's care and the skills of the staff team. The service was organised and professional in its approach. We saw that the office was open for staff to come in and out of all day for training purposes or for any support or resources they may need.

All the staff we spoke with told us they felt valued and respected within their roles. The service was able to communicate well with its staff and share information as required. Staff meetings were held as a forum for sharing information and discussion on the service. We saw minutes from meetings where topics such as the visions and values of the service, outcomes for people, incidents, training and general updates were all discussed. The management team also had their own meetings to discuss the strategy and growth of the service moving forward. We saw that the management within the service also held peer support meetings with other providers to enable the sharing of best practice within care.

We saw that the service had a staff structure that included the registered manager, the director who was also the nominated individual, a recruitment manager, a field care supervisor and carers. The registered manager told us they had plans to expand the staff team within both management and carers, but this would happen when the service had expanded its customer base. The management team were enthusiastic about the potential growth of the service and taking on new clients at a rate that was manageable and safe. All the staff we spoke with were well aware of their responsibilities as well as the visions and values of the service which were clearly set out.

Staff recorded incidents and accidents accurately and information was monitored and responded to by management. We saw that the details of any incidents were recorded and actions had been created where required. The registered manager was aware of the responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC). We saw records of notifications that had been made where necessary.

We saw that quality control systems had been implemented. The electronic system that the service was using allowed for all aspects of information on both people and staff to be regularly monitored and audited. Alerts would be automatically created to inform management of the need to review certain information and update as required.

People were able to feedback their thoughts and opinions on the service formally and anonymously via a questionnaire that the service sent out. We saw that people were sent a variety of questions on the quality of the service they received and fed back their views. We saw that the service had responded appropriately to

feedback and carried out actions when needed.