

Care of Excellence Limited

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Inspection report

Unit 5
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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 13 June 2016 and was announced.

Care of Excellence Limited provides personal care for people in their own home. There were 40 people receiving services for which CQC registration was required at the time we inspected.

A registered manager who was also the provider was in post at the time of our inspection. 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 was run.

People were cared for in ways which promoted their safety and plans to manage people's individual risks were in place. There was enough staff employed to care for people so people did not feel rushed. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely. People were protected from the risk of potential abuse and told us they felt safe because of the way staff cared for them.

Staff had the knowledge and skills they needed to care for people and recognised when people needed support from other organisations, such as GPs and organisations with responsibilities for helping people to maintain their safety. Staff understood how to make sure people were in agreement for care to be given and the actions they needed to take to promote people's rights. People were supported by staff to make their own decisions where this was needed. People were encouraged to have enough to drink and eat by staff who knew their preferences and dietary needs. Staff understood risks to people's health and worked with people and health professionals when needed, so people were supported maintain their health.

People and their relatives had built caring relationships with staff. Staff listened to people and took action to make sure people were receiving their daily care in the ways they wanted. People were supported by staff who took their need for dignity and privacy into account.

People were encouraged to let staff know how they wanted their care to be planned. Where people were not able to do this the views of their relatives and other professionals were listened to. People's care plans and risk assessments were updated as their needs changed, so they would continue to receive the care they needed in the best way for them as their needs changed. Support was available if people wanted to make any complaints about the service. Processes for managing complaints were in place, so any lessons would be learnt.

The registered manager and senior staff checked the quality of the care provided. People, relatives and professionals were encouraged to provide their views on the quality of the service. Changes had been introduced to develop people's care and the service further. Staff understood how the registered manager

expected people's care to be given, so people would receive the care they needed in the way they preferred.

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's safety needs were taken into account in the way staff cared for them. Staff understood what action to take so people were protected from the risk of abuse. People received the support they needed to have the medicines they required. There was enough staff to care for people in the ways they preferred.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that used their skills and knowledge to care for them. Staff worked with other professionals when required so people's health needs were met. People were encouraged to have enough to eat and drink. People's rights were promoted by staff. Where people were not able to make some decisions for themselves these were made in people's best interests.

Is the service caring?

Good ●

The service was caring.

People were supported to make decisions about their day-to-day care, where this was needed. People and their relatives were very complementary about the staff that supported them and the relationships developed with staff. Staff worked in ways which promoted people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People decided what care they wanted and this was delivered in the best way for them. People who used the service knew what action to take if they wanted to raise complaints and concerns and were confident staff would take action to address these.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were positive about the way the service was managed and the care received. Staff understood what was expected of them and were supported so people received the care they needed. There were checks on the quality of care provided and actions were taken to develop the service further.

Care of Excellence 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.

This inspection took place on 13 June 2016 and was announced. The provider was given 48 hours' notice because the organisation provides homecare services and we needed to be sure someone would be in. One inspector carried out this inspection.

Before the inspection, the provider 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 plan to make. We also reviewed the information we held about the service and looked at the notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with four people who used the service by telephone. Not all people who used the service were able to talk to us directly so we spoke with two relatives by telephone. We also spoke with the registered manager, a senior member of staff and five care staff.

We looked at three records about people's care and medicines, three staff recruitment files and staff training records. We also looked at the checks the registered manager made to satisfy themselves the service was meeting people's needs. These included questionnaires about the quality of the service. These had been completed by people who used the service, their relatives and health professionals. We saw "thank you" cards and feedback from relatives. We also looked at records about people's safety and records showing what processes and actions the registered manager had taken when people or their relatives had raised

concerns or complaints.

Is the service safe?

Our findings

People told us staff provided care in ways which helped to promote their safety and well-being. One person said they felt less anxious because they had regular staff who knew how to support them safely. Another person we spoke with said staff always made sure they had enough time to mobilise so they remained safe around their home. The person said, "They (staff) always go at the right pace for me." A further person explained they always felt secure, as they could rely on staff to leave their home locked when they left. People and relatives told us people were supported by staff who knew their safety needs well.

All the people and relatives we spoke with told us staff used the equipment they needed to assist people to stay safe. This included using equipment so the risk of infection was reduced, and by using the equipment needed to help people to move safely.

Staff knew what actions to take if they had any concerns for people's safety, such as letting senior staff know about any concerns they had. One staff member told us how they supported people in ways which made them less anxious. This included making sure people were not rushed, and were supported to make their own decisions, where this was required. Staff we spoke with also knew how to obtain support from other organisations if this was needed to help to keep people safe. Two staff gave us examples of when they had done this so one person's general safety would be promoted. We saw records which showed the registered manager had taken actions so the person's safety needs would be met.

People said staff knew the risks to their safety and well-being. One person told us staff recognised they were not able to stand for long periods of time. The person told us staff worked with them in ways which took this into account and reduced their risk of falling. Three people we spoke with told us staff had discussed their safety needs before they started to receive care. People said plans had been developed so any safety needs they had would be addressed. One person we spoke with told us staff had supported them to reduce the risk of fire in their home and checked they were able to leave their home in the event of this happening.

Both relatives told us staff regularly communicated information so risks to their family member's safety and well-being were reduced. Staff told us they found out about people safety needs by checking people's care plans and by regularly talking to people about their safety needs. They said by doing this they knew the best way to reduce people's safety risks. One staff member explained how the systems in place supported them to promptly adjust the care they provided to people. This included if anyone was ill and needed extra support to stay safe and well.

People and relatives said there was enough staff to meet their care and safety needs and they could rely on staff arriving when planned to support them. One person told us, "They (staff) never hurry me, and stay over their time if I need it." Another person said of staff, "They are reliable. They are always on time, and the right number of staff come to care for me." Two people told us if they needed staff to spend extra time with them to support them this was provided. Staff we spoke with told us there was enough staff to meet people's care and safety needs.

We saw the registered manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the registered manager had obtained references for staff, so they were assured new staff were suitable to work with people.

Some people needed support with their medicines. One person told us, "Staff are really regular with my medicines. They always make sure I have taken them." One relative said their family member had been supported by staff to have the medicines they needed. They said staff really knew their family member well and could identify when pain relief was needed. The relative explained how staff had worked with their family member's GP and district nurses, so the right equipment and medicines were available. The relative told us staff always took action to so their family member received the support they needed.

All the staff we spoke with who helped people with their medicines told us they had received training so they would know how to do this in a safe way. Staff told us they were not allowed to support people to take their medicines until their competency was checked. Relatives and people told us staff promptly communicated changes in people's medicines, so the possibility of errors was reduced. All the staff we spoke with knew what action to take to keep people safe if there were any errors with people's medicines. We saw staff recorded where they had supported people to have their medicines. The registered manager told us they checked people's medicines records regularly, so they could be assured people were receiving their medicines in ways which promoted their safety.

Is the service effective?

Our findings

People and relatives told us they were supported by staff that had the knowledge and skills to care for them. One person told us, "They (staff) certainly have the skills they need and know what they are doing." The person explained if new staff joined their care team they were always supported by more experienced staff, so staff would develop the skills they needed before caring for them. Another person said staff skills were good, and told us, "Anything you need day-to-day, or if you are ill, they know what to do. They know what you need and what they are talking about." Relatives told us they felt staff had the skills needed to care for their family members well.

All the staff told us they had undertaken the training they needed to meet people's care needs. One staff member told us about the training they had done and said, "People know you can help with their problems and they know they are in capable hands." Another member of staff told us, "The training here is brilliant, everything you do is towards helping the people." One staff member told us they had recently requested some additional training so they could be sure they were providing care to people in the best way. The staff member told us the training they requested was being arranged.

The registered manager told us they had recently recruited a training manager to support staff to develop their skills further. We saw the training staff had undertaken matched the needs of the people staff supported, so people would receive the care they needed.

Two staff members told us about the training and support they had received when they first joined Care of Excellence Limited. Both staff told us they had been supported well by colleagues and had the opportunity to work alongside more experienced staff. The staff told us they were not allowed to care for people until they had completed key areas of training and the senior staff were confident they knew how to care for people well. All the staff we spoke with told us they felt supported to provide care to people. Staff told us they were able to obtain immediate advice from senior staff when they needed. Staff also told us they had regular supervision and team meetings, so they could raise any concerns they had for people's well-being. Staff gave us examples of support planned for people as a result of the discussions they had, so people would continue to receive the care they needed.

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.

Every person we spoke with explained staff always checked with them to make sure they were happy to receive the care planned. One relative highlighted how skilled staff were at interpreting the choices their family member was making. Another relative explained how staff had consulted with them and worked with other professionals so some decisions could be made in their family member's best interests. Staff we spoke with knew how MCA affected the way they needed to care for people. We saw the registered manager had

made sure staff had access to training to help them understand the requirements of MCA.

One relative told us staff had worked in ways which supported their family member to receive the care they agreed to. The relative told us staff encouraged their family member to receive the care they needed if they did not initially consent to their care. Staff described the actions they took if people did not consent to their care. These included encouraging people by offering their care to be given in different ways or by asking people again later. Staff told us they would report any concerns they had for people's well-being if people regularly declined care.

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. Applications to deprive someone of their liberty must be made to the Court of Protection. At the time of the inspection, the provider had not needed to make any applications to the Court of Protection. Senior staff we spoke with understood the role of the Court of Protection and how this would potentially affect the way they cared for people. The registered manager told us additional training was planned to further develop care staff understanding of the effect of Court of Protection decisions on the care people received.

Most people we spoke with managed their food and drinks independently, however, three people highlighted staff always checked if they needed assistance with this. One person told us they often enjoyed a cup of tea and a chat to staff as part of the support they received. One relative we spoke with told us staff supported their family member to have enough to eat and drink. The relative told us their family member required a special diet, to help them to stay safe. The relative said, "Staff have learnt how to cook things for [person's name]." Another relative told us staff found out about things their family member liked to eat, so they would be encouraged to have enough to remain well.

Staff understood people's food preferences and knew if the people they cared for had any special dietary requirements and how these affected their health. This included if people needed specific diets to manage their diabetes, or gluten intolerance. One staff member we spoke with told us how they had worked with one person's GP as they were concerned one person may not be eating enough. The staff member told us plans had been put in place so the person would receive the care they needed. We saw people's care plans contained clear guidance for staff to follow so people would have enough to eat and drink.

People told us staff supported them to access health care when they needed it. One person highlighted how skilled staff were at identifying if they were unwell. The person told us staff encouraged them to see their GP when this happened. One relative we spoke with told us how effectively staff had worked with their family member's health team, so they received consistent and effective care. The relative told us this included their family member's GP and district nurses. Another relative told us how senior staff had worked with their family member's GP so decisions could be made and their family member supported to have the medicines they needed.

Is the service caring?

Our findings

People and relatives gave us many examples of the caring and kind ways they were supported by staff. One person told us about their regular staff member and said, "My carer (staff) comes into my house and makes me feel good. She's full of joy, and we enjoy a laugh and joke together." Another person told us, "Staff are absolutely superb, I can't fault the staff." A further person said, "Staff are very kind and cheerful, I have never had a dud one." One relative we spoke with told us, "Staff are brilliant, and patient. We are lucky to have found them." Another relative told us they could not have asked for more caring staff to support their family member. The relative said staff had, "Become part of the family" and told us, "I can't big up the staff enough."

Staff told us they got to know people by chatting to them and their relatives and reading people's assessments, care plans and risk assessments. One staff member we spoke with told us, "You ask people about things that are important to them. Ten minutes to them makes a lot of difference. You always learn from their stories." Another staff member told us, "It's about putting people at their ease, you talk to them about their families. If they are relaxed they get to know you, and you them. It makes them more comfortable to ask for things they want, and you know how to reassure them if they are down."

The registered manager and senior staff told us they matched the personalities of people and staff and took into account people's preferences for the type of staff to support them. This included if people had preferences for more experienced or bubbly staff members. We heard all the people and their relatives speak warmly about the relationships developed with staff. We saw all the staff spoke with fondness about the people they care for.

Three people we spoke with told us they were introduced to new staff before they cared for them. One person we spoke with explained they were always asked if they were happy for new staff to come out with more experienced staff. Two members of staff told us when the first time they met people they were supported by staff who knew them well. One staff member told us this gave them the chance to find out about the people they were going to care for. The staff member said, "It makes a big difference to people. They are more confident and relaxed when they are cared for."

All of the people we spoke with told us they had regular carers, who they got on well with. People told us they valued having the same staff to support them, as they got to know each other well and built caring relationships. One person we spoke with told us they had built such a good relationship with their regular carer that, "(Staff member's name) knows my needs better than I do, and it's easier for me and them." Another person told us, "It's great to have a regular carer as they know what I like."

Staff explained they used their knowledge of people's histories and preferences to support people to make their own day-to-day decisions where they needed help to do this. Relatives we spoke with told us staff listened to the choices their family members made and relatives' suggestions, so people were supported to make their own day-to-day decisions where possible. Staff we spoke with told us how they encouraged people who did not verbally communicate to choose things which were important to them. One staff member we spoke with explained how they supported people to make decisions about what they wanted to

eat and drink, what they wanted to wear and how they wanted their care to be given. The staff member told us they showed the people they were caring for items to choose from, and watched their reactions to the choices offered.

Other people did not require support to make their own day-to day decisions. These people told us staff listened and took action so the choices they made were reflected in the care they received.

People told us staff cared for them in ways which promoted their independence and dignity. Three people explained how staff always encouraged and supported them to do as much as they felt comfortable doing. One person told us how they were supported with their personal care and said, "Staff let me do what I can on my own, in my own time." Another person we spoke with said, "Staff are pro-active in encouraging me to do what I find comfortable." A further person told us, "They (staff) talk to me like a human being, not an object, and are never patronising." One relative said staff had been very supportive in the way they took their family member's need for dignity into account. The relative told us, "Staff understood he had his pride, and responded to this by reassuring him so he was not embarrassed."

Staff gave us examples of how they promoted people's dignity when supporting them with personal care. This included making sure people's need for privacy was taken into account by making sure they had the items they needed to hand when caring for people. Staff described how they encouraged people to be as independent as possible, so they did not lose their skills and abilities.

Is the service responsive?

Our findings

People told us they had been encouraged to decide how they wanted their care to be planned before they started to receive their care. One person told us, "We talked about the care I wanted and it is all written down in my care plan." Another person explained they had told staff about their goal to regain as much independence as possible, following an illness. The person told us staff had been guided by them, so their care was planned in the way they wanted. The person said as a result of this their independence had increased and they now required less support from staff. People told us staff took into account their preferences for how their care was given. This included if people had preferences for the gender of staff to support them, or if they liked certain items left within easy reach.

Relatives told us their views had been taken into account when plans for their family member's care had been made. One relative told us staff followed the plans made. The relative said, "Staff do what they say they will do at the time agreed." The relative told us, "I don't think [person's name] would be here, if it was not for the staff's care."

Staff explained they found out about the care they wanted when they first met them. Staff we spoke with knew people's histories and preferences well. One staff member said knowing people's preferences and goals, "Helps you to plan people's care." The staff member gave us an example of how these discussions had led to extra support for one person, who had let staff know they would like to have the opportunity to spend time out in the community. The staff member told us this had been arranged, and the person was delighted to go out, "For the first time in ten months."

We saw people's goals and decisions were recorded in their care plans. People's risk assessments provided clear instructions for staff to follow, so people would be supported in ways which promoted their independence and well-being. For example, we saw staff had been given clear guidance on how to care for people so they had enough to eat and how to support people to maintain their physical safety.

People and relatives said staff recognised and took action when people's care needs changed. One person told us they were reassured and comforted as, "Staff keep an eye on me, and will always make suggestions if they see I am not well." Another person said staff were adaptable, and saw their care plan as a starting point. The person told us, "Staff always ask if there is anything else they can do before they go." One relative explained staff had responded to changes in the care their family member needed. They said, "As [person's name] condition changes, staff adapt the care plan." Another relative said they were able to enjoy spending time and focusing on their relationship with their family member at the end of their life because of the way staff responded to their changing needs. We saw people's care plans had been updated regularly.

Staff gave us examples of how they had worked flexibly with people to ensure their wider well-being needs were met. Staff told us this included offering to get people's shopping and by assisting them to care for their pets.

None of the people or relatives we spoke with had made any complaints about the service. People we spoke

with told us they had not needed to make any complaints because they were comfortable to discuss any concerns they had directly with staff. They told us staff listened to them and took action to resolve any concerns they had. One person said, "They are doing wonders, there's not a bit to complain about." People and relatives told us staff had let them know how to make complaints and raise any concerns they had.

Staff we spoke with knew what action to take to support people and relatives if they wanted to make any complaints about their care. People and staff were confident senior staff and the registered manager would take action if any complaints were made. We saw the registered manager had systems in place to review any complaints received. We saw where a complaint had been received this was investigated and responded to promptly. Action had been taken and lessons learnt so the service would develop further.

Is the service well-led?

Our findings

All the people we spoke with were very positive about the care received and the way the service was managed. One person told us, "It's an excellent service, I can't praise it enough." Another person said the way the service was managed meant they received care which made them, "As happy as Larry." A further person told us, "It's very well managed. [Registered manager] is totally on the ball. If you speak to her things get done." Another person said, "The way it is managed is first class. I am very lucky to have this care."

Relatives told us the service was managed well. One relative told us, "It's managed, very, very well. There's a strong management team, they're knowledgeable and they go above and beyond." Another relative said, "I know I can go to them if I have any problems and managers are easy to talk to." People and relatives told us they often saw the registered manager and senior staff, who sometimes cared for them.

Staff told us communication with the senior team and registered manager was open, and clear expectations were set for the way they were to care for people. One staff member told us the way they were managed meant they knew they were expected to, "Put the client first." Another staff member told us the registered manager and senior staff's expectations were clear and said, "They obviously want you to do whatever the client needs you to do." A further member of staff told us, "Staff help each other. [Registered manager and senior staff member's name] will encourage us to ask questions." The staff member said as a result of this approach they were able to care for people more effectively, as any trends or patterns in their health and well-being were monitored and actions taken to meet people's needs.

The registered manager explained how they worked with other providers and health professionals, such as hospices, and used this as a way to share best practice. The registered manager told us they also worked with other providers in the event of emergencies, such a bad weather. By doing this, resources would be in place to support people at crucial times.

Relatives told us how well communication with them, staff and the senior team was managed. One person told us as a result of this they did not have to re-explain what they needed when their care needs changed. One relative we spoke with told us, "They communicate well as a team, and share information by text, so staff know about changes before they come in." Two staff member told us they were promptly advised by text by the senior team when people's needs changed.

People we spoke with told us they had not needed to make any suggestions for improving the way the service was run. One relative said they had made a suggestion about how staff let them know which staff were going to care for their family member. The relative told us their suggestion had been acted on. Staff told us they could make suggestions for improving the service and people's care at regular staff meetings. One staff member told us, "[Registered manager] is always asking us, 'Could we do this better for people?'" Staff gave us examples of where their suggestions for developing people's care further had been listened to. One staff member we spoke with told us this had involved the senior staff working closely with other organisations. By doing this, the person's care was developed further and the person got the extra support they needed to enjoy life more.

Another member of staff told us how their suggestion for closer working with the fire service had been enthusiastically adopted by the senior team. The staff member explained as a result of their suggestion, fire safety experts would be offering to help people to reduce the risk of fires in their homes.

Two people and both relatives told us senior staff came out to check if people were happy with the care they received. One person told us senior staff always talked with them and checked their records, so they could be assured they were getting the care they needed. Another person and a relative told us they were also encouraged to complete questionnaires about the quality of the service, so it could be developed further. One relative said, "[Registered manager] came and checked everything was ok, which was reassuring." The registered manager also told us about other ways they checked people were receiving the care they needed. These included checks made on the medicines people received, people's safety and staff training. The registered manager told us about plans they had to further improve the way they recorded the checks they made. This would also include developing action plans so they ensure the service continually improve.

We saw people and their relatives had sent in cards which showed how much they valued the service they received. We also saw annual questionnaires had been completed by people, their relatives and staff from other organisations and that the feedback had been very positive. The registered manager explained how the completed questionnaires were reviewed by senior staff, and a quality assurance audit was produced. We saw the quality assurance audit set out what actions the registered manager and senior team planned to make, so the service would be developed further. The registered manager explained they compared the results of each year's survey, so they could be reassured the service was developing over time and people were receiving their care in the best way for them.