Excellence Care Ltd

Excellence Care

Inspection report

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Date of inspection visit:
21 September 2016

Date of publication:
26 January 2017

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?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 21 September and was unannounced.

Excellence Care provides personal care to people with mental health conditions in a supported living environment. At the time of the inspection there were 18 people living in a block of flats, which also contained office space and shared communal areas. There were an additional 10 people being supported in two local shared houses. The service does not provide nursing care. We were not inspecting the accommodation available which was managed by a separate organisation.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was an inspirational leader who passionately promoted best practice and continuous improvement. People were at the centre of the service and maintaining their wellbeing was the focus of the support provided. There were robust systems in place to check the quality of the service. People were aware of how to make a complaint and there were a number of opportunities available for them to give feedback and have input into the service they received.

People were supported to make safe choices and received advice from staff on how to minimise risk. There were sufficient numbers of skilled staff who were deployed flexibly and effectively to meet people's changing needs. Staff supported people to take their prescribed medicines safely. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm.

Staff were motivated in their role and worked very well as a team. The manager had developed innovative measures to support staff and develop their skills and knowledge. Staff worked with people to monitor their physical and mental health and what they ate and drank. The Registered Manager and staff communicated extremely well with outside professionals and supported people to access health and social care services when needed.

Staff worked within the Mental Capacity Act and understood about people's right to make their own choices. Any restrictions to people's freedom were discussed with them and mutually agreed with a view to minimising risks to their health and wellbeing. Staff knew people and were sensitive and responsive to their complex needs. They provided support which was unobtrusive and discreet.

People received support that was personalised and which was tailored flexibly to their changing needs. Staff worked with people to achieve jointly agreed objectives which enhanced their quality of life and maximised their independence.

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 supported to minimise risks to their safety.

There were sufficient staff to meet people's needs.

Staff supported people to take their medicines safely.

Is the service effective?

Good

The service was extremely Effective.

There were varied measures in place to develop a skilled and knowledgeable staff team.

People were enabled to make their own choices.

Staff worked well with outside professionals to promote people's physical health and wellbeing.

Is the service caring?

Good

The service was Caring.

Staff developed positive and trusting relationships with people.

Staff had respect for people's privacy and supported them discreetly.

Is the service responsive?

Good

The service was Responsive.

People received support which was personalised around their individual needs and objectives.

Staff promoted people's independence and adapted support when their needs changed.

People knew who to speak to if they had any concerns about the service they received. They were given opportunities to provide

feedback.

Is the service well-led?

Outstanding ☆

The service was consistently Well Led.

The manager provided a positive role model and promoted best practice.

Staff felt supported and valued in their roles and showed a high level of commitment.

There were systems in place to measure the quality of the service and the manager was committed to using every opportunity to drive improvement.

Excellence 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 took place on 21 September 2016 and was unannounced. The inspection was carried out by one inspector.

On the day of the inspection we visited the main block of flats where the service was based, which included communal areas and the main offices. We met with the registered manager, who was also the director of the service, the deputy manager, two team leaders and four support staff. We had contact with eight people who used the service, and visited one of their flats. We met with or emailed six health and social care professional who told us their views about the service. We also visited a shared house near the main property to meet the staff on duty and the people who lived there.

During our visit there were people we met who chose not to speak with us and so we used observation as a main tool to find out about the service they were receiving.
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 reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We looked at four people's care records and three staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

We observed throughout our visit to the service that people felt comfortable with staff. A person told us, "I sit down here and talk to [staff], them being there makes all the difference." A staff member described how people felt safe at the service, "They might complain about their lives but never really about living here as they feel so positive about it."

Staff had a good understanding that the people they worked with might be vulnerable to abuse and were able to describe how they helped them to keep safe. Staff had completed the required training in safeguarding. There was guidance in place to support people when they were assessed at being at risk of exploitation, for example from people who were at risk of financial abuse.

A professional told us the manager and staff worked well to consider safeguarding concerns. They described how they had been able to carry out a thorough investigation into a potential safeguarding due to the quality of the notes produced by staff. We became aware prior to our visit of a serious safeguarding issue affecting a person at the service. We saw that the manager had worked well with all the professionals involved to ensure the safety of the person.

The manager had put measures in place in to ensure emergencies were managed safely. For example, people's individual support plans had photos and guidance of what to do if they went missing. There was an emergency plan in place if there was a fire or another untoward event that required an evacuation of the building.

Risk was managed effectively and in a way which respected people's rights. The manager told us, "Service users are encouraged to be as independent as possible and to make their own choices, following positive risk taking". People's care records summarised the areas in which they were most at risk, depending on their individual circumstances. For example, staff had summarised a person's risk around their alcohol intake. For each area of risk, there was an awareness of their history, a summary about the current levels of risk and warning signs to look out for. A professional told us, "Staff are extremely good at building relationships and getting to know trigger factors." Management of risk was flexible as staff adapted to changes in people's circumstances and needs.

Staff and people told us there were enough staff and the flexible way in which staff were deployed meant they always felt there was someone to call on, if needed. Whilst people were not under constant supervision they were able to access the 24 hour staffing available at the service.

Staffing was managed efficiently and met people's needs. People had 1:1 time with staff or they could access informal or formal group activities. Where staff were not immediately available, we observed they spoke courteously to people and ensured they knew when someone would be available to speak with them. We saw that in these situations people often sat in the communal area where they felt safe and benefitted from being close to other people and staff.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications and conducting employment interviews, seeking references and ensuring the applicant provided proof of their identity and right to work. Disclosure and barring checks (DBS) were also carried out on staff to check their suitability to work with people at the service. We looked at recruitment files for three staff and noted that the provider's procedures had been followed. Staff told us that they had only started working once all the necessary checks had been carried out. People who used the service were supported to be involved in the interview process.

Staff had a key role in supporting people to take their medicines as prescribed. This was flexible, depending on a person's needs so that some people took their medicines independently whilst others needed more support. Staff also adjusted their support when people's need in this area fluctuated. We observed a person requesting their medicine from staff. The person presented as being comfortable with staff and the interaction was relaxed.

Whilst people did not always need physical help with taking their medicines, staff were highly skilled at encouraging them to continue taking medicines which had been prescribed. Each person had a detailed risk assessment and staff were able to recognise warning signs which indicated they might not be taking their medicines. For example, they were alert to any changes in people's moods or appearance. There was a list of preventative measures for each assessed risk. For example, if a person was felt to be at risk of not taking their medicines, staff might respond by providing an extra support meeting or by helping them contact their community psychiatric nurse.

Support plans outlined exactly what support a person had consented to with their medicines and people signed to agree to this. For instance, one person's support plan stated they were largely independent in this area and only needed support to manage the side effects from the medication. Another person told us staff had a good understanding of medicines. We saw in their records that staff had recognised when they had tried to avoid taking their medicines and had followed a detailed protocol to ensure they worked appropriately with the person.

All staff understood the importance of getting people's medication right. Staff used clear medicine administration sheets (MARS) to record when they had supported people to take their medicines. Checks were carried out of the support people received with their medicines. Any discrepancies and issues were picked up immediately in these checks and addressed swiftly. An action plan was then put in place to minimise the likelihood of a re-occurrences. The manager adapted staff training in response, as necessary. For example, training had recently been amended to provide guidance on how to support a person who might hoard their medicines.

Good

Is the service effective?

Our findings

We observed that staff had flexible and effective skills which adapted to the needs of the people they supported. One person told us, "I can't find fault with the staff." Another person said, "Staff are exceptional, they have a good understanding of psychology, I cannot emphasis this enough, there's an almost ineffable quality to what they do." A professional told us "I try and get my people in this service because they intervene. They can cope with people with difficulties and they will give them a chance."

All new staff received a comprehensive induction which incorporated the Care Certificate, and helped them develop the core skills needed in their role. Staff were required to refresh their mandatory training annually. A professional told us, "When new staff come they are not thrown into it, they move around the scheme learning about people."

In addition to the mandatory training, staff were well equipped through a varied array learning opportunities. This included a nine week online Mental Health course which all staff completed. A member of staff described how they were supported to access additional training opportunities, depending on their interests. A former person who used the service came into provide training to staff. The manager said this worked well as staff responded positively when information came from, "A service user who has had to go through the system." Staff had supported the person to get together the training programme, for example, to produce certificates.

The manager drove improvements in training. A full training audit was being completed with staff in order to gather their opinion of any shortfalls in knowledge. Staff felt able to have input into new learning opportunities. A member of staff said they had requested a specific type of training, "I've only just mentioned it and I know the manager will put it in place."

Staff were exceptionally well supported in the service. The manager had arranged for an external professional to provide regular supervision to staff. The external officer provided feedback to the manager regarding each member of staff. The officer also prepared an anonymised report, provided verbally and in writing to the manager which presented themes arising from discussions with staff.

The manager told us this style of supervision gave staff a voice, enabling them to communicate openly in a way they might not to an internal manager. The external officer explained, "It avoids staff biting their tongue as you might an internal line manager." A member of staff told us, "It's nice to talk to someone out of the organisation; everyone needs a bit of a rant sometimes."

The manager explained that supervision provided a neutral setting for staff to explore different areas of good practice. It offered an opportunity for staff to discuss the people they were working with and any potential improvements or changes which might be effective. The external officer also met with team leaders to discuss gaps in knowledge and any specific stress issues which were affecting the quality of the service. These meetings were also used to promote good practice amongst the team.

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. The manager told us all the people had capacity to consent to the personal care provided by staff. Where there were restrictions, for example on the consumption of alcohol within the building, this was part of a joint agreement reached between people and the service.

People gave consent to the support they received and this was recorded in their care records. A member of staff told us, "The client has a right to change their mind so we review this consent with them every year." We saw in a person's notes that staff had recorded the advice they had provided to an individual and the decision taken by the person to disregard this advice and make their own choices.

The manager and staff consistently upheld the human rights of the people at the service when considering implementing changes which might restrict them in any way. For instance, we saw a report which looked into possible ways to increase safety in the service. The report stated as the main security consideration that, "The service is an independent living service and as such service users are entitled to have whoever they wish to visit them." People were involved in decisions about any possible constraints. For example, when considering whether a signing in and out book would be beneficial, the manager had referred this to a service user meeting for a discussion before a decision was made.

People were supported by staff when they were at risk of poor nutrition and dehydration. We saw that one person had detailed support plans in place due to the risk that they would not eat enough. Other people had support to enable them to eat a healthy diet.

Staff monitored people's weight as this could be an early indicator that a person's mental health was deteriorating. We saw an example where a person who had been assessed at being at risk was weighed more regularly. Staff also monitored people's eating, where appropriate. We noted this was done in a supportive, enabling manner, for example staff might ask them what they had for lunch. They had also supported people who were at risk of gaining weight to buy healthy food options. We observed a member of staff checking whether a person had actually eaten the specific foods they had bought to help them gain weight.

People received support, where appropriate, with visits to health professionals involved in maximising their mental health. For example, staff accompanied people to visit their community psychiatric nurses for weekly treatment. A professional told us staff were very good at ensuring the person they worked with had regular blood tests. Another professional described how staff had spotted a person limping and had encouraged them to go to the GP.

We looked at the care plan for a person with diabetes and noted the support was practical and effective and had led to a significant reduction in the amount of insulin the person was on. A professional told us, "Staff work really well to ensure [person] takes their diabetes medicines and stays alive."

We emailed a number of professionals and received positive responses to the majority of our requests for information, demonstrating the positive reputation and regard with which the service was held. The professionals all said that the service worked well with them, for example, one professional told us, "They

have managed and worked with the client I have there very well…It was the expertise and mental health knowledge that has been observable…. I also feel they have worked well with myself."

Professionals also highlighted the specialist skills which staff demonstrated when supporting people with complex mental health. For instance, we were given a number of examples where staff had successfully worked with people who had self-harmed or who were at risk of substance misuse.

There were measures in place to support people who might forget or misunderstand the information they had been told at meetings with external professionals. The manager told us staff now wrote up a feedback sheet following a meeting and emailed it to the professional to avoid any future misunderstanding. This was kept in the person's file and was available if the person wanted a reminder of what had been discussed.

Staff worked with people to enhance their overall wellbeing. For example, they facilitated a group of people from the service who met to discuss issues which affected them. The topics were chosen by the people involved, for example, they had discussed how important it was to their mental health staff communicated with them. This information was then communicated to staff to help improve their practice.

Good

Is the service caring?

Our findings

People talked about their staff with warmth and appreciation. One person spoke about how their life had turned round at the service. They told us, "Honestly, they have done a fantastic job, they rescued me." A number of people spoke how care staff in the past had not understood their needs and how relieved they had been when they had arrived at their current service. A professional told us, "[Person] wanders when unhappy but always comes back here." A member of staff told us, "Everyone does over and above what is in their contract. Just being kind to people, that's huge."

People were observed interacting comfortably with staff who had the skills to show they cared without being overpowering. We interviewed a member of staff who was very lively and enthusiastic about their job during our discussion. We then observed them supporting a person who was very anxious and they became calm and re-assuring, adapting to the person's demeanour. The person chose not to engage with us but simply said, "I'm being looked after well."

Staff knew the people they supported. A staff member told us that before working with people they had to read their care records thoroughly. Much of the support people received was unspoken, and stemmed from trusting relationships between people and staff. One person described how, "The staff know my peaks and lows." Staff understood the sensitivities around individual life histories and the importance of them understanding people's backgrounds. A member of staff told us, "There's stuff service users have said they don't want to be asked about again."

Staff maintained people's confidentiality; for example, they took care to avoid discussions regarding people's personal details in communal areas. All paperwork was locked away and meetings were held in private. Confidentiality was particularly challenging given the social atmosphere in the communal area, however staff achieved the difficult balance between connecting with people and promoting individual privacy.

Staff were not limited to the tasks in a care plan when supporting people. Care was provided in an informal, relaxed manner. When we arrived staff offered us a cup of tea and included a person who was nearby waiting for their social worker. A professional described the relationship between a member of staff and the person he worked with, "[Staff] have got a good way with [Person] and keeps an eye on them." Staff spent significant time supporting people in regular 1:1 meetings. The manager told us these meetings were used to, "talk about how they feel, problems they have had or are having and how that person' mental health effects them in real world terms."

No one at the service was currently using the services of an advocate. An advocate supports a person to have an independent voice and express their views. We saw that information about the use of advocacy service was available along with the contact details of relevant advocacy agencies. We also saw a number of examples where staff from the service had supported people to express their views, for example when trying to access health services.

Good

Is the service responsive?

Our findings

A person described in detail the support staff had given them with their mental health. They told us they were now more settled than when they arrived at the service but said, "[Staff] told me if the voices come back, just sit in the office where others are around." During our visit, we observed people came to the office for support but this often involved just sitting quietly on one of the sofas in the communal area.

Staff encouraged people to become more independent and some people moved away from the main set of flats to the shared house, so that a move into the community could be achieved in a gradual manner. Where appropriate, people were given a safe opportunity to learn skills to prepare them for returning to employment. For example, people were paid to carry out household tasks such as sweeping or cleaning at the service.

The amount of support people received was flexible and staff adapted to people's changing mental health needs. Therefore on the days people were well they were enabled to live as independently as possible. A person told us, "Being here, I do my own washing, shopping, cooking but if I want help on my bad days it's there."

The style of support was also flexible. We were given an example where a person was not engaging with support so staff put the paperwork to one side and spent time developing a relationship with them. The person slowly started engaging with staff. This demonstrated that staff and people were not restricted by rigid processes.

Assessments of people's needs were carried out with involvement from individuals and plans outlined the support required. Support plans were extremely personalised to reflect people's specific needs. For example, we saw one person's care plan outlined how a person's religion shaped their life and support needs.

Staff considered people's sexuality and there was guidance to staff to support the choices made. For example, one person's records stated, "Staff will respect [person's] view and opinion on relationships." The plan respected the person's right to privacy and focused on enabling them to raise issues when they had concerns.

People were actively involved in regular reviews of the support they were receiving. Staff were aware people might have a different opinions about the support they needed, so they were given the time to express their feelings and these views formed part of their support plan.

Staff worked with people to measure how they were managing their mental health. They used the 'Recovery Star' to help them gauge any changes over time. This is a tool which enables people to measure how they are progressing against 10 outcomes. For example, people reflected with staff on how well they were caring for themselves. The tool was used to help review the support people needed.

Support plans were audited regularly and we noted these checks were thorough and promoted best practice. For example, when a member of staff stated a person's specific actions had improved 'a vast amount', the manager had asked staff to be more specific so they could more accurately measure improvements over time.

The manager told us they had not received any formal complaints and we noted that the manager encouraged an open culture where people felt able to share any concerns at any point. Staff described an example where a family member had raised a concern and this had been dealt with well by the manager who had met personally with the family.

Staff arranged resident meetings to discuss any concerns and gather feedback. A staff member described how they had spoken to each person individually before the meeting to ensure they had an opportunity to safely communicate their views. Whilst they rarely accessed formal systems to share their concerns, all the people we spoke to said they felt comfortable speaking about how they felt about the service they received.

Outstanding ☆

Is the service well-led?

Our findings

The director of the organisation was also the registered manager. They provided strong and inspiring leadership, and had developed excellent systems and a highly functioning staff team. They achieved this whilst remaining approachable and supportive; consistently ensuring the focus of the service remained on the people being supported. We observed that people felt comfortable speaking to the manager and deputy manager. A person told us, "I like to go to the top to sort things out." The manager provided a positive role model for staff to follow. A professional told us, "The manager is brilliant and goes over and above."

Staff told us, "Everyone knows who the big boss is but [manager] has always been approachable, you can ask anything" and "Management are very supportive, they are always around." There were opportunities for development and progression within the organisation, for example, there had been an increase in the number of team leaders and this had given staff an opportunity for promotion. We observed a high level of commitment from staff who were motivated in their roles.

There was a stable staff team who provided consistent support to people. The team worked well together and met regularly to discuss people's needs and any challenges they were experiencing. The manager ensured staff and people in the satellite houses attached to the service were not isolated. A member of staff who worked in one of the houses said a senior member of staff visited unannounced three times a day. In addition, they told us they only had to call in an emergency and someone would come immediately.

People were at the centre of the service being provided. This was achieved skilfully with recognition of the challenges many people faced whilst managing their mental health. For instance, although spot checks and resident meetings took place, these were introduced sensitively and appropriately. The manager ensured that formal systems did not interfere with people's recovery and that staff focus was on supporting people to manage their mental health. A professional told us, "The clients I have worked with have been complex cases with forensic history, mental illness and substance abuse and all of them have not only been well supported but their recovery has been enhanced. Excellence Care have achieved this with clients where other supported accommodation have not been able to."

There was an open culture at the service. During our inspection we observed people speaking openly with staff; their views were acknowledged and had a direct impact on the service, such as leading to improvements in training. Staff were also encouraged to speak up about their views on the service. The systems in place to supervise and support staff had been skilfully designed to encourage staff to feel comfortable to whistle blow or raising concerns, even if they felt the need to remain anonymous. A member of staff told us, "After a month I was brought in to give my views on the service, the manager is always asking for input from the staff."

Prior to our inspection, we were informed that a person had died whilst living at the service. The manager outlined the extensive measures put in place to ensure there was a thorough and independent review of what had happened. Although the investigation did not highlight any concerns regarding the service, the manager had been pro-active about analysing and learning from what had happened. Systems had been

improved, for example, staff training was adapted to incorporate this learning. Throughout the incident, the registered manager was open and communicated well with us, fulfilling the requirement to notify us regarding specific events.

Staff and people had been well supported during this period, with opportunities arranged for them to meet and discuss how they were feeling. The manager had ensured there was extra staffing and management available, in recognition that greater support was needed to enable people and staff to grieve. Where necessary, staff had accessed an independent counselling scheme funded by the service whereby staff could be referred for additional counselling to an independent body.

Poor practice was dealt with effectively. We saw a number of examples where staff had been required to attend training or had their duties limited following negative feedback or observations regarding their practice. The manager described how they had put in extra supervision to ensure the training had been embedded and concerns had been fully addressed.

All the professionals we contacted told us this was a good service, with many stating it delivered exceptional results for the people they supported. One professional told us, "Staff are always friendly, approachable, professionally equipped with the right skills to meet client's needs." Where a professional had highlighted one possible area for improvement, we noted this was an area the manager was already addressing. Therefore, a professional told us staff could be supported to, "Initiate different approaches to cases by themselves." We saw that the supervision process had recently been improved enabling staff to discuss alternative ways of supporting people.

A number of surveys took place which enabled the manager to receive feedback about the quality of the service being provided. We noted that a high proportion of people completed the survey, which demonstrated a good level of engagement. Survey results were overwhelmingly positive and indicated a high level of satisfaction with the service. People were asked whether they would like to see any improvements. People wrote in their surveys, "I feel I have peace of mind", "The service is run very well" and "All good."

Surveys were also carried out with the staff and outside professionals working with people at the service. The questions were skilfully chosen and were tailored to the realities and requirements of the service. For example, the manager recognised the potential for isolation in the role so staff were asked whether they felt safe when on the night shift. Professionals were asked how knowledgeable staff were about the needs of the people at the service and how skilled they were in meeting these needs. The manager used this information to ensure there was input from external experts and professionals in the development of staff skills and expertise.

The service was not part of a larger organisation; however the manager had put measures in place to develop supportive networks where best practice could be shared. For example, the service was part of local health and social care associations and the manager or deputy manager attended regular meetings held by from the local authority, health partners and commissioners.

The attention to detail and excellence was reflected in a comprehensive and effective system for checking quality and driving improvements. The manager had brought in an external auditor to ensure there was independent scrutiny of the service. The auditor was also used to develop the skills of staff who were responsible for internal checks and to provide expert knowledge to the team regarding best practice. The involvement of the external auditor had resulted in improvements which directly enhanced the support being provided to people in the service. For example, staff had been given advice on how to improve their

communication with people when supporting them to set achievable goals and targets.

The manager had also arranged for an external officer to carry out staff supervision and used information from these meetings to improve the quality of the service. Each month the officer who carried out the supervision would provide the manager with a report detailing themes gathered from staff supervision, and discuss any actions needed. For example, the manager had arranged for improvements in training relating to medication and to the Mental Capacity Act, when they became aware there were gaps in this area.

The manager set extremely high standards for themselves and for staff. For instance, they had purchased a set of policies and procedures but had then had these completely revised to ensure they reflected the service being provided by the organisation. We were shown how the safeguarding procedure had been streamlined during this process to make it efficient and accessible to staff. Throughout our inspection we saw examples where the manager was constantly moving staff thinking forward and improving systems. In particular, they demonstrated how challenging situations were used as an opportunity for learning and making practical changes which improved the lives of the people at the service.