Excelcare (Home Care Division) Limited

Excelcare Homecare Division (Mottingham Branch)

Inspection report

38B Mottingham Road
London
SE9 4QR

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13 January 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Excelcare Homecare Division (Mottingham Branch) is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection 107 people were using the service.

This announced inspection took place on 12 and 13 January 2017. This was the provider's first inspection since their registration in August 2016. This inspection was prompted in part by a concerns shared by an anonymous person. The information shared with CQC about the concerns indicated potential concerns about the about the arrangements for the management of medicines of people using the service. This inspection examined those concerns.

We found that the arrangements for the management of medicines of people using the service were not robust. Some medicine errors were not fully investigated and managed appropriately and some staff had not been fully assessed as competent to administer medicines, following their medicines training in line with the provider's policy. You can see what action we told the provider to take at the back of the full version of the report.

At this inspection we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014 in relation to safe care and treatment.

The service had a system to assess and monitor the quality of the care people received. However, the system had failed to identify the errors in relation to the management of medicines and this requires improvement.

The service had 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. However, currently a new manager was in day to day management of this service and their application for a registered manager was being processed by CQC.

People and their relatives told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. Senior staff completed risk assessments for people who used the service which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. The service had an on call system to make sure staff had support outside the office working hours. The service provided an induction and training, and supported staff through regular supervision and annual appraisal to help them undertake their role.

People's consent was sought before care was provided. The manager was aware of the requirements of the

Mental Capacity Act 2005 (MCA) and acted according to this legislation.. At the time of inspection they told us they were not supporting any people who did not have the capacity to make decisions for themselves.

Staff supported people with food preparation. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

People told us they were consulted about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. Staff felt supported by the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

One aspect of the service was not safe.

The arrangements for the management of medicines of people using the service were not robust.

People and their relatives told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred.

Senior staff completed risk assessments and risk management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working.

Is the service effective?

Good

The service was effective.

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff and supported them through quarterly supervision, spot checks, and observations to help them undertake their role.

The manager knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people with food preparation. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Requires Improvement

One aspect of the service was not well-led.

The service had systems and processes to assess and monitor the quality of the care people received. However, the system had failed to identify errors in relation to the management of medicines.

There was a registered manager in post. However, currently a new manager was in day to day management of this service and their application for a registered manager was being processed by CQC. They kept staff updated about any changes to people's needs.

The manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

Excelcare Homecare Division (Mottingham Branch)

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 was prompted in part by concerns shared by an anonymous person. The information shared with CQC about the concerns indicated potential concerns about the arrangements for the management of medicines of people using the service. The inspection was undertaken to make sure people currently using the service were safe.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law.

This inspection took place on 12 and 13 January 2017 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by two inspectors, and an expert by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at 15 people's care records and nine staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, and quality assurance and monitoring. We spoke with eight people who used the service and 21 relatives about their experience of using the service. We also spoke with the area manager, the manager and 12 members of staff.

Requires Improvement

Is the service safe?

Our findings

The provider had a medicines policy which had been reviewed in August 2016. The medicine policy provided guidance for staff and included areas of medicine management such as assistance with medicines, consent, as and when required (PRN) medicine, and incident reporting. However, we found that the arrangements for the management of people's medicines were not robust. The manager conducted monthly medicine audits. These audits involved one person's Medicine Administration Records (MAR) per month being audited by the manager. We noted the December 2016 audit for one person had not been completed fully as a medicine error involving as and when required medicine (PRN) had not been identified by the audit. We found on three people's MAR's the reason for not administering a medicine at a certain time had not been recorded by staff in line with the provider's medicine policy of August 2016. In addition on two of these occasions a medicine error form had not been completed by the manager. This meant there was a risk that medicine errors were not fully investigated and managed appropriately according to the provider's policy.

We found in two people's care plans consent forms for staff to assist with the administration of medicines had not been completed, signed or dated in line with the provider's policy.

In order to assess staff's competency to administer medicines, the provider's policy stated that staff will complete a written competency test annually. However, we found four staff had not completed their written medicines competency test in line with the provider's medicines policy during the last year. One staff member told us, "I did the medicines training; an assessor carried out a spot check at person's home to observe how I did the administration of medicines and the assessor was satisfied. I have not done a written competency assessment." Another staff member said, "I have completed medicine training, an assessor completed a spot check on medicine management, I can't remember about any written test." This meant there may be a risk to people as some staff had not been fully assessed as competent, following their medicines training and medicines might not be administered to people in a safe and appropriate manner according to the provider's policy.

We found that people's medicines annual reviews by the prescriber were not being checked by the management in line with their policy. This meant the service did not know if and when people's general practitioner had reviewed people's medicines so care plans could be reviewed or updated accordingly. Medicine annual reviews assessed the effectiveness of the prescribed medicine, whether people were on the correct medicine, the correct dosage, the correct route of administration and whether any side effects were being experienced.

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

As a result of the inspection feedback, the manager confirmed they would review the medicines audit form and update it to include medicines errors. The manager further confirmed they would review the policy regarding people's medicines annual reviews by the prescriber.

The service had up to date British National Formulary (BNF) book for staff to refer to. The BNF is a medicine reference book which is updated every six months to include new information such as side effects and contraindications of medicines.

People who used the service and their relatives told us they felt their loved ones were safe and that staff treated them well. One person told us, "Yes, I definitely feel safe, they [staff] are very gentle and look after me. I am very pleased with them. They don't rush me and I feel safe." Another person said, "Yes, the carers make me feel safe, they listen to me." A relative told us, "yes, Mum feel safe, they [staff] handle her very well. They are very patient with her and manage her carefully." Another relative said, "Yes, they make sure mum takes her medicine, we are happy with the support." However, as recorded above we identified concerns in relation to medicine management.

The service had a policy and procedure for safeguarding adults from abuse. The manager and all staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. All staff we spoke with told us they completed safeguarding training, the training records we looked at confirmed this. One member of staff told us, "I completed the safeguarding training and I am competent enough to take care of people who use the services." The manager told us there had been no safeguarding concern since their registration in August 2016. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to. One member of staff said, "I will speak to the manager discreetly and if the manager doesn't do anything about it, I will report to senior manager and if necessary to CQC."

Action had been taken to support people where risks to them had been identified. Staff completed a risk assessment for every person when they started using the service. One person told us, "Yes, it was just before Christmas a member of staff came and made sure that everything was checked, including any adaptation that was needed." Risk assessments covered areas including falls, moving and handling, nutrition and hydration. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where someone had been identified as being at risk when moving and transferring, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the risk. The manager told us that risk assessments would be reviewed on a six monthly basis, or more frequently if people's needs changed. We reviewed 15 people's records and found all were up to date with detailed guidance for staff to reduce risks.

The service had a system to manage accidents and incidents to reduce them happening again. Staff completed accidents and incidents records. These included the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. A senior member of staff reviewed each incident and the manager monitored them. The manager showed us examples of how they managed accidents and incidents. For example, when a person had a fall when opening a door an ambulance was called, and for another person when they had a fall a day before the home visit, the staff noticed an injury on their finger, staff contacted GP and treatment was given. Actions to reduce future risks, how to manage accidents and incidents were also discussed in staff meetings.

The service had enough staff to support people safely. The manager told us they organised staffing levels according to the needs of the people who used the service. One person told us, "They [staff] are usually on time, if they are late the office will call to let me know. They understand what I want and are efficient." A relative said, "Yes, the carer comes on time, routine is very important to mum, so to come on time is important." The provider had ensured that they monitored people's calls to check they were attended on time through an electronic call monitoring system, and records showed they regularly contacted people to

check on this. Records we saw showed two missed home visits for people, since the registration of the service in August 2016, these were investigated by the provider and action had been taken to avoid in future. Staff we spoke with told us they had enough time to meet people's needs. One member of staff told us, "I spend the allocated time, and there is enough time between calls, when I get stuck in the traffic, I inform the office that I am running late." Staff home visits planning rota we saw confirmed this. The service had an on call system to make sure staff had support outside the office working hours. Staff confirmed this was available to them at all times.

The provider carried out satisfactory background checks of all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after their loved ones and staff were knowledgeable about their roles. One person told us, "Yes, I could tell that staff know what to do." Another person said, "Yes, staff know what they are doing." A third person commented, "They [staff] have a lot of experience, very good at their job, they don't rush me. I've had them for 6 /7 years now and I'm really happy with them." One relative told us, "They [staff] check all his [loved one] needs, when they are with him from toileting to making sure he is well dressed and warm, before he goes anywhere." Another relative said, "Mum feels comfortable with her handling, and they [staff] will cream her and will tell me if there are any bruises. She did fall once when I was with her and they [staff] noticed a bruise when they washed her and told me. They are good like that."

The service trained staff to support people appropriately. Staff told us they completed comprehensive induction training in line with the Care Certificate Framework; the recognised qualification set for the induction of new social care workers, when they started work, and a period of shadowing an experienced member of staff. The manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes to moving and handling, administration of medicine, and the Mental Capacity Act 2005 which included training on the Deprivation of Liberty Safeguards. Records showed staff updated their training as and when required. Staff told us the training programmes enabled them to deliver the care and support people needed. For example, one staff member told us, "Trainings helped me to know safe care practices, and made me confident."

Records showed the service supported staff through quarterly supervision, spot checks, and observations. Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they worked as a team and were able to approach their line manager at any time for support.

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.

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. We checked whether the service was working within the principles of the MCA. The manager demonstrated a good understanding of the MCA. They said that people using the service had capacity to make decisions about their personal care. Care records we saw confirmed this.

The service had systems to assess and record whether people had the capacity to consent to care. Staff understood the importance of asking for consent before they supported people. One person told us, "Yes, the staff will normally ask what I need them to do. They are never unpleasant." Staff confirmed they sought

verbal consent from people whenever they offered them support. For example, one member of staff told us, "I always tell people who use the service what I am going to do. They will say are you going to wash me, OK wash me, I will then wash." Staff also recorded people's choices and preferences about their care and support needs.

Staff supported people to eat and drink enough to meet their needs. One person told us, "They [staff] help me with the evening meal. I am fine with it." Another person said, "I decide the night before what I would like to eat, they [staff] help me with breakfast and lunch. I'm looked after well." One relative said, "Yes, staff support with all meals, we are happy with this." People's care plans included a section on their diet and nutritional needs.

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed, and for people who did not have relatives to coordinate the appointments. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a GP or a hospital appointment.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and staff were caring. One person told us, "I am looked after; they [staff] are very caring. No one has ever been rude, they are extremely polite. They are efficient and treat me like a human being; they feel like a friend as well as a carer. I have a routine which I like to be done, they are considerate and polite." Another person said, "Carers are good, they listen to me and really care, they make the effort and are like friends." One relative told us, "Mum's condition is deteriorating and they [staff] are very caring with her and compassionate." Another relative said, "The carer is excellent, Mum and carer have a good relationship. The carer does a lot for her, she is brilliant, she does more than she has to." A third relative commented, "They [staff] are very caring. They are very patient, comforting and reassuring. The care is of high quality and they are professional and compassionate."

Staff involved people and their relatives where appropriate in the assessment, planning and review of their care. One person told us, "Yes, when they [staff] come around, I am involved in my care planning and review." One relative told us, "I have been involved in Dad's plan and it was discussed with both of us." Another relative said, "Yes, they [staff] spent 2.5 hours explaining the care plan." People's care records showed that they were involved in planning their care.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us "I read the care plan and understood that one of my client's has specific health needs. I always follow the guidelines about their sleeping positions to support them." Another member of staff said, "I always ask people before giving any personal care, how they liked to be supported."

People were supported to be as independent in their care as possible. One relative said, "Staff gets my loved one involved in cleaning around home, with laundry, sweeping the floor. It's good for him [loved one]. I've been on spot visits to the house and I am pleasantly surprised that all is in order." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One staff member told us, "I always encourage people to do things for themselves, like washing their own faces and places where they can manage to clean for themselves."

Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relationships with people they cared for. Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential, to respect their privacy. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to

support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Records we looked at confirmed this.

Good

Is the service responsive?

Our findings

People and their relatives told us they had a care plan. One person told us, "Yes, I have a care plan, every few months someone comes around to check it. They [staff] always ask if I need anything, my husband is involved with it too." One relative said, "Yes, there is a care plan and is reviewed every year."

Staff carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment. This assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their physical and mental health needs, allergies, family and friends, home environment, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves.

Staff discussed any changes to people's conditions with their line manager to ensure any changing needs were identified and met. The senior staff updated care plans when people's needs changed and included clear guidance for staff. We saw 15 care plans and all were up to date. For example, when one person's needs changed, extra hours of care were provided and the care plan was updated. Staff completed daily care records to show what support and care they provided to people. Care records showed staff provided support to people in line with their care plan.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "Yes, I made a complaint once about a carer. She had not done what she was supposed to do. The office listened to me and sorted it out." Another person said, "Not had to complain thus far." One relative told us, "I have made a complaint. But I don't want to follow it up with a formal complaint. If it was serious I would. The carer is making an effort to come on time." Another relative said, "Yes, there was a complaint, the carer doesn't come anymore. I have another carer."

The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner to the complainant and where necessary staff held meetings with the complainant to resolve the concerns. For example, about visit times when staff were running late to attend to their scheduled visit and general care issues about people. The manager told us the focus was on addressing concerns as they occurred before they escalated to requiring a formal complaint.

Requires Improvement

Is the service well-led?

Our findings

The service had a system and processes to assess and monitor the quality of the care people received. For example, the service had an electronic call monitoring system which enabled senior staff to monitor when a care worker arrived and left people's homes. The service carried out spot checks and audits covering areas such as the health and safety, care plans, complaints, incidents and accidents and risk assessments. As a result of these interventions the service had made improvements, which included updating care plans to reflect peoples change of needs, staff meetings were held to share learning and additional training was given to staff. However the system had failed to identify the errors in relation to the management of medicines. We reported these errors under Safe section of this report, and this requires improvement.

People and their relatives commented positively about staff and the service. One person told us, "Yes, you can tell the manager has a good handle on what's needed." One relative told us, "It is a good service. They are always available. I phoned the out of hour's service at 4.00am and was amazed that someone answered. I thought I would have to leave a message. That's really impressive. They [staff] called me at 6.30am to check how things were and if I was OK." Another relative said, "We are all pleased with the service, would recommend it without hesitation. The carers offer a high quality care."

There was a registered manager in post. However, currently a new manager was in day to day management of this service and their application for a registered manager was being processed by CQC. The new manager demonstrated good knowledge of people's needs and the needs of the staffing team. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. The new manager was supported in their role by the area manager.

The manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, commissioners, and any changes or developments within the service. We saw the manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is very open and approachable. I can call up and discuss with my line manager anytime if there are any concerns about people." Another member of staff said, "The manager is good and she will push you to your full potential and what you need to do."

The manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the manager and supervisors and their conversations were friendly and open.

The service worked effectively with health and social care professionals and commissioners. We saw the service had made improvements following recommendations from these professionals and had received positive feedback from them. Feedback from social care professionals also stated that the standards and

quality of care delivered by the service to people was good and that they were happy with the management and staff at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The arrangements for the management of medicines of people using the service were not robust. Some medicine errors were not fully investigated and managed appropriately and some staff had not been fully assessed as competent, following their medicines training in line with the provider's policy.