

Excellence Home Care Ltd

Excellence Home Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Excellence Home Care is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection there was one person using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The person who used the service gave positive feedback about the service and the staff who supported them. They told us, "[Staff member] is wonderful."

The person's care needs were assessed, and a detailed person-centred care plan was in place to meet the person's needs. Care was delivered by a staff member who knew the person very well, promoted their independence and understood how to support them. Where risks of potential harm had been identified, risk assessments were in place that recorded actions staff could take to reduce the potential for harm.

Appropriate checks were completed prior to staff being employed to work at the service. Staff had a robust induction in to the service and there were procedures for their on-going supervision, training and development. The staff member supporting the person had appropriate training.

Staff had been trained in medicines administration and there were policies and procedures in place to manage these safely, however this was not a current need in the service. Staff adhered to Covid-19 procedures. Staff had training in infection prevention and control to safely support the person.

The person told us they received a caring service and staff respected them as an individual and supported them with dignity. They told us having a consistent staff member meant they had built a good relationship. The staff member supported them to maintain friendships and access the local community.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person told us they had no concerns about the service but knew how to raise any issues and felt these would be addressed. They had been asked for their feedback on the service and felt they could influence the care they received. The quality and assurance systems in place allowed for effective monitoring of the service by the nominated individual and there were plans to develop these as the service grew.

The service only employed two staff currently alongside the nominated individual, who managed and delivered the service. They all told us the service's aim was to integrate with, and support, the local

community. The service valued respect and equality.

Rating at last inspection

This service was registered with us on 22 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Excellence Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

The provider, who was the nominated individual, managed the day to day running of the service. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

The nominated individual is responsible for supervising the management of the service.

Notice of inspection

This inspection was announced. Inspection activity started on 9 August 2022 and finished on 17 August 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, although they do not currently work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with the person using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with the nominated individual, a support worker, the administrator and the person receiving the service by telephone. We reviewed a range of records including policies, procedures, assessments, care plans and risk assessments, training records, feedback from the person using the service and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to safeguard the person from the risk of abuse.
- Staff had safeguarding training and knew how to recognise and report abuse.
- Staff had attended training specific to local safeguarding procedures.

Assessing risk, safety monitoring and management

- Risks to the person's safety and welfare were identified and well managed. The person was supported to reduce the risk of avoidable harm by staff who understood their needs.
- Care plans and risk assessments were reviewed to ensure they reflected current needs.
- The person told us they felt the service supported them safely, they said, "Absolutely safe...I'm sure I feel very safe."

Staffing and recruitment

- Recruitment was safe and there were enough staff to meet the person's needs. There were processes in place and recruitment checks were carried out before staff were appointed.
- The person using the service was supported by a consistent staff member and told us they had built a good relationship.
- Care visits always happened as planned and on time. However, contingencies were in place in case the staff member supporting this person was not able to attend.

Using medicines safely

- There were processes in place to support safe medicine administration, however this was not a current need in the service.
- Staff had medicine administration training and there were procedures available, including for medicine auditing and checking staff competency.

Preventing and controlling infection

- The service reduced the risk of the spread of infections through their infection prevention and control practices.
- The service had infection prevention and control policies and procedures in place and staff described how these were followed.
- Staff and the person being supported told us PPE was used correctly and there was enough PPE available.

Learning lessons when things go wrong

- The service had procedures to audit and share learning from incidents.
- There had only been one occasion when the service had an event they could learn from. This was documented and actions taken to reduce future risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person being supported had their needs and choices holistically assessed and regularly reviewed in line with best practice guidance.
- The person had one regular member of staff and they knew the person's needs and choices and they respected these.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively. Staff had completed training in relevant areas to ensure they could carry out their role safely and competently.
- Staff had an in-depth induction covering the service's policies and procedures and training to meet their roles.
- There were policies and procedures in place to support on-going staff development and the nominated individual had oversight of the training needs in the service. Staff had regular supervisions to review any performance or learning needs.

Supporting people to eat and drink enough to maintain a balanced diet

- The person was supported to maintain a balanced diet in line with their preferences.
- Staff had food hygiene training to support the person safely with their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service assessed and explored what support the person needed to live healthier lives and access healthcare services.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The person's care was delivered in line with MCA and best practice guidance.
- Staff had received training around MCA and were able to tell us how they would respond if they had concerns about people's capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service treated the person with respect and was caring. The person being supported told us, "[Staff member] is lovely, very caring."
- Care plans contained information about personal choices and preferences.
- Staff spoke respectfully about the person they supported and about how they would support them in-line with their policies and procedures. They told us how highly they valued equality in all elements of the service and were committed to treating people fairly. The nominated individual told us, "The values of the company are to respect people. It is my core values to respect the person always regardless of gender, race, religion, disability or age."

Supporting people to express their views and be involved in making decisions about their care

- The person was supported to express their views about the care they received.
- The person told us they had been consulted about their care and how this was delivered.
- The person was involved in regular reviews of their care.

Respecting and promoting people's privacy, dignity and independence

- The person was treated with dignity and their individual needs supported.
- The person told us they were offered support to do things themselves and given as much assistance as they needed. They told us, "[Staff member] made sure I stayed independent".
- Care plans contained information about how staff should support the person's privacy, dignity and with consideration of the person's skills and abilities. Staff told us how they would follow these plans involving the person in tasks to the full level of their ability.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person being supported received person-centred care. Care plans included bespoke information which supported staff to care for them in a way which met their needs and preferences.
- Care plans were reviewed on a regular basis and were updated as and when the person's needs changed.
- The nominated individual told us, "As a manager with lots of experience of working in care, it's important to me that the service has compassion and understands the needs of the clients."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The nominated individual was aware of the requirements of the Accessible Information Standard. The service was not, however, currently supporting anyone who had communication needs.
- The service was developing some key documentation to be available in pictorial form should people need these in the future.
- The service was in the process of recruiting a member of staff who spoke multiple languages. With assistance from the new staff member they planned to translate pages on their website into different languages to make it accessible to more people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service assessed the person's social and cultural needs and developed plans to meet these.
- Staff supported the person to maintain contact and meet with friends. A staff member told us, "We meet with a friend for coffee. This is important for [person's] mental health, it gives her a boost to her well-being and happiness."

Improving care quality in response to complaints or concerns

- The service had policies and procedures to process complaints but had not received any.
- The person being supported knew how to raise concerns and had access to the complaint's procedure. They told us, "I've no concerns whatsoever. They are very good and very professional."

End of life care and support

- The service was not supporting anyone with this need.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was person-centred, open and inclusive. The service was planned around the person's preferences and their needs.
- The person who used the service told us the staff member who supported them was, "A lovely person. Marvellous".
- Staff gave positive feedback about the support they received from the nominated individual. One member of staff told us, regarding the nominated individual, "They are the most supportive manager I've ever worked with."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The nominated individual understood their duty to be open and honest when something goes wrong. They had systems to support this but had not yet needed to use them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems and processes to audit and improve practices. There were systems to check and review; training, feedback from people who used the service and learn from incidents.
- The nominated individual had introduced a peer review system to make checks on their own performance. They planned to appoint an internal quality compliance manager who would be responsible for checks on all staff including the nominated individual.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback was being sought from the person who used the service. The nominated individual told us how these would be used as an opportunity to learn and continuously improve the quality of the service they provided.
- Staff told us they felt their views were valued and they were consulted about developments in the service.

Working in partnership with others

- The service had recently moved and was in the process of building local links and partnerships. Staff had recently attended some training provided by the local authority.

- The nominated individual told us they wanted to develop partnerships in the local community. A staff member told us, "[Nominated individual] wants the service to be embedded in the local area, she wants to support the local community and to work with charities."