

# Excelcare (Home Care) Limited Tower Hamlets Office

## 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?

Outstanding 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection. We gave the manager two days notice of our inspection. There were no breaches of the regulations identified at the last inspection undertaken on 21 January 2014. Excelcare (Home Care) Tower Hamlets Limited provides personal care to people living in their own home. The agency provides care and support for older adults, people with disabilities and children. There were 124 people using the service at the time of our inspection.

# Summary of findings

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We spoke with 11 people who used the service and six relatives. All the people we spoke with said they felt safe using the service. Staff were knowledgeable about risks to people and how to safeguard them from neglect or abuse. Risks to individuals who used the service were identified and managed. Staff followed policies and procedures to ensure people were safe and protected. Staff were vetted for their suitability to work with vulnerable people and there were sufficient numbers of staff to meet their needs.

All the people and relatives we spoke with were complimentary about staff and the care and support they received. The majority of people said they valued the staff, who were caring, kind and compassionate. Staff provided care in a way that was enabling and promoted the independence and wellbeing of people who used the service. Care was personalised and provided in line with people's individual care plans. Staff communicated with people in a way they could best understand. People's diverse needs and rights were taken into account when planning their care. People were actively involved in making decisions about their care and their care met their personal needs and preferences.

Staff were trained and supported to carry out their duties effectively. The agency worked closely in partnership with a range of health and social care professionals with specific skills to plan, coordinate and meet people's needs. Procedures were followed in relation to the Mental Capacity Act 2005 when people lacked mental capacity to make decisions about specific issues.

Professionals were positive about the work of the agency and said staff were dedicated to providing the best possible care to support the health and general well-being of people.

All the people and relatives we spoke with said the service was flexible and responsive to their ongoing or changing needs. People's needs were monitored and regularly reviewed. The provider listened and took prompt action to address concerns and complaints and improve the quality of care.

Staff said they received excellent support and the service was well led and managed and people who used the service said the service was well managed. The management had developed and sustained a positive culture in the service, encouraging staff and people to raise issues of concern, which they acted upon. Management put clear vision and strong values into practice and ensured these were understood by staff and implemented. Procedures were in place to monitor and act on the quality and effectiveness of the service. There was a focus on delivering quality care that promoted continuous improvement and reflected best practice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People said they felt safe. Staff were knowledgeable about risks to people and how to protect them. Policies and procedures were in place to keep people safe and minimise the likelihood of abuse.

People were supported to have their medicines safely.

Procedures were followed in relation to the Mental Capacity Act when people lacked mental capacity to make decisions and staff understood their responsibilities.

Good



### Is the service effective?

The service was effective. Staff were trained and supported to effectively carry out their duties to meet the needs of people who used the service.

Professionals were positive about the work of the agency. They said staff were dedicated to providing the best possible care to support the health, nutrition and general well-being of people.

People were supported to maintain good health and had access to healthcare services when they needed.

Good



### Is the service caring?

The service was caring. All the people and relatives we spoke with were complimentary about staff and their care and support. People said staff were caring, compassionate and kind and that they valued the staff and care provided to them.

People's diverse needs and rights were taken into account when planning their care.

People were actively involved in making decisions about their care and their care met their personal needs and preferences.

Good



### Is the service responsive?

The service was responsive. People experienced care and support that promoted their wellbeing and independence.

People received personalised care that was flexible and met their ongoing and changing needs.

The provider listened to people's concerns or complaints and took prompt action to address any issues.

Good



### Is the service well-led?

The service was well led and managed and staff said they received excellent management support.

Outstanding



# Summary of findings

The management of the agency had developed and sustained a positive culture in the service. There was a focus on delivering quality care with a drive for continuous improvement that promoted and reflected best practice. Procedures were in place to monitor the quality and effectiveness of the service.

# Excelcare (Home Care) Limited Tower Hamlets Office

## Detailed findings

### Background to this inspection

We visited the provider's office on 5 August 2014 to carry out this inspection. We talked with 11 people who used the service and six relatives. We spoke with eight staff, including four care workers, two coordinators, one administrator and the registered manager. We also received feedback from four health and social professionals and service commissioners who worked closely with the agency.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed a range of care records, including the records of five people who used the service to assess if the care provided met people's needs. We looked at the records of six staff to assess how they were recruited, trained and supported. We examined how the provider safeguarded people, managed complaints and checked the quality of the service.

Before our inspection we reviewed information we held about the provider, including notifications of abuse and incidents affecting the safety and wellbeing of people and the provider's information return (PIR). The PIR 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 other information submitted by the provider about the organisation.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

All the people who used the service said they felt safe with their care staff. One relative said, “The staff are very good with my [relative]. They know what they are doing. They handle her safely. I am really happy overall with the care Excel provides.” People who used the service had an accessible easy read version of the adult abuse policy. This explained what they could do if they thought they were being abused so that they could be protected.

Safeguarding allegations were managed appropriately. Where there were allegations of abuse, staff followed their safeguarding procedures, alerting the local safeguarding team and Care Quality Commission to ensure people were kept safe. The manager was a safeguarding adults champion and regularly attended a safeguarding adults champions meeting to ensure they kept up to date with best practice so that people who used the service were better protected. We saw evidence that the agency took appropriate action where safeguarding concerns had been raised. This was also confirmed by a social care professional we spoke with. Staff were knowledgeable about safeguarding and whistleblowing procedures and how to protect people from neglect and abuse.

There were procedures in place to protect people from financial abuse. One person said, “I give her [the care worker] my list and when she comes back she brings the receipts and keeps them here. There is a book and she writes it all down in that.” Other people’s comments also reflected this, for example, “He [the care worker] brings in the shopping and the receipt. I trust him he is a very nice man.” The receipts were checked during home visit spot checks by management staff and we saw records that these checks were being carried out.

Staff followed policies and procedures to ensure people were safe and protected. For example, staff carried identification badges so that people could verify the identity of care workers who visited them and new staff were always introduced by office management staff. We saw evidence of communication between the manager and staff about actions to take when there was no answer from someone during a home visit. This was to ensure that staff took appropriate action in these instances so that people who used the service were safeguarded and protected from potential harm.

Staffing numbers were sufficient to keep people safe and meet their needs. People said staff were good with their timekeeping. They said staff stayed for their allotted times, were rarely late and staff would call them or the office if there were any problems. One person said, “[The care worker] is usually on time but travelling can cause a problem. The office will ring if he’s going to be late or can’t make it. They will then send someone else.” Similarly a relative told us, “Excel are very good with my wife. If the carer can’t come as happened this morning they let me know and send someone else.”

All staff were vetted prior to commencing work. Criminal record and other essential recruitment checks were made on all staff and records of these were available in the staff records we looked at. Staff had been issued with codes of conduct and a care worker’s handbook. These provided staff with good practice guidelines and expectations of them in relation to their roles and responsibilities. These also included information about how to protect and maintain the safety and welfare of people who used the service.

People were supported to have their medicines safely and as they needed. Medicines procedures were followed. People we spoke with said staff helped to give them medicines or checked and reminded them to take their medicines. One person had recently undergone a mental capacity assessment in relation to their ability to make decisions about their medicines, so they could be appropriately and safely supported. This was in accordance with best practice procedures under the Mental Capacity Act 2005. Staff had an understanding of mental capacity and their responsibilities in relation to seeking consent from people.

Risks to people were assessed prior to them using the service. People’s individual files contained examples of risk assessments carried out and included moving and handling; medication; environment and falls. Risks to people were managed to maintain their safety whilst maximising their ability to remain independent. For example, two carer workers attended one person and used a hoist when providing their care to reduce the increased risks associated with the person’s mobility. The risks and actions to reduce the risks were clearly identified in the person’s risk assessment and their individual care plan.

# Is the service effective?

## Our findings

People who used the service received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People who used the service and their relatives spoke highly of the staff and said staff had told them they received relevant training. People said they thought staff were well trained for their roles. One relative we spoke with said, “We are developing a team for her [relative] as her care is very complex. We have two excellent carers regularly and others are being trained up too.”

Staff told us they familiarised themselves about people’s needs through reading their care plans and discussing their care with the care coordinators. They said they recorded all their observations and actions with the person to inform other staff. One staff member said, “There is a communication book in the client’s house that I write in. That way other staff and the office know how the person is and know what I’ve done.” We saw examples of these communication books kept in the office.

People were supported to maintain good health and access healthcare services when they needed. We saw evidence of involvement, for example, from a range of healthcare professionals, including nutritionists, occupational therapists and community nurses. Where people needed support to maintain adequate nutrition their individual needs and how they were to be met was recorded in people’s care plans and daily records.

Health and social care professionals said the service was proactive in taking preventative action to maintain people’s health. One professional told us, “The [person] has

benefitted from very long term support from two carers provided by Excel Home Care. Both carers have always demonstrated a dedication to providing the best possible care to support the person’s health and general well-being.”

The manager ensured staff had the appropriate training and skill mix to meet the needs of people. The majority of staff had achieved qualifications, or were working to achieve them, in health and social care. The manager said all staff had received mandatory training, including moving and handling, safeguarding, first aid, dementia and mental capacity. This training was being arranged for new staff who shadowed experienced trained staff in practice before they worked independently. This meant that people received care from staff who were equipped with the knowledge and skills they needed to deliver effective care and support. We saw records and certificates of training in staff files and electronic training records. All staff we spoke with said they valued the training they received. One care worker said, “We have excellent training and support.” Another said, “I feel confident in my role and I have been told about policies and procedures.”

Staff received regular supervision and annual appraisals to support their practice and development. They attended weekly team meetings to develop their knowledge and share information with each other about people who used the service. We saw that discussions took place during one to one and staff meetings about professional boundaries and practice, and staff had been issued with the agency’s policy about this. All staff had individual development plans to ensure they were being supported to develop the knowledge and skills they needed to work effectively with people.



# Is the service caring?

## Our findings

People who used the service and their relatives said they were well looked after by the care staff. Comments included, “She [the care worker] is very good. She takes care to treat me well whilst helping me wash” and “I don’t need to ask she knows what needs doing and just gets on with it. The girl that comes is really very good. She will do anything for me. I would be very upset to lose my carer.” Another person said, “He [the care worker] is very good, he helps me get up and get ready for bed. He encourages me to do as much as I can for myself.”

All the people we spoke with said staff were patient and kind and treated them with dignity and respect. One person said, “I tend to tell them [the care workers] what I want. They are good as I can’t be rushed. They are patient with me.” We saw five written compliments from people who used the service, their friends and family, which reflected the verbal comments we received. One person had telephoned the office to say thank you for their “wonderful carer.” We saw a comment from another person who said the support they received was invaluable from all carers whilst another said the agency staff were caring, compassionate and kind.

Staff communicated with people in a way they could understand and provided support according to their wishes. This was reflected by one care worker who said, “You have to be patient and compassionate as some of them cannot talk.” In relation to one person who used the service they added, “I read their body language to understand what they need. I have got to know them with help from the family. I’ve learnt how to communicate with them. What I do depends on how they feel, what they want, how comfortable they are and what they want to do. This also depends on trust you build with them.” One person who used the service told us, “We know each other well, she [the care worker] understands me and I understand her.”

Care staff worked with people in a way that was enabling and encouraging. They gave individuals the opportunity to choose and make decisions, presenting them with choices of food or clothing, for example. Two care workers we spoke with said, “I always respect their choice. I always ask

them what they want, I never force them.” One staff member said, “I don’t rush them. My aim is to help them to be independent and give them confidence to help them enjoy their life.”

The views of people who used the service, their relatives and professionals were listened to and taken into account when planning their care. Staff visited people’s homes to find out about people’s support needs and any personal preferences during the assessment process. When planning their care, people were asked, “What do you want your care worker to do?” And, “Who do you want to help you with this and how often?” People’s wishes were outlined in their person-centred plans. For example, one person’s care plan named a member of staff they wished to communicate with if they were unwell.

People were encouraged to participate in their care reviews. One professional was complimentary about the way the manager involved the person and their family and said, “The manager is very engaged with the person, her family and the other systems around her.”

Staff treated people who used the service with dignity and respect. Staff were respectful in how they communicated with people. For example, staff called people by their preferred name. One care worker told us how they worked with people, by gently encouraging them and explaining why something might benefit them.

People’s culture and language needs and preferences were taken into account when planning and providing their care and this was included in their care plans. We saw, for example, that staff prepared meals to suit people’s cultural needs. All the people we spoke with felt that the staff respected their culture. One person explained, “The carer comes from the same background as my [relative] so they understand his needs. He understands special occasions, like festivals. He is very responsive to our family’s needs.” They added, “I think they are responsive to different cultures, so say an older Asian lady needs an Asian carer, they would supply that.”

All the people who used the service were given an information pack about the agency. This gave details of the organisation, its aims and the services available. The information pack for people was available in other languages. People were provided with a contact book, a copy of their care plan and assessments, so that they had information about their individual service provision.



## Is the service caring?

The provider had procedures in place to provide care and support for people [HG5] who had a progressive disease who were at the end of their life. The agency was not providing end of life care to anyone at the time of our inspection. However the provider had procedures in place

and had obtained the Gold Standard Framework in homecare for end of life care. The Gold Standards Framework is supported by authoritative bodies and represents a standard of excellence in recognition of the standard of care provided.

# Is the service responsive?

## Our findings

All the people who used the service said the care and support they received was personalised to them and was good or very good. One person said, “I couldn’t manage without her [the care worker]. She always makes sure my skin is dry and will put my cream on.” One person said they felt “overwhelmed” with the service because they had a long standing condition which they and their GP felt had improved due to their “wonderful carer and treatment by the carer”.

Care coordinators matched the needs of individuals with staff who had the most appropriate skills. This ensured that suitable care was provided. Community coordinators visited people in their home and carried out a needs and risk assessment to identify people’s needs. Staff liaised with people who used the service, their family members and professionals as part of the assessment process.

There was continuity of care by ensuring two care workers were assigned to work with people so that one care worker could act as a replacement care worker if the usual care worker was unable to make a call. This meant the service was provided by staff who knew the needs of people who used the service and how to meet them. One person said, “It’s nice to get the same one, they get to know what you like and you don’t have to keep telling them.” Similarly, “I have had the same carer for about three years. We have a very good relationship; he is very attentive and helps me. I couldn’t wish for better.”

People were able to meet several care workers before choosing staff they preferred, whilst other people had trial periods with their care workers before making their decision. The manager said this helped to improve the outcomes for people and that worked particularly well with people who had dementia.

Care plans were detailed containing current and background histories providing information to staff about people’s personalised needs and wishes. For example, one person’s plan described how the person loved talking about their past, career and family and so staff should encourage these conversations. Records in people’s files showed that staff carried out actions to meet people’s needs as written in their care plans.

People experienced care and support that was enabling and encouraging and promoted their wellbeing. For

example, staff supported people with physical and learning disabilities to achieve greater independence. One staff member described how one person who was previously completely dependent on staff could now perform their personal care activities with minimal support, including washing and dressing themselves. Another person’s care worker enabled the person to continue being in employment by visiting their place of work with them.

One person said, “[The carer] is very, very good. He helps me get up and get ready for bed. He encourages me to do as much as I can for myself.” Another said, “This gentleman is the best I have ever had. I rely on him for everything and he is very good. I want to stop in my own home as long as I can and he is helping me do that. He even rings during the day to check I am OK, he is very nice, I am happy with him.”

All the people we spoke with and their relatives said the service they received was flexible and responsive to their changing needs. One person who used the service said, “My carer is very flexible if I need to alter anything I talk it through with her and usually we can sort something out.” Another person said, “They are very good, it all seems to fit in around my social life.”

Staff worked with a range of professionals with specific skills to plan, coordinate and meet the needs of people with complex needs. In relation to one person, for example, there was involvement with a psychologist, social worker, dietician, occupational therapist, physiotherapist and the person’s GP. The records of one person showed that staff took into account the advice of a physiotherapist and their assessments regarding their increased care needs. As a result, staff requested an increase in hours of service from the local authority to ensure the person was safe when discharged from hospital.

Any changes in individual needs or service provision were clearly recorded and actions were noted, for example, staff recorded any disruptions such as when a person was admitted to hospital, was away, refused or cancelled services. This ensured the service was appropriately managed and adapted in response to the person’s changed circumstances.

People’s current and changing needs were monitored and reviewed on an ongoing basis and in annual reviews to ensure the service met their ongoing needs. People told us managers visited and telephoned them to check everything was going well where possible to discuss the person’s

## Is the service responsive?

needs and suitability of their service. One professional we spoke with said, “A very complex case has been made easier by the flexibility of the staff. We have kept in close contact with the manager and this has resulted in a very good working relationship which can only benefit the person.” All[TC(4)] the professionals gave us positive feedback about their experiences of working with the agency and said the agency always responded to them in good time.

People were given information about the complaints procedure and knew who to contact if they had complaints or concerns about the service. Any issues or complaints were picked up by the coordinators and dealt with. The complaints file was up to date containing details of three complaints over the last year. These had been investigated and actions taken to address any issues with the

complainants. One relative explained, “We had a couple of issues at the start but they have been sorted out. The office seems really good at solving issues.” Another relative said, “A while ago I noticed the carer wasn’t filling in the paperwork. I spoke to the company and it was sorted out. Everything has been good since.” A person who used the service said, “I don’t have any problems but if I did I would say.”

Complaints were logged and flagged up on the internal system for quality monitoring. One professional said, “[The manager] is proactive in sharing relevant information and in raising any issues of concern.” Another told us, “In my recent experience working with some of the team from Excel, I have always had prompt responses to any queries I may have. Any problems that arise have always been quickly dealt with.”



# Is the service well-led?

## Our findings

All the people we spoke with who used the service and their relatives were very happy with the overall organisation and service they received. Also everyone knew who to contact if they had any issues with their service. One person who used the service said, “I would phone the office if I had any concerns. The office staff are polite and always happy to help. They ring every couple of months.”

The management of the service showed there were areas where they managed the service in an innovative way to improve the effectiveness and quality of care people received. For example, people who used the service were encouraged to be involved in the management of their care, including the recruitment of staff. One person with learning disabilities, for example, had interviewed prospective candidates to choose the most suitable person to provide their care. Their level of involvement in the recruitment process meant this went on to be a successful placement where previous placements had broken down.

Staff said they enjoyed working for the agency. They said they received excellent support and told us the agency was well led and managed and that the management team were always approachable and available when they needed. The management team included the registered manager, community and care coordinators. Feedback we received from people and staff indicated the management team had developed and sustained a positive culture in the service. They said they encouraged staff and people to raise issues of concern with them, which they always acted upon.

One care worker who told us they really enjoyed their job said, “I find the job rewarding and I think I’m making a difference to vulnerable people.” Another staff member said, “They are an excellent agency. I have never had any problem with them. Everything always goes smoothly. It is well managed and if there is any problem, they sort things out quickly.” Similarly another care worker told us, “All the support here is excellent.” Staff also said they had regular one to one supervision meetings and attended team meetings where they shared and received information about the service.

Management consistently put their clear vision and strong values into practice. This could be seen in the messages communicated to staff. The managers monitored the

effectiveness of how staff implemented the agencies’ policies and procedures to ensure staff clearly understood them so that they provided a quality care service. The manager ensured that staff were kept informed and updated about any significant changes to their work. The provider was a member of the United Kingdom Home Care Association (UKHCA) whereby they received weekly emails, resources, guidance and information about care issues, which they shared with staff. They also attended a provider’s forum to combine and harness the separate skills, experiences and knowledge of individual member organisations, in order to assist an exchange of learning about best practice. The manager disseminated information about this learning to all staff to keep abreast of new developments. This included information about the new Care Bill discussed at the last provider’s forum attended by the manager. Staff also had access to a 24 hour advice line if they needed additional support.

We received feedback from professionals who were in contact with the agency that the service, in their view, was very well managed. One professional health worker told us they had contact with the manager on a number of occasions, via email communications and attendance at meetings. They informed us that the manager was extremely willing to address difficulties as they arose and to be creative and committed in problem solving these difficulties. A social care professional said, “I have, over time built up a good working relationship with this team. I have found their approach to work very professional.” A local authority commissioning professional said, “In my experience Excel Care Tower Hamlets have always made a valuable contribution in provider forums and other service development settings and are good to work with in that context.”

There was a comprehensive system of audits to monitor and review the quality of care. These included monitoring of care through telephone monitoring calls and home visit spot checks carried out by the community coordinators. There were monthly and annual audits of people’s records and care plans. The annual senior management team audit checked quality and compliance with records, procedures, safeguarding, complaints, compliments, incidents, health and safety, training, supervision and satisfaction results. The agency obtained the views of people using the service using a six monthly satisfaction survey. In the last survey



## Is the service well-led?

the majority of people gave positive comments about their care and the staff and some people said they would recommend the service. The home manager took action to address and monitor any negative feedback.

The internal heads of care and governance were alerted when safeguarding, complaints, accidents and incidents occurred at the service. Actions were monitored and promptly followed up through effective quality assurance systems. The last senior management audit stated compliance was achieved in all the outcome areas they checked and they had no concerns.

We saw a recent health and safety audit by the homecare operations manager. This covered checks on essential records being in place, procedures being updated, staff training and office risk assessments. The service scored over 94 per cent in compliance with internal standards. We reviewed the local borough's most recent contract monitoring report, which reported that all internal standards had been met.

The quality of care provided and performance of care workers was assessed during unannounced spot check

visits. Spot checks included the supervisor's observations and any comments for actions required of staff. Staff kept records to evidence the care they provided in people's homes and these were routinely checked and monitored to ensure that care was appropriately delivered and standards were maintained.

The manager attended senior management meetings to develop and share best practice. The manager described the main purpose was to discuss and develop a clear strategic plan for homecare to plan the future service. We saw that the meetings had looked at the challenges of the service and areas that could be further developed, including recruitment; training; care service development; management administration; finance and marketing.

A decision had been taken to review the structure of the organisation to develop its services and create new roles. This was aimed at improving staff development and training as well as to continue to monitor, review and improve the quality of the service for people.