

Community Homes of Intensive Care and Education Limited

Excel Support Services Limited - West Midlands

Inspection report

Unit 16
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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?	Requires Improvement ●

Summary of findings

Overall summary

Our inspection was announced and took place on 11 October 2016. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff were available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could visit them in their home. This was the first inspection of the service since the change of legal entity took place on 01 October 2016.

The service is registered to provide personal care to people in their own homes. At the time of the inspection the service was providing personal care to 5 people who were living in their own home's within three separate 'supported living' facilities.

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

There were systems in place to ensure that the service was assessed and the quality of care provided to people was monitored. We found that these had not always identified where some improvements were needed. However, we found that the registered manager was responsive and took action to ensure improvements were made.

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse.

People were supported by staff that were kind, caring and respectful and knew them well. People were treated with dignity and respect. People were supported to make everyday decisions themselves, which helped them to maintain their independence.

Staff understood people's needs well. Staff received the training and support they needed to carry out their role. Staff had a good understanding of risks associated with people's care needs and knew how to support them. There were enough staff to support people safely. Recruitment procedures ensured that only staff of a suitable character to care for people were employed.

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 ●

People were protected from harm because staff were able to recognise abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely.

People received support to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received care and support that met their day to day needs.

People were supported by staff who had received training and support to meet their needs.

People were supported by staff that ensured people were involved in decisions about their care and support.

People were supported with their dietary needs and the service worked with other professionals to ensure that people maintained their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that respected their privacy and dignity.

People were supported to make choices about the care they received.

Is the service responsive?

Good ●

The service was effective

People where possible were involved in planning their care and were supported by staff who communicated with them in ways they could understand.

Systems were in place to gather the views of people receiving a service.

Is the service well-led?

The service was not always effective

Although some systems were in place to improve the service the monitoring and quality assurance processes did not always identify shortfalls and required improvements.

There was a registered manager in place. We saw that the registered manager was open and inclusive.

Requires Improvement 

Excel Support Services Limited - West Midlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 October 2016. The inspection was carried out by one inspector. We spent time at the office where the care is organised from. The service provides support to people in their own home at three separate supported living facilities. The inspector spent part of the day visiting people who lived at two of the supported living facilities.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people to see what information they held about the service and we used this information to inform our inspection.

We met with four people who received support from the service. We spoke with three relatives, the registered manager, regional manager and five support staff.

We looked at records of three people who received support from the service, medication records, staff training records, two staff recruitment files, safeguarding records, complaint records, staff rotas and quality audits.

Is the service safe?

Our findings

Most people that used the service had limited verbal communication skills and were unable to tell us if they were concerned about their safety and if they were protected from abuse and harm. We saw that people looked relaxed and comfortable in the presence of staff. A relative told us, "[Person's name] is safe. I know they [person that uses the service] are happy and content. I can tell by their facial expressions and would know if something wasn't right".

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us that they had received training that enabled them to identify the possibility of abuse and take the appropriate actions to keep them safe. All staff spoken with were able to describe different types of abuse. Staff told us that they knew who to report to if they had any concerns that people were at risk of abuse. Staff were aware of how to escalate any concerns if they felt that action had not been taken. A staff member told us, "I would pick up if something had upset [person's name] and I would let the manager know about any concerns that I have".

Staff that we spoke with knew how to minimise risks to people on a daily basis. For example staff knew how to support people in a variety of situation including personal care and accessing community facilities. The risk assessments we looked at detailed what actions staff needed to take in order to reduce any potential risks and how to respond when required. We saw that some people had specialist equipment in place to keep them safe and meet their needs. Staff were able to tell us how this equipment was used and how it was checked for safety. There was no risk assessment in place to confirm this practice, however the registered manager actioned this on the day of our visit.

Most people who were supported by the service needed support throughout the day and night. The registered manager told us that staffing levels were determined by the needs and dependency levels of the people. The registered manager told us that they had a team of bank staff (Bank staff are staff that work on an as and when required basis) that cover for holidays and unplanned staff absences and they knew the needs of the people well. He told us that they did not use any agency staff and this ensured consistency within the service.

Staff spoken with confirmed that prior to commencing employment the required employment checks had been completed. We looked at two staff files and spoke with the registered manager about the recruitment process and checked to see if a robust recruitment practice was in place. We saw that checks on staff included personal identity, previous work practices and the disclosure and barring service (DBS). The DBS Service helps employers make safer recruitment decisions and prevent unsuitable staff being employed by the service.

All staff spoken with told us that they knew what to do in the event of an emergency and knew how to protect people from risks associated with their health conditions. Staff knew how to report accident or incidents so these could be managed effectively. A staff member told us, "We know people well and would pick up when something is not quite right or they are unwell".

People were supported by staff to take their medication and staff told us that they had received training in medicine management. We saw that records were maintained to ensure that people had received their medicines as prescribed.

Is the service effective?

Our findings

Staff were able to describe to us how they provided care to people and they demonstrated that they knew people's needs and preferences well. A staff member explained that the training provided to them ensured that they felt confident in their role. A staff member told us, "We get the training we need". The registered manager told us that there was a training plan in place and that in addition to this specific training was planned when needed so staff had the skills and knowledge to meet people's needs.

The registered manager told us that staff received an induction to the service and this included some time based at the main office to complete training specific to their role. We asked the manager about the Care Certificate for new staff. This is a framework for good practice for the induction of staff and sets out what they should know before they can care for people supervised. They confirmed that arrangements were in place to ensure their induction complied with the Care Certificate. Staff told us that they received regular supervision and that this included face to face discussions with the manager or deputy. We saw that records were kept of the training that had been provided to staff.

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. We checked whether the service was working within the principles of the MCA. We saw that staff listened to what people wanted to do and respected the decisions they made. Staff told us they had received training in MCA and could give an explanation of how they applied these principles within their role. Care records we looked at gave specific information for staff to follow to ensure that staff offered day to day choices to people and we saw that staff listened to what people wanted to do and respected the decisions people made.

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. The registered manager had identified that the people who used the service had restrictions in place to keep people safe and had identified that the local authority had not been notified. However, they had recently taken action to rectify this and when we visited the process had commenced. Although staff told us that they had received MCA and DoLS training staff were not sure about which people DoLS applications were in process for or the reasons why.

Staff explained how menus were planned. Staff told us that most people required support to help them make a choice about what they wanted to eat. A staff member told us, "[person's name] will always go shopping and they will tell you what they like to eat". Another staff member told us, "[person's name] can pick what they like from the menu". They showed us the menu in a pictorial format so people were supported to make choices. Staff were able to tell us about people's nutritional needs and knew people's likes and dislikes. A relative told us, "[Person's name] is on a soft diet and the staff know this and make sure they get the right food". Another relative told us that they had not always been satisfied with how their

relative's dietary needs had been managed but had met with the registered manager to discuss this. We saw that nutritional assessments and care plans were in place for people and these detailed people's specific needs and risks in relation to people's eating and drinking requirements. We saw that where people were at risk associated with their diet or fluids referrals had been made to the appropriate medical professionals such as Speech and Language Therapists (SALT).

We saw that people looked well cared for. Relatives spoken with told us that they were satisfied with how people's health care needs were met. A relative told us, "If [person's name] isn't well they always make sure that they see the doctor, no concerns with that". Staff were able to tell us about the healthcare needs of the people they supported. They spoke about how they supported people to maintain good health and also told us about how they had worked with other professionals and supported people through health problems. People had Health Action Plans (HAP) in place. HAP tells you about what you can do to stay healthy and the help you can get. Records looked at showed that people were supported to access a range of medical and social care professionals and that any health care concerns were followed up in a timely manner with referrals to the relevant services.

Is the service caring?

Our findings

We saw that people were comfortable and relaxed in the company of the staff who supported them. A relative told us, "I do see different staff caring for [person's name] but they are always kind and caring". Another relative told us, "The staff all seem nice".

Staff we spoke with told us that they encouraged people to remain as independent as possible and they told us how they involved people in doing what they could for themselves. A staff member told us, "[person's name] will make their own drinks and fold their clothes". Records we looked at confirmed that people and their relatives (where required) had been involved in the planning of their care and were encouraged to make decisions about the support they received.

Staff that we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. Staff that we spoke with told us that they knew when people were unwell or becoming anxious. They told us that they would see a change in people's body language or behaviour if they were unhappy, unwell or anxious about something.

We saw that people looked well cared for. People were well presented and dressed in individual styles that reflected their gender and personal taste. This showed that staff understood the importance of looking clean and well groomed. Staff had taken time to get to know people and to find out what was important to them. We saw that staff took account of people's diversity. For example, staff had supported people so that their bedrooms were personalised and reflected their individual needs, preferences and cultural background.

We saw that the registered manager had commenced the process of getting advocacy support for a person who needed support to express their views.

Is the service responsive?

Our findings

Some people had difficulty expressing their needs and wishes verbally about what they would like to do. We saw that staff were responsive to people's needs and offered choices to people based on what they knew people liked to do. Staff told us the things that people enjoyed doing. This included meals out, sensory sessions, music club, local gym and travelling on public transport to shops. We saw that one person was touching and holding an object in their hand and their records confirmed that this was something that they liked to do. A relative told us that their family member enjoyed looking at magazines and liked flowers and going out to the shops and for meals. They told us that their family member was supported to do all these things. Relatives that we spoke with told us that they were always made to feel welcome by staff when they visited their family member.

A relative spoken with confirmed they had been kept informed of any changes. We saw that information was gathered from people, their families and other professionals was used to inform staff on how to support people the way they wanted to be supported. We saw that people's care records were in the process of being reviewed and updated. The registered manager told us that any new information would be added to people's care records and that he was also ensuring that information was more accessible and easier for staff to follow.

Staff told us they had a handover meeting at the start of their shift which updated them with people's support needs and any concerns since they were last on shift. Staff said this was also where they planned what they would be doing during their shift. A staff member told us that in addition to a handover that took place at the start of each shift there was also a communication book in place for staff to leave messages or things that needed following up.

The provider had information about how to make a complaint. This was provided in a written and easy read format. Staff told us that most people would not be able to make a complaint but would be reliant on them or a family member to raise concerns on the person's behalf. They told us that they monitored people closely to observe for any signs that a person was unhappy about something and they would let the manager know their concerns. A relative told us that they would speak to the manager if they had any concerns that needed attention, but they hadn't needed to do this. Another relative told us that they had some concerns about an aspect of their relatives care and this was now being dealt with by the registered manager. They told us that the registered manager was good at keeping in contact with them and he would ring or text them. Records showed that there was a system for recording, and investigating complaints and to identify any emerging trends.

Is the service well-led?

Our findings

The provider had recently made a change to their legal entity which meant that when we inspected this location it was classed as a new registration. However, we saw that there was no change to the delivery of the service, staffing or people that they provided a service to and in effect the management of the service remained unchanged. We saw that there were systems in place to monitor the service and quality audits were undertaken. The registered manager showed us an action plan that they had produced which identified key areas of the service where improvements were needed and the action they and would be taking to make improvements. For example, the updating of people's care records and to improve the key worker system. However, we found that these systems had not always been effective in identifying where improvements were needed. For example, we found that improvements were needed to ensure people's medicines were stored in a way that ensured they were kept at a safe temperature and as required medicines protocols were needed. We saw that a safeguarding concern had not been robustly managed and shared with the local authority and CQC as required. The incident that this related to had taken place before the changes to the provider's legal entity. However, the people and staff concerned in the incident were still part of this service. We required assurance by the regional director that robust safeguarding systems were now in place and learning from safeguarding incidents had taken place. The regional director told us that this incident would be dealt with retrospectively and the information shared with the local authority. The registered manager and regional manager responded positively to the inspection process and took immediate action to make improvements and provided us with written updates on the actions they had taken. We were reassured by the registered managers and regional manager's openness and commitment to improve and develop the service and ensure that the service complied with the regulations.

We asked the regional director and registered manager about how they ensured that appropriate first aid arrangements were in place across the services including where staff worked on their own and also who was in charge of first aid arrangements for the service. They told us that they would risk assess their first aid needs and ensure that these are adequate and appropriate and agreed to put in place a plan if needed to ensure that any shortfalls were covered.

The registered manager demonstrated to us that they knew the individual needs of the people that used the service well. They told us that they kept their knowledge and skills up to date and that they were in the process of being trained as a trainer in behaviour support strategies so that they can then support the training and development of the staff team.

The registered manager described the staffing structure that was in place. This included a deputy manager and three senior staff members who had been allocated specific supported living services to support. The deputy manager told us that their role involved working in all the supported living houses and that she worked alongside care staff and this ensured she could support and monitor what was happening in each of the supported living services. Staff told us that they felt supported by the management team.

Staff told us that communication arrangements were good. They told us that staff meetings took place and that memos were also sent out to staff to update them on things that they needed to know about. Staff told

us they could ring the office if they needed to speak with the manager. Staff told us that they were confident that any concerns raised would be dealt with by the manager. A staff member told us, "The manager [registered manager's name] is very good and he will listen to you and he is trying to get things done". Records of staff meetings that we looked at showed that whistle blowing and safeguarding procedures were discussed with staff and also positive outcomes and achievements for people who used the service were shared and acknowledged.

Relatives that we spoke with told us that the registered manager had kept them informed about their relatives care. A relative told us, "Any problem and I can speak to [manager's name] he is really good at keeping us informed. Since he has been the manager the communication had really improved".

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice.

The registered manager told us that all the people they provided a service to had a tenancy agreement in place. People's homes were owned by a landlords separate to the care provider. The registered manager told us that they had regular contact with the landlords responsible. They told us that they were in the process of agreeing timescales with the landlords to ensure that maintenance matters needed in the houses were dealt with in a timely way and ensured people's wellbeing and safety.