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Excele Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Excelle Home care is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. 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.

The service was supporting 11 people with personal care at the time of the inspection.

People's experience of using this service

Some people and relatives told us staff had been late for care visits. Staff rotas showed that care calls were booked back to back with no time given to staff to travel in between appointments. This increased the risk of late and missed calls.

The provider's audit systems, to monitor staff time keeping, were not effective.

Although staff were aware of risks associated with people, accurate records of risk assessments had not been kept consistently to ensure people received safe care. We made a recommendation in this area.

Quality assurance systems were not in place to ensure care plans and risk assessments were accurate to ensure people received safe care.

Systems were in place to record incidents and take appropriate action. Medicines were being managed safely. Pre-employment checks had been carried out to ensure staff were recruited safely.

Systems were in place to obtain feedback from people and relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 14 February 2020). We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last three consecutive inspections.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm

they now met legal requirements. This report only covers our findings in relation to Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Excelle Homecare on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Excele 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 Care Act 2014.

Inspection team

The inspection was carried out by one 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 care service.

Service and service type

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

The service had a registered manager, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that a member of the management team would be in the office to support with the inspection. The registered manager was not able to support us with the inspection therefore we were supported by the deputy manager and care coordinator.

The inspection activity started on 26 April 2021 and ended on 27 April 2021. We visited the office location on 26 April 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about the service. This included details of its registration, last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with the deputy manager and a care coordinator. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and four staff files, which included pre-employment checks. We looked at other documents such as medicine and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as looking at policies and staff call logs. We also contacted professionals that were involved with the service to obtain feedback. We spoke with six people, two relatives and three staff.



Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant that some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection, the provider had failed to ensure systems were in place to minimise late calls. We found staff were late for care visits and the systems that were in place to monitor staff time-keeping was ineffective. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The provider's systems for monitoring visits were not robust. Staff did not always arrive at people's houses on time which had delayed care. One person told us, "They are supposed to be here for 30 minutes. If it's 10 minutes late it's a long time! No missed calls. But last night late. They come at different times in the evenings."
- We checked a sample of call logs. The call logs showed the planned time that staff were supposed to attend call visits. However, entries showed some late calls and at times, staff were up to an hour late. The deputy manager told us that this was due to staff not logging the time they arrived to calls and this had been addressed with staff. The call log showed there were improvements to calls thereafter. However, a lot of the entries were manually entered by office staff, due to staff not logging calls on time. This meant the service could not be sure if staff attended calls on time as they were reliant on staff feedback on this.
- Staff did not attend calls for the full duration of the visit, to fully meet people's needs. We checked the rota for three staff and found that care calls had been scheduled without time being given for travel in between visits. A person told us, "My concern is the time factor. Staff don't stay the amount of time they are allocated." This meant there was a risk staff may be late for calls, which may delay essential care people received. This placed people at risk of harm.

We found no evidence that people had been harmed however, systems were not robust enough to ensure staff were suitably deployed to meet the needs of people using the service. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The provider responded immediately during and after the inspection and sent us evidence that showed staff rotas had been reviewed and staff had been given time to travel in between appointments.
- The provider ensured staff were suitable to provide safe care to people. They had carried out relevant pre-employment checks, such as criminal record checks, references and proof of staff's identity.

Assessing risk, safety monitoring and management

- Risk assessments had not been completed consistently in relation to people's health conditions such as diabetes and stroke. This was a concern at our last inspection.
- There were risk assessments in place for moving and handling, falls, and the environment. Assessments included control measures to minimise risks. However, risk assessments had not been completed consistently in relation to people's health conditions, such as on skin integrity and stroke. For example, one person was identified to be at high risk of skin complications through a skin integrity scoring chart. However, their risk assessment referred to their falls risk assessment, which did not include measures to minimise the risks associated with skin complications.
- Staff were aware of these risks when supporting people and were able to tell us the signs and symptoms of conditions such as skin integrity and stroke. A person told us, "Staff identified a problem with my skin and advised a district nurse."

We recommend the provider refers to best practice guidance for assessing risks to people's health and safety and updates their practices accordingly.

Using medicines safely

- Medicines were being managed safely. People's Medicine Administration Records (MAR) showed people had been given their medicines as prescribed. People and relatives told us they received their medicines safely. A relative told us, "Carers give medication from a blister pack. I check from time to time to see if they have been given and on time. I am satisfied."
- Staff had received training on medicine management and told us they were confident with supporting people with medicines.
- The provider had carried out regular medicines audits to ensure medicines were being managed safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had put processes in place to protect people from the risk of abuse and minimise the risk harm
- Staff had received safeguarding training and understood their responsibilities to keep people safe. A staff member told us, "I have had safeguarding training. Safeguarding is making sure that people are supported and kept away from harm. There is so many kinds of abuse, could be financial, physical and verbal. If I see this, I will report it to my manager. I can whistle blow, if nothing is done from managers then I will contact CQC."
- People and relatives told us people were safe. One person told us, "They (staff) use a hoist to transfer me. Gentle and caring. I feel safe in the hoist." Another person told us, "I like the staff, nice girls and reliable." A relative told us, "Yes, very safe. Two carers come four times a day. They are trained and know what they are doing."

Learning lessons when things go wrong

At our last inspection, we made a recommendation about learning from incidents and accidents. The provider had put systems in place to ensure this could be done. We found that lessons had not been learnt from incidents to minimise the risk or re-occurrence.

- The provider had put systems in place to learn lessons following incidents.
- There had been no accidents or incidents since our last inspection. However, the deputy manager understood their responsibilities to manage accidents and incidents and told us these would always be investigated and analysed to minimise the risk of re-occurrence.
- The provider had an accidents and incident policy, which would be used to record accident and incidents.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons. People confirmed that staff used PPE when supporting them with personal care. A person commented, "Staff wear aprons, gloves and a mask. All [staff] comply."

● Care plans stated staff should wear PPE when supporting people. A staff member told us, "I am trained in infection control and given enough PPE."

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.

At the last inspection, this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the provider had failed to ensure robust audit processes to ensure the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There were enduring shortfalls in the leadership and management of the service. The provider had continued to fail to make improvements to ensure the safety and quality of the service. They had failed to comply with the requirements of regulation 17 at the last three consecutive inspections.
- The provider's systems and processes did not identify the shortfalls we found in the areas of risk assessment and staffing. The deputy manager told us that audits on risk assessments had not been completed.
- The continuous breaches of regulation 17 and 18 meant there were shortfalls in the provider's leadership and management and failure to understand regulations. This meant people may be exposed to the risk of harm because the service was failing to ensure that people were safe at all times with staff who could attend calls on time and meet people's needs.

Systems and processes were either not in place or robust enough to ensure the quality and safety of people using the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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 deputy manager was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service. They knew to be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Systems were in place to gather people's and staff feedback on the service.
- The management team regularly carried out spot checks of staff practice and the outcomes were discussed with staff.
- The management team held staff meetings to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team, to ensure people received high quality support and care.

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

- Staff told us the service was well-led and they enjoyed working for the service. One staff member told us, "She (registered manager) is brilliant. Extremely supportive. She is very good." Another staff commented, "(Registered manager) is amazing, you can go to her with any issues. She is very supportive."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Feedback was sought from spot checks and through telephone to identify potential areas of improvement. This included feedback on PPE, care delivery, training and appearance.

Working in partnership with others:

- The service worked in partnership with professionals to ensure people were in good health.
- Staff told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health. A person told us, "If I have a hospital appointment, (care coordinator) will arrange for someone to come and sit with my (relative). (Care coordinator) takes the initiative and is approachable."

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	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider was not deploying sufficient numbers of staff to ensure people received support in a timely manner.</p> <p>Regulation 18(1).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users by ensuring staff attended calls on time.</p> <p>Regulation 17(1)(2)(a)(b).</p>

The enforcement action we took:

Warning Notice