

Excel Healthcare Services Ltd

Excel Healthcare Services Ltd

Inspection report

Langham House, Suite 16
140-148 Westgate
Wakefield
WF2 9SR

Tel: 07460833818

Date of inspection visit:
04 May 2023

Date of publication:
09 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Excel Healthcare Services Ltd is a domiciliary care agency and provides personal care and support to people who require assistance in their own home. At the time of our inspection there were 17 people being supported by the service.

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.

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

Whilst care records had improved since our last inspection, not all risks to people had been appropriately assessed. Records did not always contain enough guidance for staff about how to safely support people. Daily records showed people received care in line with their needs, however risk assessments and care records required improving to ensure they contained a full detail of risks posed to people.

A new call monitoring system was in place, this allowed the senior team to monitor care call times. Records showed multiple occasions where staff were late for calls, it was not evident what action had been taken to address this. People told us they were informed when staff were going to be late. Staff were recruited safely, and pre-employment checks were in place.

Since our last inspection the provider had implemented systems and processes to protect people from the risk of abuse. Safeguarding incidents were logged and the service reported concerns to the CQC and local authority as required.

Medicines were safely managed. Daily records showed people received their medicines as prescribed. Staff had received medicines training and initial competency checks. Improvement was needed to ensure staff received ongoing medicines competency assessments.

People and relatives told us staff wore personal protective equipment (PPE) and followed good hygiene practices when carrying out personal care. Accidents and incidents were now recorded and monitored on an online system and action was taken to learn lessons from incidents.

Since our last inspection, some improvements had been made to care records. Care plans detailed some choices and preferences, such as people's religious needs and history. Further improvements were needed to provide more in-depth detail about how people like to be cared for. Staff had access to people's records via an online system. We received positive feedback from people and relatives about the care provided.

New staff received an induction and staff received supervisions which allowed them to raise concerns. Some supervisions were not conducted in a timely manner and robust systems were required to ensure staff

received regular supervision meetings.

Where people required support to eat and drink, records showed people were provided with choice. People and relatives told us some improvements could be made about how staff prepare food. Staff worked with external agencies to meet people's needs, and records were kept of these.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. The service did not always work in line with the principles of the MCA. Training for staff and management was required in this area to ensure that people had their capacity assessed appropriately and that external agencies could become involved where required.

Since our last inspection, new systems were implemented for dealing with complaints and these were effective in recording, investigating, and responding to complaints. Relatives told us they had not had to make complaints but felt comfortable to do so if required.

New systems for auditing the safety and quality of the service were in place. These required organising and strengthening to ensure they were undertaken consistently. Since our last inspection, the registered manager had gained knowledge and confidence about their role and responsibilities. They were open and honest during the inspection process and had reported notifiable incidences to CQC and the local authority. New policies and procedures were in place to provide staff with appropriate guidance.

Improvement plans were ongoing. The service continued to work closely with external quality teams. Daily meetings were held to discuss concerns and systems had improved staff recording of the support provided to people. A recent engagement survey was completed for people and relatives, and results were overall positive. These could be further strengthened by adding actions to the ongoing improvement plan.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 5 December 2022) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations relating to person centred care, safeguarding, complaints and staffing.

At this inspection we found whilst improvements had been made, the provider remained in breach of regulations in relation to consent, assessing risks and governance.

At our last inspection we recommended that the provider ensures staff are suitably trained to provide safe care and support to people. At this inspection we found further staff training was in place. However, training was still required about how staff work within the principles of the Mental Capacity Act.

This service has been in Special Measures since 5 December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

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

Enforcement

We have identified breaches in relation to consent, assessing risks and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Excel Healthcare Services Ltd

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.

Inspection team

This inspection was carried out by 2 inspectors 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We visited the locations office to review documentation, we spoke to 1 person and 6 relatives via the telephone about the service provided. Inspection activity started on 4 May 2023 and ended on 10 May 2023. We spoke with 4 staff, including the registered manager and care staff. We reviewed the care records of 4 people and 4 staff files. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits, and checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant 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.

Assessing risk, safety monitoring and management

At our last inspection, the provider had not ensured that care and treatment was provided in a safe way. They did not ensure all risks to people were consistently assessed, recorded and managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 12.

- Whilst some improvements were made since our last inspection, further improvements were required, to ensure all risks posed to people were appropriately assessed and mitigated.
- Some risks to people had been assessed. However not all records contained assessments of all risks. For example, where a person required assistance to mobilise using a hoist. No specific risk assessment or care plan was in place to give staff guidance about how to safely move this person.
- Where people required assistance with pressure care. Records did not evidence robust assessments or plans were in place to provide staff with enough guidance. For example, where a person required repositioning, this was not detailed in the care plan about how and when staff should do this. Daily records evidenced this person had received regular repositioning from staff.

The provider had not ensured that all risks to people were consistently assessed, recorded and managed. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they felt safe. Comments included, "I feel safe with the carers and the care I receive" "My relative absolutely loves the carers and feels very safe with them."
- The provider recognised improvements were required to peoples care records and an ongoing action plan was in place to audit and improve these records.

Using medicines safely

At our last inspection the provider failed to demonstrate that medicines were managed safely at all times. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the had made enough improvement and was no longer in breach of regulation 12 (medicines).

- Medicines were managed safely, and people received their medicines as prescribed.
- Staff received training about how to safely administer medicines and had their competency assessed prior to administering medicines to people. Competency assessments required undertaking on a more regular basis. This was brought to the attention of the provider at the time of our inspection, and we were informed this would be introduced.
- Accurate medicines records were in place and monitored via an online system by the management team. Where people received 'as required' medicines, protocols were in place, to provide staff with guidance about how and when these should be given.
- Relatives told us staff administered medicines safely. One relative said, "[Name] takes medication and the staff assist them to do it safely and remind them." Another relative said, "The staff deliver the medication and stand over [name] to make sure it's done safely."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to protect people from abuse and improper treatment. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made enough improvements and was no longer in breach of regulation 13.

- Since our last inspection the provider had implemented systems to protect people from the risk of abuse and unsafe care.
- Records were in place to allow the registered manager to monitor safeguarding concerns. Where concerns were identified, these were reported to CQC and local authority where required. For example, an incident relating to a concern about a person's care was reported, investigated and appropriate action taken to mitigate risks to this person.
- Staff were trained about how to safeguard people and told us they felt comfortable to raise concerns. One staff said, "I can report things to my line manager, I can also report things to the council."

Staffing and recruitment

At our last inspection the provider had not ensured that recruitment procedures were established and operated effectively. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made enough improvements and was no longer in breach of regulation 19.

- New systems were in place to monitor care calls and people received support from staff for their allocated times. Staff were recruited safely.
- Records showed staff were late at times. However, people and relatives told us staff supported them for their allocated time and if staff were late, they were made aware. One relative said, "Punctuality is good, they (staff) have only been late twice and given good reason, they've never not turned up." And a person told us, "Staff arrive on time and stay the full time, I'm very satisfied that the duties have all been covered when

they leave."

- Pre employment checks were in place for new staff. Since our last inspection the provider had undertaken Disclosure and Barring Service (DBS) checks for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The registered manager had recently introduced a new online system to monitor accidents and incidents.
- Where incidents occurred, action was taken, and lessons were learned from these. For example, where one person had not received a care call. Appropriate action was taken by the registered manager to prevent the risk of this happening again.

Preventing and controlling infection

- Since our last inspection, policies and procedures were introduced to protect people from the risk of infection. The management team completed spot checks, to ensure staff were following current guidelines. However, further checks were required to ensure these were completed on a regular basis.
- Relatives told us staff promoted safe hygiene practices and wore personal protective equipment (PPE) when providing personal care. One person said, "The staff have very good hygiene standards and wear all the PPE. They change their gloves every time they change their duties." Another relative said, "Staff wear all the PPE and I always see them washing their hands. They also keep the environment clean."

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At our last inspection the provider had failed to ensure the service was working within the principles of the MCA and that capacity was assessed. This is a breach of Regulation 11 (need for consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 11.

- The registered manager did not have appropriate knowledge and skills in relation to the principles of the MCA. People's capacity was not assessed appropriately.
- Some attempts had been made to assess capacity and gain people consent. However, this was not recorded accurately. No staff had received training in relation to the MCA. The provider recognised improvement was required in this area.

The provider had failed to ensure the service was working within the principles of the MCA and that capacity was assessed. This is a continued breach of Regulation 11 (need for consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The provider had failed to ensure people's needs and choices were assessed to effectively provide care and support to people. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008/ (Regulated Activities) Regulations 2014

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- Since our last inspection care records had improved and contained more information about how people liked to be cared for. Some records remained vague about people's choices. The provider was working closely with the local authority and external quality teams, to further improve care plans.
- Staff had access to all care records on a new system via a mobile or tablet. Daily call logs were detailed regarding the support provided, such as nutrition, medicines, personal care and continence care. Staff said, "People have a choice about how they want their care provided. By doing this then we are providing person centred care."
- People and relatives told us they were happy with the care provided, they were involved in their care planning and regular reviews were in place. One relative said, "As a relative, I'm very satisfied that all the duties are covered when staff leave, and they are always willing to do extra. The care plan is up to date. The staff are quick to react to any changes needed on the plan."

Staff support: induction, training, skills and experience

At our last inspection we made a recommendation that the provider ensures staff are suitably trained to provide safe care and support to people.

- Since our last inspection the provider had implemented systems to provide staff with more support and training.
- Supervisions were in place to provide staff with the opportunity to raise concerns and make suggestions. These could be further improved by taking place on a more regular basis.
- Following our previous recommendation, various training had been put in place for staff, such as dementia and catheter care. Training included The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff still required training about the MCA and how this is applied into practice.
- New staff received an induction and regular probationary reviews. One relative said, "I would say their training standards are really good."

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

- Care records contained some detail about people's likes and dislikes regarding food and fluids. Some relatives told us there could be improvements about how staff cook food. One relative said, "I have to leave notes about how to cook food, it has been challenging."
- Staff completed daily records which contained detail about people's food and fluid intake. Care plans could be improved to provide more person-centred detail about people's choices and wishes.

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

- The provider had systems in place to record engagement with external healthcare agencies.
- Where people required emergency medical care, this was sought from staff. One relative said, "The staff have supported my relative to see a doctor by sitting with them until the paramedics arrived."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

At our last inspection, the provider had failed to ensure people were provided with individualised care and choice. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- Some improvements were required to ensure care records contained individualised information. For example, where people had diagnosed healthcare conditions, these could be further explored to ensure records contained detailed information. Peoples religious and cultural needs were contained in records.
- People and relatives told us they had a care plan in place, and they were happy with the care provided. One person said, ""I have a care plan in place and I'm happy that it's accurate to my care needs. I'm very respected and treated with dignity all the time staff visit." A relative said, "They (staff) are right on the ball. There are no problems with the amount of respect that's shown in the care. They are very caring individuals, lovely, jolly people."

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.

- Whilst the feedback on the care people received was positive, some people and their relatives told us they were sometimes having trouble communicating with some staff due to English not being their first language. Some people and relatives were positive about communication. Comments included, "The staff are very patient, my relative has dementia and can be rude, but they are very tolerant," "The staff are sometimes hard to understand, I am a very chatty person and sometimes I can't have a conversation with certain staff."
- An easy-to-read complaints procedure was implemented, to provide clear guidance to people who may wish to make a complaint. Staff had received training about communication.

Improving care quality in response to complaints or concerns

At our last inspection, the provider did not have a robust complaints system in place. This is a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of regulation 16.

- Since our last inspection the provider had implemented effective systems to monitor complaints and concerns.
- Where concerns had been raised, action was taken to address these. For example, a recent concern was raised regarding a staff not completing domestic duties as well as other staff. This was dealt with effectively and an apology was issued.
- People and relatives told us they were aware of how to raise a complaint and felt comfortable to do so. One person said, "I have never had to make a formal complaint." And a relative said, "I feel I have a very good relationship with the manager. I can phone the manager to request any changes and they take it on straight away."

End of life care and support

- At the time of our inspection no one was receiving end of life care.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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.

At our last inspection, the provider had failed to ensure that governance systems were effective at driving improvement and that people's identified risks and needs were adequately assessed. This is a breach of Regulation 17 (governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements.

- Whilst improvements had been made, further improvements were required to strengthen auditing systems in place, to promote safety and quality for people. Some audits were not completed in a timely manner and did not always identify concerns found during our inspection. For example, where it was identified staff were late for calls, it was not evidenced what action was taken to address this.
- Records used for monitoring risks to people's skin, mobility and consent forms were not fully completed. There were no accurate records of people's ability to make decisions in relation to their care and support.
- Whilst staff monitoring was implemented since our last inspection, this required continuous and regular checks to ensure staff were competent in their roles. For example, staff supervisions, spot checks and some training about MCA was not completed on a regular basis.

The provider failed to maintain accurate and complete records in relation to the service and people's care. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had improved elements of the service since our last inspection. For example, daily records were completed by staff and contained detail about the support provided.
- The provider had introduced systems to monitor complaints, accidents and incidents and staff recruitment. Various staff training was undertaken since our last inspection and a range of policies and procedures were in place to provide appropriate guidance for staff.

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 registered manager understood their responsibilities under duty of candour, which requires them to

be open and honest when things go wrong.

- Since our last inspection the registered manager had informed the local authority and CQC of notifiable incidents. The registered manager was receptive to our concerns at this inspection and was honest about improvements which were required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care. Working in partnership with others

- The provider recognised shortfalls found during our inspection and assured us ongoing improvements were being made to ensure the service continued to improve. The provider worked closely with local commissioning quality teams and external quality teams.
- An ongoing action plan was in place. Feedback was sought from people and relatives. This could be further strengthened by adding actions arising from this feedback to the ongoing action plan. Records showed people and relatives were positive about the service.
- Staff meetings were in place and staff told us they felt supported. Comments included, "Everyone is happy, it is like a family," "I know who to go to and who to contact if I need support."
- People and relatives told us they felt the service leadership was good. Comments included, "We have a good relationship with the manager. They are very much contactable and visible. The service over all have got passion and show empathy and that's what I like most," "My assessment with the management is very positive, I would not like to change anything about the company. I would well recommend Excel Healthcare Services Ltd."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure the service was working within the principles of the MCA and that capacity was assessed.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that all risks to people were consistently assessed, recorded and managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to maintain accurate and complete records in relation to the service and people's care.