

Excelcare (Home Care Division) Limited

Excelcare (Home Care Division) Limited - Milton Keynes

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 10 December 2015 and was announced.

Excelcare (Home Care Division) Limited - Milton Keynes is a domiciliary care agency that provides personal care

and more complex support to people in their own homes. Services include medication support, end of life care, hospital to home support and social companionship. The

Summary of findings

frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs. At the time of this inspection the agency was providing a service to 35 people.

The service had a registered manager. 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.

The service did not maintain an accurate record of medicines administered to people using the service.

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures. There were appropriate numbers of staff employed to meet people's needs and safe and effective recruitment practices were followed.

Staff received appropriate support and training and were knowledgeable about their roles and responsibilities. They were provided with on-going training to update their skills and knowledge to support people with their care and support needs. People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People had positive relationships with the staff and were confident in the service. There was a strong emphasis on

key principles of care such as compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded positively to people's requests. People who used the service felt able to express their opinions and views. The service responded to complaints swiftly and within the agreed timescales set out in their complaints procedure.

The registered manager was committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. Staff were motivated and proud of the service. They said that they were fully supported by the registered manager and a programme of training and supervision that enabled them to provide a high quality service to people.

We identified that the provider was not meeting regulatory requirements and was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

This service was not always safe.

Accurate records of medicines administered to people were not maintained by the service.

People had confidence in the service and felt safe and secure when receiving support.

Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

Staff had the knowledge, skills and time to care for people in a safe and consistent manner.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

Requires improvement



Is the service effective?

This service was effective.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs competently.

People were supported to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Good



Is the service caring?

This service was caring.

Kindness, respect, compassion and dignity were key principles of the service and these were reflected in the day-to-day practice of the staff.

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received.

There was consistency of staff and people felt that their care was provided in the way they wanted it to be.

People felt that staff always maintained their privacy when undertaking personal care.

Good



Is the service responsive?

This service was responsive

People's needs were assessed before they began using the service and care was planned in response to their needs.

Good



Summary of findings

The service was flexible and based on peoples personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

Complaints and comments made were used to improve the quality of the care provided.

Is the service well-led?

This service was well-led.

The registered manager promoted strong values and a person centred culture.

Staff were proud to work for the service and were supported in understanding the values of the service.

There were robust systems in place to assure quality and identify any potential improvements to the service.

Good



Excelcare (Home Care Division) Limited - Milton Keynes

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 10 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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 reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We spoke with six people who received care and support from the service and three relatives. When visiting the agency office we spoke with the registered manager, the operations manager, the clinical lead and three care workers to determine whether the service had robust quality systems in place.

We reviewed care records relating to six people who used the service and four files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

We looked at the systems in place for the safe administration of medicines. We examined the Medication Administration Records (MAR) for three people using the service. On each of the MAR chart it was recorded for staff to 'take from dosette box.' However there was no record of what the medicines in the dosette box were. This meant the service was unable to maintain an accurate record of the medicines administered to people. The Royal Pharmaceutical Society of Great Britain guidelines; 'The Handling of Medicines in Social Care' requires that 'when care is provided in the person's own home, the care provider must accurately record the medicines that care staff have prompted the person to take, as well as the medicines care staff have given'.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were happy with the support they received with their medicines. One person said, "The carers help me with all my tablets. They remind me to take them. Otherwise I would forget." A relative told us, "I don't have to worry about [relative] not taking her tablets. The carers arrive at the times needed for my [relative] to take her tablets with her meals. It's a weight off my mind to know it's being done properly."

Staff were able to describe how they supported people with their medicines. One member of staff said, "I usually prompt people to take their medication. Family members play a big part in administering people's medicines."

People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. There were up to date policies and procedures in place to support staff in the safe administration of people's medicines. Records and discussions with care workers evidenced that they had been trained in the administration of medicines and their competency assessed.

People were protected from potential harm and abuse by staff that had been trained appropriately and understood the principles of safeguarding. Everyone we spoke with said that they felt very safe with the staff who visited them in their homes. One person said, "They make me feel safe and I feel very comfortable with all the carers. Without

exception." Another person told us, "They are more like family or very good friends to me." A relative commented, "I know my [relative] feels safe and the carers get on really well with [relative]. I trust them completely and that gives me peace of mind. I can stop worrying."

Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member explained, "I would report concerns immediately. I would not hesitate." A second member of staff told us, "I have a duty to make sure people are safe from all forms of abuse and harm. I take that seriously." Staff told us they had undertaken training in

recognising and reporting abuse and were able to demonstrate their awareness of how to keep people safe. Through our discussions we established that they had a good understanding of the local safeguarding procedures and the different types of potential abuse that existed. Records confirmed that staff had received safeguarding training as part of their induction and there was also on-going training after that.

We found that the provider had effective systems in place to monitor and review incidents, concerns and complaints which had the potential to become safeguarding concerns. Records showed that the registered manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

There were risk management plans in place to protect and promote people's safety. One relative told us, "I have read all the risk assessments in the care file and I can see why they are needed."

Staff were able to explain to us how risk assessments were used to promote people's safety. One member of staff said, "The risk assessment just makes us more aware of what the risks could be." Another staff member told us how the nutritional requirements of the person they cared for could be complex at times. They described the risk management plan in place for this person and what actions the staff should take to minimise the risk. Staff told us that people were involved with the development of their risk assessments and records confirmed this.

Records showed that risk assessments included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about the action to be taken to minimise the

Is the service safe?

chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. We saw that risk assessments were up to date and reviewed as people's needs changed.

There were sufficient numbers of staff to meet people's needs. One person said, "The carers are very reliable. They always arrive on time and we have never been let down by any of them." A second person told us, "The carers are brilliant. We have been so lucky to find this agency. They do exactly what they say they will do and never skimp on anything." A relative commented, "I'm very impressed. You could almost set your watch by their arrival. Most importantly my [relative] gets to see the same carers so they know her well. We tried a couple of different agencies before but this is the best."

Staff confirmed they had a manageable workload and did not feel under pressure. One told us, "There are enough staff to meet people's needs. We are given time for travelling which makes a big difference." A second member of staff said, "I don't feel rushed at all. I never have to cut people's calls short because I'm busy. We have time to spend with people."

Staffing levels were determined by the number of people using the service and their needs. These could be adjusted if these needs changed and we saw that the number of staff supporting a person was increased if required. In addition,

the registered manager considered potential sickness levels and staff vacancies when calculating how many staff were needed. This decreased the risk of staff not being able to make the agreed visit times.

On the few occasions staff were going to be late to attend a visit due to unforeseen circumstances, contact was made with the person whose visit was going to be delayed in order that they were kept informed. This was confirmed by people that we spoke with who received a service. One told us, "Communication is very good. I'm never left wondering."

Staff told us they had been through rigorous recruitment checks before they commenced their employment. One staff said, "I came for an interview. After that I had to wait quite a while for all my checks to come through before I was able to start work."

We saw evidence that safe recruitment practices were followed. We looked at four staff files and found that new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary period before they became permanent members of staff. Recruitment procedures were robust to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles.

Is the service effective?

Our findings

People were supported by care workers who had the knowledge and skills required to meet their needs. They told us that staff were well trained and were competent in their work. Several people commented that the staff went over and above their duties to make sure people were well looked after. One person said, “They are amazing. I can rely on them totally for anything I need.” Another person told us, “Before they start to work alone I know they work with another carer who is already doing the work so they get to know us and what to do.” A relative said, “The staff are very well trained. They go on all sorts of courses and do their job with confidence.”

Staff told us that they were well supported and explained that when they first started working at the service they completed an induction. They also told us that they were able to shadow more experienced staff until they felt confident in their role. One staff member said, “The training is very good. When I first started I shadowed other carers until I was confident to start on my own.” Records demonstrated that staff completed an induction programme before they commenced work.

Staff told us that they received refresher training and this benefitted the way in which they delivered care to people. For example, one staff member told us they cared for someone with a specific health condition. They told us they had received specialist training in this area so they could apply their knowledge to their care work. Records demonstrated that staff mandatory training was up to date.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one monthly sessions, unannounced spot checks and group staff meetings. One staff member told us, “We get regular supervision. I know I can always pop into the office for a cup of tea and a chat if I have any worries.”

People were supported at mealtimes to access food and drink of their choice and people were happy with the support they received. One person told us, “The carers know what I like and what I don’t like. They help me with my shopping and preparing my meals.” Another person commented, “My one special carer always cooks me a fried

egg. I look forward to that.” A relative informed us that their family member was supported by staff at lunch time. They explained, “The girls help my [relative] with her meals and always make sure there is plenty of snacks and drinks around for when no one is there.”

Records demonstrated that where people were identified as being at risk of malnutrition or dehydration, staff recorded and monitored their food and fluid intake. In one file we saw a nutritional risk assessment in place because the person had developed dementia and forgot to eat and drink adequate amounts. We saw that this was well managed and detailed records were kept of the person’s food and fluid intake. There were also contact details of health care professionals that staff could contact if they had any concerns. Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink.

People were supported to access health services in the community. Staff were available to support people to attend healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. One person told us, “I have had help to visit the hospital.”

One staff member commented, “There is very good information in the care plans. They tell you all you need to know and there are also numbers of healthcare professionals if you need further advice. I find that very useful.”

There was clear evidence of the service seeking advice and support from other agencies. For example, we saw that one person had specific swallowing difficulties. They had been referred to and visited by the Speech And Language Therapist (SALT) and their advice and guidance for staff had been incorporated into the person’s care plan. There were also contact details for the district nurse, GP and the SALT team if staff required further advice.

Records confirmed that people’s health needs were frequently monitored and discussed with them. They showed that people had received input from health professionals such as their GP, occupational therapist, dietician, physiotherapist and speech and language therapist.

Is the service caring?

Our findings

Positive, caring relationships had been developed with people. Everyone we spoke with said that they were treated with kindness and compassion by the staff that supported them. One person said, “They are like my family. I don’t know what I would do without them.” Another told us “The carers are very caring and very kind. I have never known such kindness. Nothing is ever too much trouble for them.” A relative commented, “They are very professional but also very thoughtful, caring and they treat my [relative] with such tenderness.”

The registered manager was motivated and clearly passionate about making a difference to people’s lives. This enthusiasm was also shared with the staff team. One staff member told us, “I love working here. It’s very rewarding and I will never leave.” A second member of staff commented, “I would be happy to work in this role for the rest of my working life. The people we provide care for are so lovely and they make it all worthwhile.”

The registered manager told us that she would visit people using the service if they were admitted to hospital. She said this had happened recently and three people had been in hospital at the same time. The registered manager told us she had visited them after she had finished work to check if they needed anything and to ensure their needs were being met.

People and their relatives told us that they and their family members were involved in making decisions and planning their own care as much as they were able. The registered manager said that people receiving a service and their relatives made decisions jointly wherever possible. People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with each individual and their relatives so that the information within them focussed on them and their wishes. This meant that staff respected people’s choice, autonomy and allowed them to maintain control about their care, treatment and support. We saw that people were given the opportunity and were supported to express their views about their care through regular reviews and records showed that families were invited to these.

Staff understood the importance of promoting independence. One member of staff told us, “I will always offer people the chance to do as much of the task as possible. I always encourage people to do what they can. This might be something simple like putting toothpaste on their toothbrush.”

We saw that this was reinforced in people’s care plans. For example, one person’s plan stated, “Encourage [name of person] to do as much for themselves as possible.” This was in relation to their personal care and getting dressed. Staff were able to explain how they supported people to maintain their independence.

We were told by people and their relatives that the service provided them and their family members with the information they needed regarding their care. One person commented, “I got a nice pack with all the information I needed.” They said that when their care package started they were provided with a guide to the service which included useful information, such as contact details and the complaints procedure. We looked at people’s care files and saw that this information was in place.

People told us that staff were respectful of their privacy and maintained their dignity. One person said, “Without a doubt they always behave most respectful towards me.” A second person informed us, “I can’t fault them. They treat me with respect and make me feel human.” A relative commented, “They treat [relative] like an adult. They never talk down to her. That’s how to show respect.”

Staff understood the importance of treating people with dignity and respect. For example one staff member told us, “It’s important to make sure we don’t embarrass people. I always shut doors as a sign of respect and to keep as much of a person’s body covered as possible. I like to treat people how I want to be treated myself.” Staff they told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls.

Records showed that this approach was reflected in people’s care plans and that these areas had been covered in staff induction and on-going training. We found that any private and confidential information relating to the care and treatment of people was stored securely.

Is the service responsive?

Our findings

People received personalised care that was specific to meet their needs and this was planned proactively in partnership with them. Everyone that we spoke with said that when their care was being planned at the start of the service, staff spent a lot of time with them finding out about their preferences, what care they wanted and how they wanted this care to be delivered. One person said, “The staff came to our house and talked with us about everything. Even what I prefer for breakfast. They asked us how we would like things to be done and even asked what times suited us best.”

Relatives told us that the staff visited their family members at home before a care package had been offered. They said that staff listened to what they had to say and took into account their preferences, likes, dislikes and future wishes. One relative commented, “I thought it was good that they came to our home to discuss my [relatives] care needs. It made us feel more comfortable and at ease.”

Everyone that we spoke with also expressed the view that the staff who visited them were matched well to them personally. One person said, “At the beginning they spent a lot of time talking with me and finding out what I needed before I was introduced to my main carers.” A relative commented, “My [relative] loves it when the girls arrive. They have a bit of banter, they get on so well together and their visit cheers up my [relative] no end.”

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. One member of staff explained, “The care we provide is definitely person centred. We take into consideration everything the person tells us and we encourage people to make their own decisions about the care they want.”

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis and changes made to the support they required and the times and frequency of visits they needed. A relative

said, “There have been some changes to my [relative] care needs and my [relatives] care plan has been changed because of the changes. There was no fuss and it was all done quickly.” Care files we looked at confirmed that people had a comprehensive assessment of their needs before they received care.

Care plans took people’s needs, wishes and histories into account and detailed what they would like staff to do during a visit. We also saw that care plans were regularly reviewed and staff told us they felt they had enough information to care for people safely. They said that care plans were regularly updated as people’s needs changed to ensure people received a consistent approach to the support they received from staff. We asked staff how they were kept fully informed about the changes to peoples’ care and the support needs. They told us that they would either be told in person when they collected their rotas from the office or via text or phone call. All staff we spoke with told us that communication was good between them the registered manager and the staff working in the office. This helped to ensure that people received care which was safe and appropriate to their identified needs.

People were actively encouraged to give their views and raise concerns or complaints. People were asked to complete satisfaction surveys about the care and support they received. We were told by people using the service and their relatives that they were aware of the formal complaints procedure and were confident that the registered manager would address concerns if they had any. One person said, “I can’t imagine me needing to make a complaint. If I did I know the manager would sort it out for me with no fuss.” A relative told us, “I would feel totally comfortable making a complaint. I don’t think it would ever get to that stage though. They are all so helpful and approachable.”

The service viewed concerns and complaints as part of driving improvement. We saw that the complaints process was included in information given to people when they started receiving care. The service had received five complaints in the last three 12 months. We saw that these had been responded to swiftly and in line with the provider’s complaints procedure.

Is the service well-led?

Our findings

The service had a registered manager in post in accordance with their legal requirements, who offered advice and support. In addition, there were systems in place to ensure the service met with other legal and regulatory requirements, such as sending the Care Quality Commission (CQC) notifications of certain incidents, such as safeguarding concerns. We looked at records which showed that the registered manager had sent such notifications, and had taken appropriate action to investigate and resolve concerns when they were raised.

The registered manager was a good role model who actively sought and acted on the views of people. They had developed and sustained a positive culture at the service and people using the service, relatives and staff all spoke highly of them. One person said, "I know I can always call [registered manager] if I have a problem. I don't have to worry about anything." A relative said, "The manager is very friendly and approachable." The service had clear vision and values that were person-centred and ensured people were at the heart of the service. They included ensuring people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives were included in the agency brochure, statement of purpose and staff handbook. These were discussed with people when they started to receive a service and with staff when they were employed.

Staff told us that there was good leadership in place from the registered manager, which encouraged an open and transparent ethos among the staff team. All the staff we spoke with knew the manager's values and philosophy of the service which they said had been explained to them during their induction. We also found there was a positive

culture at the service where people felt included and consulted. One staff member told us, "It's not like a job to me. I think we all genuinely want to be here." Another member of staff commented, "[The manager] runs a really good service. She knows everything that's going on." They told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service. Staff told us that they felt fully supported by the registered manager and that they received regular support and advice via phone calls, texts and face to face meetings. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good.

People were regularly asked their opinions about whether their objectives were being met and whether they were satisfied with the service they received. The registered manager monitored the quality of the service by undertaking service satisfaction surveys. They also undertook a combination of announced and unannounced spot checks and telephone interviews to review the quality of the service provided. This included arriving at times when the care workers were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as staff supervision and complaints. We also saw evidence that the registered manager had systems in place to carry out regular quality monitoring processes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not protected people against the risk of unsafe care and treatment because, a record of medicines administered to people had not been maintained by the service.</p>