

Excel Care Management Services Ltd

# Excel Care Management Services Ltd

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 22 December 2015. We announced the inspection 48 hours prior to our arrival in order to ensure someone would be in the office to facilitate our inspection. We also telephoned people who used the service and their relatives on 23 December 2015. This helped us seek feedback about the quality of service provided.

Excel care service provides support to people living in their own homes in Leigh, Atherton, Bolton and the

surrounding areas. Referrals are made from continuing health care, direct payments and private customers. Excel care support people with personal care and support to enable them to live in their own homes. At the time of this visit there were approximately 100 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe Care and Treatment, Good Governance, Staffing and Fit and proper persons. You can see what action we told the provider to take at the back of the full version of the report.

During the inspection we checked to see how the service managed and administered medication safely. We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

We found the medicine administration records (MAR) and care plans did not contain adequate information to guide staff on how to give them. We found information was not consistently recorded to guide staff on the dose that should be given, the form the medication came in (such as tablet or liquid) or in what circumstances 'when required' (PRN) medicines should be given. It was important this information was recorded to ensure people were given their medicines safely and consistently at all times.

We looked at eight MAR, whilst at the office. We found repeated omissions/ signature gaps in all the records. We looked at internal medication audits undertaken by the service and noted a theme of signature omissions during 2015. Though issues were identified, action had not been taken to address these issues with the individual staff concerned. We found that records failed to demonstrate that people had received their medication safely and in line with their prescription. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

We found the registered manager was unable to demonstrate how they captured, reviewed and monitored any trends or patterns for accidents and incidents or shared information about them with the staff to prevent re-occurrence and to promote learning. This was a breach of 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A number of staff had unexpectedly left the service which had impacted upon the consistency of staff visits. The registered manager identified recruitment and retention of staff as a challenge to service delivery. We saw recruitment had been compromised and the registered manager was unable to demonstrate they were consistently making safe recruitment decisions. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Procedures were in place regarding safeguarding and whistleblowing. Staff had a good awareness of safeguarding, how to report concerns about people's wellbeing and what they had to do to keep people safe.

Staff received an induction and shadowed experienced care staff until they felt confident to provide care independently. Staff had regular supervision and reported feeling supported. We saw staff undertook mandatory training but noted there were shortfalls in the training as it did not cover specialist topics such as; dealing with challenging behaviour. This training was required to enable staff to fulfil the requirements of their role. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Staffing.

People were looked after by care workers that were kind and caring and promoted people's independence and maintained their privacy and dignity. Despite not receiving MCA training, people's rights in making decisions and suggestions in relation to their support and care was valued and acted upon. We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people and from reviewing care records.

People and their relatives were involved in the initial assessment process to ascertain people's needs and how they wanted care to be provided. Care plans were personalised and contained detailed information about the support people required to meet their needs.

Quality assurance systems were not robust. The registered manager had undertaken audits in regards to the practices and records at the service to ensure people were receiving safe care. However, we found that these were not always effective. The systems had not addressed gaps in the management of medicines,

# Summary of findings

accidents and incidents, staff training and recruitment. The registered manager had also not consistently developed action plans to show how issues identified in audits were being addressed and monitored. This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback had been sought from people, relatives and staff. Team meetings were held but actions were not consistently demonstrated to promote service improvements.

People, relatives and staff we contacted were confident with the management team and described them as approachable and feeling supported.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding concerns. We found two incidents which had occurred at the service where CQC had not received the required notifications from the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Medicines were not always managed safely.

Accidents and incidents were not consistently analysed or actions implemented to prevent future re-occurrence.

Recruitment processes were not robust and were not consistently followed to ensure safe recruitment decisions.

Staff understood their responsibilities to identify and report any concerns in relation to safeguarding people from abuse.

**Requires improvement**



### Is the service effective?

Not all aspects of the service were effective.

Staff were not fully trained as they did not possess the knowledge and skills to meet some people's care needs.

People's consent to care and treatment was sought prior to receiving care.

People's health was monitored and any concerns were reported and acted upon.

**Requires improvement**



### Is the service caring?

The service was caring.

People and their relatives were positive and complimentary about the care provided. People told us staff were caring and respected their privacy and dignity.

People felt involved in decisions about their care and told us their independence was promoted.

Care workers had developed positive relationships with people and had a good understanding of their needs.

**Good**



### Is the service responsive?

The service was responsive.

People's care was specific to their own needs and wishes. Care plans were updated regularly to ensure they represented people's changing needs.

People were supported to pursue activities of their choice and maintain links with their local communities.

People and their families were able to provide the service with feedback formally and informally. The service took people's feedback seriously and used it to develop the service.

**Good**



# Summary of findings

## Is the service well-led?

The service was not always well led.

The quality assurance and governance systems were not always used effectively to drive improvements.

People, their relatives and staff were encouraged to share their views and help develop the service. Feedback and results from service satisfaction surveys were acted upon effectively to ensure improvements to the service were made.

People and the majority of relatives and staff spoken too were positive about the management.

**Requires improvement**



# Excel Care Management Services Ltd

## 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 the 22 December 2015 and was announced. We gave the provider 48 hours' notice of our inspection. This was to ensure the manager would be available to facilitate the inspection. The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

Before the inspection we looked at the Provider Information Return (PIR), which we had requested the

registered manager complete prior to conducting the inspection. 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.

During the inspection, we looked at various documentation including five care files for people receiving support and eight staff personnel files. We looked at policies and procedures, staff rotas, staff recruitment information, supervision notes, training, daily notes, accidents and incidents, surveys and eight medication administration records (MAR's).

We met two people receiving support at home and spoke to two people who used the service by telephone. We spoke with five relatives, eight staff, the registered manager, care manager and care coordinator. We also liaised with external professionals including the local authority and local commissioning teams. We reviewed previous inspection reports and other information we held about the service.

# Is the service safe?

## Our findings

People told us they felt safe receiving support from the service. Comments included; “Yes I do feel safe. I have a very good rapport with the staff”, “I feel safe, they are nice people”, “Oh yes of course. It gives me plenty of re-assurance knowing that somebody is coming in to see me.” Relatives told us; “I think [person] is safe. I need to know [person] is safe and he is. We wouldn’t use them if I didn’t trust the staff”, “I have no concerns.”

During the inspection we checked to see if the service managed and administered medication safely. We looked at eight Medication Administration Records (MAR’s). We found the medication had not been listed on the MAR to record medication appropriately. On all the MAR we looked at, it documented on the MAR, ‘Blister Pack’. A ‘Blister pack’ is a disposable package that contains the medication in separate compartments for administration. The MAR did not record each prescribed medicine, the dose and frequency it was to be taken. This meant staff signed to say the blister pack had been administered, but did not state which medicines had been given. We spoke to the care coordinator and they told us the medication would be listed in the support plan to guide staff.

The care coordinator explained that each medicine should ideally have its own entry on the MAR and be documented in the support plan, so staff had sufficient guidance and be able to sign the MAR to indicate that each medicine had been given. We found the MAR did not provide sufficient information for the safe administration of medicines. For example, one person’s MAR chart had ‘when needed’ medicine (PRN) documented but it did not record, the dose that should be given, the form the medication came in (such as tablet or liquid) or in what circumstances it should be given. We looked at the person’s support plan as the care coordinator had indicated the information would be detailed there and we found no ‘PRN’ information or protocols documented in the support plan to guide staff in the safe administration of medicines. One staff member told us; Medication is a nightmare. How are we supposed to know what is in the blister pack. Somebody needs to write it down. Missed signatures are a nightmare. I worry if somebody has an accident and I need to give the emergency services the MAR.”

We found staff did not have sufficient information on MAR and people’s support plans did not consistently reflect

people’s medication to guide staff on administration. Staff supported people to take their medicines in a variety of different ways. MAR and support plans did not provide direction to ensure medicines, including creams and other external products, were given correctly and consistently. Without this information, people were at risk of being given too much or too little medicine or having creams applied incorrectly. We saw examples where care staff had frequently failed to sign the medicines records meaning it was not possible to determine whether the medicines had been used correctly. We saw one person’s MAR chart for November 2015, had not been signed from 16 November to 27 November 2015, with no reason documented for the omission. The care coordinator was unable to explain why this had occurred but acknowledged the agency needed to strengthen the medication practices.

We saw staff received medication training and the care coordinator told us they conducted a competency check following the training before staff members could administer medication on their own. We saw one staff member had passed the competency check and had been signed as being competent to administer medication on their own on 8 October 2015. However, the same staff member had failed the medication training in September 2015 and it was 24 November 2015 when they reattended the medication training. This meant the staff member had been administering medication prior to passing the required training, which was required to underpin their knowledge in order to administer medication safely.

The management team were unable to demonstrate that medication audits were being undertaken and issues identified were being actioned. Medication records were not consistently returned to the office and there was no effective system in place to check medicines and records within people’s own homes. This meant errors, discrepancies and concerns were not systematically being identified and addressed. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The service maintained a record of accidents and incidents. We reviewed four incidents and in two of the four records, we saw the incident had been captured and actions taken was documented. In one instance, a person had tripped over the carpet and fallen. In response, it had been arranged for the carpet to be replaced to make it safer and also for a stair lift to be removed, as it was no longer

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required and presented a potential trip hazard. In another record, a person who used the service had grabbed the face of a member of staff which resulted in a scratched arm. We saw the incident had been reported to the person's social worker and it had been identified the staff member required further training but the management could not demonstrate this had been provided. We also saw an incident had occurred with a hoist and the person had tipped over and landed on the carer. This had not been reported to CQC and there was no record of the action taken to reduce the risk of re-occurrence. This meant the registered manager was unable to demonstrate they were capturing, reviewing and monitoring any trends or patterns for accidents and incidents or sharing information about them with the care workers to prevent re-occurrence and to promote learning. This was a breach of 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment policy which detailed the recruitment practice as; two references, one reference to be obtained from the previous employer and a Disclosure and Barring Service check (DBS) to be undertaken before staff commenced with the service. We looked at eight staff files and we found discrepancies in four of the files to indicate recruitment had not been undertaken in line with the service policy. In three files, we found staff had commenced with the service prior to the DBS check being received. The registered manager told us; "Staff shadow existing staff as part of their induction until the checks have been completed and upon receipt of satisfactory references and DBS, staff work independently." A staff member told us; "I started on shadowing without my DBS check, though it was back within 2 weeks."

In one staff file, we found the staff member had commenced shadowing prior to the service receiving the DBS and when the DBS had been received, it indicated a previous conviction. We looked at the application form and saw this had not been disclosed during the application or interview process. We asked the registered manager whether a risk assessment had been completed with the staff member to explore the circumstances around the conviction to support safe recruitment decisions. The management were unable to demonstrate that a risk assessment had been undertaken. This meant, the provider

had not risk assessed the conviction and explored their suitability to work with vulnerable people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted there was a high turn-over of staff. The registered manager confirmed the service experienced difficulty recruiting and retaining staff. We were told staff would leave without providing sufficient notice which resulted in the rota's changing and remaining staff being required to pick up more visits. Staff told us; "The rota may as well be binned when we receive it. There are not enough staff, people ring in sick or leave and the rota is changed daily. It's not fair really." "Some staff leave and others are taken on so occasionally short staffed." "There are not enough staff and we end up covering for sickness quite often." A relative told us; "My experience of care firms is that they are good carers but the terms and conditions are not great so they leave. This service is no different." The registered manager said they were aware of these problems and told us the care packages had increased rapidly and they were recruiting to meet the service needs. People and their relatives told us the visits were not missed and it was the same carers that visited. One relative said; "Same two carers the majority of the time unless sickness or holidays. I have no issue with the time of calls, only one occasion I can ever remember them being quite late." Another relative told us; "Yes they are ok, they are quite good. We always get the same member of staff and our carer is very good."

We selected four staff rotas at random and found the visits were appropriately planned with sufficient gaps to ensure staff could attend appointments promptly. The rota's indicated the visit times and travel between visits. We were told staff currently signed a time sheet at the property to record the duration of the visit. We saw that an electronic monitoring system, care free was being implemented the following week which would enable robust monitoring of staff calls and improve communication between staff and the office. This would provide an effective system for scheduling and monitoring visits. The system would alert the office when a call was late, so staff could be contacted to identify the problem. The person awaiting the visit would then be contacted to explain the delay.

We spoke to the care coordinator about emergency plans for the service, to provide guidance for staff in the event of extreme conditions, such as adverse weather conditions or low staffing levels. They told us, office staff, seniors and



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care coordinators would be utilised to meet care packages if there were insufficient staff at these times to meet the care commitments. This meant people who relied on the visits would continue to receive care throughout unforeseen circumstance.

We looked at the services safeguarding policies and procedures which detailed guidance for staff on processes to follow including local contacts. There were effective measures in place for ensuring that any concerns about a person or a person's safety were appropriately reported. Staff told us, and training records confirmed that staff received regular updates to make sure they stayed up to date with the process for detecting and reporting safeguarding concerns. Records showed the registered manager had documented and investigated safeguarding incidents appropriately and reported them to the local authority and the Care Quality Commission (CQC). Staff comments included; "I'm confident I would recognise safeguarding issues and have confidence the agency would follow them through. I would report elsewhere if not, I'd whistle-blow." "Dependant on the situation, I would speak to the person to find out what had happened and report it to my manager. I would always follow up to make sure something had been done. I do feel confident that if I reported anything it would be dealt with. If I thought it was needed and was not receiving the attention it deserved, I

would report directly to the Police or Social Services." "With safeguarding, if I had any issues I would report it directly to the office. I'm confident the office would treat all concerns seriously."

We looked at five people's care files and found that risk assessments were in place where risks had been identified. Risk assessments outlined key areas of risk; mobility, communication, medication and nutrition. They included information on what action staff should take to promote people's safety and independence; and to minimise any potential risk of harm. We also saw that environmental risk assessments were undertaken of people's homes and had been reviewed as recently as November 2015. These covered lighting, roads around the property, entrances/corridors, flooring/trip hazards and electrical/gas appliances. People had risk assessments in place which were reflective of their support needs, or any incidents that had taken place. For example, the accidents and incidents records identified that the same person had been involved with two instances of physical aggression towards staff and we saw an appropriate risk assessment had been implemented about how to manage this risk. This identified clear control measures such as getting this person's parents to explain the situation, to try to avoid loud noises and for people not to get too close to their face.

# Is the service effective?

## Our findings

People who used the service and their relatives told us they thought the staff had the skills and experience necessary to provide them with effective support. One person said; “They are not too bad. I’d tell them if they didn’t do something right.” Relatives told us; “Yes, they seem well trained.” “They are well-trained, professional carers.” “The carers that visit my relative know what they are doing. However, two relatives told us; The regular ones are well-trained. The new carers when they come, they do take time to train.” “Person needs two carers and on occasions the service has sent two new carers at the same time. Regular staff know what they are doing. New staff need more training and shadowing before visiting.”

We were told by the registered manager that as part of the induction; all new staff received an induction pack, which contained; an employee handbook detailing an overview of policies and procedures and employee rights. The pack also contained working manual; communication, confidentiality, fire awareness, food hygiene, health and safety, infection control, moving and handling, promoting anti-discrimination, reporting and record keeping and risk assessment which were to be completed prior to providing care. The care coordinator told us; “Staff have an induction pack, which they are required to complete and classroom based courses. I also go to people’s home to train staff with manual handling equipment.” We were told, new staff shadowed existing staff for up to two weeks depending on their previous care experience. Staff told us; “I was initially shadowing for two days and then on double ups for 2- 3 weeks with another member of staff. During that period I also did class room training such as medication, manual handling and safeguarding.” “The induction training was ok, it involved shadowing for a week or so and training in safeguarding and medication. That’s all I can remember.”

Training records were difficult to view as there was no overarching training matrix. We looked at eight staff files and found the training dates were maintained within the required timeframes and refresher training dates identified. We looked at training and found staff completed mandatory training; moving and handling, safeguarding and medication. The training was delivered at the office but there was no separate training area which meant training was undertaken whilst the phones were ringing and people

were visiting the office. We discussed the suitability of the office as a learning environment with the registered manager and following the inspection, they contacted us to inform us they had consulted with a local business to secure a venue for training.

We noted a commitment to staff obtaining the National Vocational Qualification (NVQ) and we saw all care staff were working towards an NVQ 2 in health and social care and the seniors were working towards an NVQ 3. We saw some staff had attended catheter care, stoma care and hoist awareness due to the needs of the person they supported. Staff told us; “I’m currently doing NVQ 2 & End of Life care. They do encourage you to undertake training and the support is there if you need it.” I have done an EoL course and almost completed my NVQ2.”

We saw staff had asked for specific training around managing challenging behaviour and equality and diversity in August 2015 but this had not been actioned. We saw in September 2015, a staff member had been grabbed by a person who received support from the agency which resulted in a scratch to the staff member’s face. We looked at the action plan following the incident, which identified conflict resolution training to be sourced by the end of the month. During the inspection, the registered manager was unable to demonstrate the training identified had been provided or scheduled. We were also told that a large number of people supported by the service were living with dementia but staff did not routinely receive dementia training. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Staffing.

We saw, one staff member had failed the medication training and this had been re-scheduled but the staff member had been signed as competent to administer medication prior to completion of the re-scheduled training. The registered manager acknowledged the challenges of maintaining an oversight of training and competencies during the inspection. Following the inspection, the registered manager contacted us to inform us they were implementing an electronic training matrix which would record training attended, scheduled refresher training and unachieved competencies to improve monitoring and governance.

Staff told us they were provided with regular supervision and we saw supervision discussions had been recorded quarterly in the care files we looked at. Staff said; “The

## Is the service effective?

coordinator does my supervision, I have had three visits since March 2015.” “I have supervision with the owner three or four times a year. They ask how things are, any concerns or training needs.” We asked whether staff had received an annual appraisal but we were told there were no staff that had been with the agency for that period of time.

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. 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. The application needs to be made to the Court of Protection for people living in their own home. We saw staff had not received MCA training. However, staff demonstrated some understanding of the Mental Capacity Act. Staff told us; “I’ve had no MCA training but I know it’s about decision making. I would go to a senior if I had concerns about somebody’s ability to make decisions.” Another staff member told us; “One person I support has mild dementia, but can give consent. If I had any concerns or doubts I would speak with family or seek advice from the office.”

We saw consent forms had been signed in the care files that we looked at. The care coordinator told us; “Basically, we assess people’s ability to provide consent as part of the initial assessment and always involve families. We do reviews every three months or more depending on need and can involve families and relatives.” Staff demonstrated they understood the importance of getting consent from people when providing care. Staff told us; “I always ask for consent when providing care.” “I always ask for consent when undertaking care interventions. For example changing pads. If the person refused, I would ask if they

wanted it done differently or by somebody else. I’d try to persuade the person and explain why it was in their best interest.” People told us; “Oh yes indeed. Once they get to know me they know what to ask for and we get used to each other.” “No problems with that they always ask.” Relatives told us; “They always ask [person] if [person] wants to do something. Even though he doesn’t communicate well they always ask and don’t act as if [person] is invisible.” Another relative told us; “Yes, they ask [person] for consent. For example, [person] couldn’t find something and the staff asked [person] if it was okay if they looked in a cupboard they wouldn’t usually go in.”

We looked at how the service supported people with their nutritional needs. At the time of the inspection, we were told there was nobody using the service that was nutritionally compromised. We were told that staff assisted with things like meal preparation and kept food journals if people were identified as being at risk due to losing weight. We saw the service had previously responded to a person losing weight and facilitated a meeting with the person, relative and GP. It was decided at the meeting that staff would support the person with lunch which resulted in the person eating consistently and gaining weight. People told us; “The staff always make me my breakfast. I always have porridge but they check if I would like anything else.” “They make me a full English breakfast and that is my choice.” A relative told us; “We purchase the meals for [person]. The staff are predominantly preparing ready meals and sandwiches. I’ve no concerns because they encourage [person] to eat it.”

People’s health care needs were documented in their care files. Records showed that a range of other professionals were involved in people’s care including speech and language therapists (SALTs), GPs, mental health practitioners, social workers and district nurses. We observed calls to the district nurse, GP and a social worker during our inspection which demonstrated to us, the service were responding to people’s daily health needs.

# Is the service caring?

## Our findings

People told us; “They’re not bad at all. In general the staff are nice people.” “Yes they are ok, they are quite good. I always get the same member of staff and our carer is very good.” “I wouldn’t be without them, I’m very pleased. On the whole they are very capable, I have no fault to find. All the staff are very polite and friendly.” I don’t think I could manage without them. I’m quite happy.” Relatives told us; They are really good with [person]. The staff are brilliant with [person].” “I’m really happy, I can have a break and go out knowing [person] is well cared for.” “They are caring people.” “The carers are fantastic.”

During the inspection we spent time at the office. The atmosphere in the office promoted a caring culture and staff spoke respectfully about people and with each other. We heard office staff speaking with people on the telephone about Christmas rota’s. They were patient and supportive; taking time to explain to people and making sure people understood.

We asked people if staff supported them to maintain their independence. People told us; “Yes of course. They help me have a shower and they put the soap onto my hand so that I can do it myself.” “They encourage me to wash myself and clean my teeth.” “I want to still do as much as I can for myself and the staff let me. They do their share but I can dress and undress myself.” “I can wash and dress myself but the staff are there if I need them.” Relatives told us; “They treat [person] normally and let [person] get on with it at times.” “I’ve observed them prompt [person] the washer has finished and encourage [person] to take the washing out. They only assisted with larger items [person] can no longer do on their own.” Staff told us how they would support people to retain as much independence as was

possible. Staff said; “I always encourage people to be independent and as they see me every day, I know what they can do and can’t.” “I have one person who is quite happy for me to do everything, so I always encourage this person to do things for themselves. It takes time and patience, but it is important [person] does more for themselves each day. We are focused on getting people to live independent lives, well as much as possible. It builds their confidence.”

We found staff understood how to support people to maintain their privacy and dignity. Staff spoke about knocking on doors before entering people’s bedrooms and covering people when providing personal care to maintain their dignity. People told us; “Of course they treat me with dignity and respect. I wouldn’t be treated with anything less.” “I’ve no complaints with that and we have a laugh.” A relative told us; “They certainly do treat [person] with dignity and respect. We made that perfectly clear at the start.”

People and their relatives spoke with fondness for the staff and expressed their gratitude for the care provided. One relative told us; “I couldn’t work if they didn’t provide the level of care and support they do to enable me too. The care [person] has received is excellent. They are caring people.” Another relative told us; “It’s a hard job providing twelve hours daily care. I like the staff and I still miss some of the staff that have left. It takes time building relationships.”

We saw people’s confidential records were kept in their own homes and a copy was stored securely in a main office. Only relevant people were able to have access to the records and the registered manager worked within the guidance of the Data Protection Act to ensure people’s confidentiality was maintained.

# Is the service responsive?

## Our findings

People and their relatives told us they had contributed to the assessment prior to care commencing. A person told us; “They came out and did an assessment and then put a care plan in place.” Relatives told us; “They involved my sister when they conducted the initial assessment with [person].” “Yes, before we started the service, the care coordinator visited and completed an initial assessment with us about [person’s] needs.”

We looked at five care files and we saw that each person had received a full assessment prior to the service starting. From the assessment, care plans were developed that covered people’s individual care and support needs. The care coordinator told us that people were fully involved in deciding what care and support they required. These assessments included information about a range of needs including health, social, care, mobility, medical, religious and communication needs.

The care files contained information about the person’s personal history, their likes and dislikes, social interests, family and employment history. We saw that people’s care plans provided an overview of the help they needed from staff and stated whether they were independent, or required support from staff. These covered communication, bathing/washing, dressing/grooming, toileting/continence, eating/drinking and moving and handling. We saw these had been reviewed consistently and when people’s needs changed.

The registered manager told us, people’s needs and wishes were also considered in regards to whether the person wanted a male or female carer and what time the visits were conducted. The management were also currently discussing the implementation of ‘pen pictures’ of staff which would contain a staff picture and details of the staff member. The registered manager told us; pen pictures would enable people to chose the staff member they would like to provide their care from the information presented.

The registered manager demonstrated a commitment to promoting social engagement and exploring support networks to achieve this for people who were at risk of social isolation. For example; we saw the service supported a person who was visually impaired and the care manager had looked in to guide dogs and completed the process

with the person but they had unfortunately not met the criteria. The staff supported the person to enrol at the local library to access audio books and supported the person swimming. We were told by the care manager; “ We support whatever interest people have and whatever it is the person would like to do.” We also saw how the service supported a person to visit the local pub. We looked through the person’s file and saw the person had not been out for sometime prior to this activity commencing. A male member of staff had been allocated to provide this support and visiting the pub was now a weekly occurrence. We were told the service was looking to expand activities and we saw an action plan to facilitate social nights, book clubs and the management were exploring the feasibility of purchasing a service mini bus to support outings.

We looked at the most recent surveys which had been sent to people who used the service and staff (August 2015). We saw that staff were asked for their opinions about training, risk assessments, suitability of equipment, being able to raise concerns, medication and management. An overall analysis had been completed and the registered manager had visited a person following their feedback on the survey to resolve the issue raised.

A survey had also been sent to people who used the service in July 2015. We saw people were asked for their opinion about being treated with kindness and compassion/dignity and respect, respect of preferences, being listened to, involved with decisions, responding to concerns and promoting their independence. In one survey, one person had expressed dissatisfaction with the service and as a result, the manager had visited them at home to talk through their concerns with them. This demonstrated the management were seeking feedback, analysing the results and responding to concerns.

We looked at how complaints were dealt with and responded to. The service maintained a complaints file which provided an overview of what the complaints had been and what action had been taken in response. There was also information about if the complainant was satisfied with the outcome, or if the complaint had been referred to another organisation. In one instance, money had been reported as missing from a person’s home. In response a CQC referral had been made and the local authority and police were also informed. Another person who used the service had complained about the attitude of a member of staff and as a result, the member of staff

## Is the service responsive?

attended a customer care training course and shadowed an experienced member of staff to ensure they had the correct skills. We asked people whether they had made a complaint or felt confident to do so and we were told; "I did

make a complaint because some of the carers were unfamiliar but it was sorted and they didn't send them again." "I can't say I have. They would sort it if we did though."



# Is the service well-led?

## Our findings

There was a registered manager in post. 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 registered manager was available throughout the inspection and was supported by the care manager and care coordinator to manage the service.

Throughout the inspection we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all the records we looked at were organised in a structured way which made information accessible and easy to find.

We received positive feedback from people receiving support regarding the leadership of the service. People told us; "Yes they are very nice. Nothing is ever too much trouble." "The care coordinator stays over so my husband can have a break. I would recommend them. They are not bad at all." "I get on with them all well. They are sometimes late but it can't be helped. I'm happy overall and we are on very good terms."

We received mixed feedback from relatives and staff about the leadership of the service. Relatives told us; "They are brilliant. It's really good and we have had no problems whatsoever." "They're very approachable, helpful and respond." "The management are quite approachable and try to accommodate things. They are flexible and when we've needed to change things they do try to accommodate it." However, one relative told us; "I don't think it is well-led. I think how staff are managed is rubbish. They're not supported, work long hours and its poor conditions."

Staff said; "The owner is approachable and very supportive. As my confidence has grown, I can turn to them for anything and they do listen." "No concerns about how the service is managed. We all pull together as a team. I certainly feel listened to and valued." "I feel I can be open and honest and they always say, any issues just come in and say them." "Management support is good. I would give it 8 out of 10. You can go to management with any issues." "Management are always there when you need them. You

can always speak to the manager and you are listened to and supported." However, one staff member told us; The management are approachable but I don't feel they always listen. There not proactive enough when incidents occur."

There was a system in place to ensure that staff were competent to undertake their work. These had been completed as recently as October 2015 and ensured that people who used the service received a high quality service where possible. These covered areas such as staff appearance, working in a professional manner, using their initiative, understanding the needs of people who used the service, using personal protective equipment (PPE) equipment, recording of documentation and timekeeping.

During this inspection we found management conducted a range of audits. We found that care plans were audited consistently quarterly or when needs changed. This would ensure that staff had accurate information to refer to, due to appropriate checks being in place. This looked at whether risk assessments were completed properly, if appropriate support plans were in place, recording of social activities, if initial assessments were in place and if appropriate pain or nutritional assessments had been undertaken.

However, during the inspection, we found areas of concern in relation to the recording of medicines, training and recruitment practices. We saw it had been identified there were missing signatures on MAR but systems had not been implemented to mitigate the risk of this occurring. We saw training needs had been identified and the action plan documented the training was to be commissioned within a set time frame which had not been obtained. Recruitment practices were not consistent with the recruitment policy and in one instance a risk assessment had not been undertaken to demonstrate safe recruitment decisions. The manager had not fully implemented a robust system to ensure quality was monitored and assessed within the service; there were no systems to evaluate important issues such as the quality and extent of staff training, staff recruitment checks and staff responses to accidents and incidents. This did not fully demonstrate that management were ensuring the service was well led and ensuring the provision of high quality care to the people using the service. This was in breach of regulation 17(1)(2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

We looked at the minutes from the most recent staff/team meetings which had taken place. This provided an opportunity for staff to raise concerns and discuss improved ways of working in order to improve the quality of service provided. Some of the topics for discussion included accurate completion of documentation, standards of support plans, cleanliness of people's homes,

risk management, personal care being completed and new members of staff joining the service. We saw there was no update from previous meetings to see if anything raised was actioned.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding concerns. We found two incidents which had occurred at the service which CQC had not received the required notifications from the service.



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>How the regulation was not being met: Incidents that affect the health, safety and welfare of people using services were not consistently reported to internal and to relevant external authorities/bodies. Incidents were not reviewed and thoroughly investigated or monitored to prevent further occurrences. Staff who were involved in incidents did not receive information about them to promote learning. Incidents include those that have potential for harm. Regulation 12(2)(b)</p> <p>The service had not protected people against the risks associated with the safe management of medication. Regulation 12(2)(g)</p> |

| Regulated activity | Regulation   |
|--------------------|--|
|                    | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The registered person did not identify, assess and manage risks or respond consistently to feedback. Regulation 17(1)(2)(a)(b)(e)</p> |

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met: Staff were not receiving the required training to enable them to fulfil the requirements of their role. Regulation 18 (2)(a).</p> |

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met: The registered person had not obtained information specified in Schedule 3. Regulation 19 (1) (2) (3) (a)