

Excel Healthcare Services Ltd

Excel Healthcare Services Ltd

Inspection report

9 Greaves Avenue
Wakefield
WF2 8AY

Tel: 07562640796

Date of inspection visit:
20 October 2022

Date of publication:
05 December 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

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 21 people being supported by the service.

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

Systems in place did not safeguard people from the risk of abuse. Risks to people were not assessed to keep them safe. Staff were not recruited safely and people told us sufficient staff was not always provided. Medicines were not safely managed. Medication errors were not documented with lessons learned to mitigate future risks. Policies and procedures in place to guide staff around infection, prevention and control did not follow current best practice guidance. Staff did not always wear appropriate PPE to reduce the risk of the spread of infection. Incidents and accidents were not monitored to ensure action was taken to keep people safe.

People's needs and choices were not recorded to give staff appropriate guidance to care for them. Where people required support with eating and drinking, relatives told us staff did not always have a good understanding of how to prepare their meals. Staff did not always receive sufficient training to help them carry out their roles. Multiple training topics were covered in one day, meaning staff were not provided with enough time to develop their learning.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Complaints were not appropriately addressed. Records did not reflect complaints the service had received or what action had been taken as a result. The registered manager was not open and honest regarding what action had been taken following a recent complaint and had not reported specific concerns to the CQC.

The registered manager did not have an adequate understanding of their role or the regulatory requirements. There was a lack of service oversight and the registered manager did not ensure that there were effective governance systems in place, with a lack of audits and quality control. Policies and procedures did not provide staff with clear guidance.

People told us that staff were kind and caring towards them and that staff promoted their privacy and dignity. Staff received an induction and supervisions. Staff told us they felt the registered manager was approachable and they felt supported in their roles. Staff meetings took place weekly to discuss any concerns.

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

Rating at last inspection

This service was registered with us on 14 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We carried out an inspection to give the provider a rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, fit and proper persons employed, person centred care, good governance, safeguarding people from abuse, receiving and acting on complaints and consent at this inspection.

We made a recommendation that the provider ensures staff are suitably trained to provide safe care and support to people.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

This was an 'inspection using remote technology'. This means we used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part of this performance review and assessment. The registered manager did not provide the documents requested during the inspection, therefore we also visited the location's office to gather this information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

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

The remote inspection was carried out by one inspector. The on-site inspection was carried out by two inspectors.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We sought feedback from the local authority who work with the service. We used information gathered as part of a monitoring activity that took place on 26 August 2022 to help plan the inspection and inform our judgments. 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 used all this information to plan our inspection.

During the inspection

We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We visited the locations office to review documentation. Inspection activity started on 20 October 2022 and ended on 08 November 2022. We spoke with 14 staff, including the registered manager, 5 people who used the service, 8 relatives and 1 professional. We reviewed the care records of 5 people and 5 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.

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- People's individual risks had not been assessed and risk management plans were not in place to keep people safe. Systems were not in place to monitor or review accidents and incidents, meaning risks to people were not mitigated.
- People's records contained little or no information about how staff should keep them safe. For example, one record stated 'Assist with continence needs.' It was unclear what these needs were for this person. Another record did not contain enough information for staff to safely manage a person's pressure care needs. Daily logs did not contain information that this person was provided with appropriate care to keep them safe.
- Where people required support with eating and drinking, there was no guidance of how to support them. For example, one person's plan contained conflicting information about how their drinks should be prepared to reduce the risk of choking. Another person's plan was not clear about their eating and drinking needs, meaning they were at risk of receiving unsafe support.
- Accidents and incidents were not accurately recorded or monitored by the registered manager. Records did not detail if an investigation or root cause analysis was undertaken, meaning action was not taken to learn from incidents. One person told us they had incidents of falling and this was not recorded by staff.
- The majority of relatives we spoke to told us they were concerned about staff competency to care for their loved ones safely. One relative said, "The staff are like they have come with no training." Another relative said, "There is a lot of inexperienced staff."

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.

Using medicines safely

- Medicines were not managed safely.
- The provider's policies and procedures around medicines administration were not robust or clear about how staff should safely administer and store medicines. This meant people were at risk of medicines errors.
- When people had medicine prescribed to take 'as required' (PRN), staff did not have any PRN protocols to follow or further information on what the medicine was and reasons for it, how and when to administer, and any side effects to observe.
- Two relatives told us that medicines errors had occurred. These were not recorded by the service, therefore it is unclear what action was taken arising from these errors and if lessons were learned to reduce risks to people. Records we saw corroborated that medicines errors had occurred.

- Medicines records were not completed accurately and one person's medicines record was not provided to us.
- Audits in place did not identify issues found on our inspection.

The medicine's management was not robust enough 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.

Systems and processes to safeguard people from the risk of abuse

- Systems in place did not effectively safeguard people from the risk of abuse.
- We found incidents where safeguarding alerts were not reported to the local safeguarding team or the CQC. By failing to inform the relevant authorities of these allegations of abuse, this placed people at risk of ongoing harm or abuse. During the inspection we made three safeguarding referrals to the local authority, which had not been previously raised by the registered manager.
- The provider did not respond to safeguarding alerts in a timely manner. The registered manager failed to respond to safeguarding allegations made via the CQC. This was asked for during the inspection and was provided.
- Records, monitoring or audits were not in place to enable the provider to monitor safeguarding concerns and take appropriate action to mitigate risks to people. A professional working with the service told us, "The registered manager has failed to provide records in a timely manner."

The provider's systems and processes to protect people from abuse and improper treatment were not operated effectively and consistently. 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.

- Staff were knowledgeable about how to recognise abuse and what actions to take if they felt people were at risk, including to contact the outside organisations. Staff told us they felt able to report concerns to the registered manager if required.

Staffing and recruitment

- Staff were not recruited safely and people were not provided with sufficient numbers of staff to meet their needs.
- Pre employment and safe recruitment checks were not always carried out. The provider had not ensured references had been sought and received before staff commenced working with people. This placed people at risk of receiving unsafe support.
- People were not receiving staff at the appropriate times or for the allocated time to meet their needs. Records containing information relating to care call times were not always completed. People told us staff were late for calls and one person said, "I am supposed to have 2 staff to help me, but they often send 1."

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.

Preventing and controlling infection

- Systems in place to guide staff around infection, prevention and control did not follow current best practice guidance. This placed people at risk of infection.
- Staff did not always wear appropriate personal protective equipment (PPE) to reduce the risk of the

spread of infection. One staff had supported a person during the night without wearing a uniform or PPE.

- The Covid 19 policy, did not provide information of what to do in the event of staff or people displaying symptoms, what PPE should be worn or when testing should be undertaken.
- Staff were trained and understood their roles in relation to infection, prevention and control.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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.

- The service was not working within the principles of the MCA.
- The provider was not working in line with their own policies and procedures which states the service assess people's capacity before they receive care. No assessments were undertaken for people. This meant consent to care and treatment was not always sought.
- The registered manager told us that no person using the service lacked capacity. However, throughout our inspection we found that some people required assessments of their capacity to make specific decisions. This raised concerns regarding the registered manager's understanding of their responsibilities under the MCA.
- Feedback from staff did not demonstrate that staff had appropriate knowledge and understanding around capacity and consent.

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.

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

- People's needs and choices were not always fully assessed. The provider did not complete comprehensive assessments to ensure people had their individual care needs met.
- People's care plans contained little information about their needs and some care plans contained conflicting information. For example, one person's care plan stated the person required the use of a hoist and later stated the person was mobile. This did not support staff to understand people's needs.

- Some assessments that had been completed only detailed a list of tasks for staff to carry out. This meant staff were not provided with detailed information about how to care for people. For example, where a person was at risk of falls, the plan did not detail how to safely care for them.

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

Staff support: induction, training, skills and experience

- Staff were not always sufficiently competent or skilled to carry out their roles.
- Staff were not trained in all topics required to safely meet people's individual needs. It was not evident that staff had received catheter care or diabetes training. One person's relative told us, "The staff do not always know how to do [name] catheter care."
- Staff training records covered a range of topics studied in 1 day.
- Staff received support from the registered manager through supervision meetings. Staff told us they received regular supervisions and support from the management team.

We made a recommendation that the provider ensures staff are suitably trained to provide safe care and support to people.

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

- People were not always supported to eat and drink in line with their preferences.
- People's care plans did not always contain information about people's dietary needs and wishes, to support staff to meet their needs.
- Relatives told us that people were not always adequately supported with their meals. One relative said, "I often have to make the food, the staff should do it, but they don't know how to cook" and another said, "They gave [name] frozen food."
- People told us that staff gave them choice around their meals. One person said, "They ask me what I want" and another person said, "They help me with my shopping and make sure I have the food I need in."

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

- Care plans lacked information regarding working with healthcare professionals and people's specific health needs.
- One person required daily exercises as advised by a healthcare professional. This was not included in the care plan and records did not evidence this was carried out for them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not treated with compassion and there were breaches of dignity; staff caring attitudes had significant shortfalls.

Supporting people to express their views and be involved in making decisions about their care

- People were not supported to be involved in decisions about their care. Care records did not contain enough detail about people's cultural or religious needs.
- People and their relatives told us that they had not received regular reviews to discuss their care and express their views.
- Some people and their relatives told us they did not have a care plan and/or a care plan that was up to date to reflect their needs. A relative told us, "The service does not ring and check up on [name] and they don't inform us of any changes."
- Some people and their relatives told us there were barriers to communication and staff did not communicate with them well.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect, kindness and treated them well.
- We received positive feedback from people about staff approach. One person told us, "Staff are very kind and caring, I couldn't wish for anyone nicer" and another person said, "The staff are nice, they are lovely, I have a lot of praise for them."
- People told us staff respected their privacy and promoted their independence. One person said, "I choose when I have a shower" and another person said, "We do the cooking together."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- People's care plans lacked information and detail to support staff to meet people's individualised needs.
- Care records contained little or no background information about people or their choices, likes and dislikes. Pre assessments were not always carried out to ensure people received individualised support. One person told us, "I haven't got a care plan."
- Care plans were not always updated in line with people's needs and choices. One relative told us, "The care plan needs reviewing as the calls are taking longer, [name] is immobile now and the care plan is still stating that they are mobile. [Name] has not been reassessed, we have been asking for this."
- The registered manager could not produce documents in a timely manner throughout our inspection. Care plans did not contain enough information and we found no evidence during the inspection that staff had been provided with up to date care plans. Meaning staff lacked guidance on how to meet people's needs effectively.

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

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 carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was not aware of AIS and did not have policies and procedures in place around AIS.
- People's communication needs were not assessed and people did not have a care plan detailing how to support them.

Improving care quality in response to complaints or concerns

- The provider did not have robust systems in place to manage complaints effectively.
- Complaints were not accurately recorded. Relatives told us during our inspection that they had raised complaints with the registered manager. These were not provided to us through the service's complaints logs. This meant we could not be assured that complaints were recorded, investigated and actions arising from complaints were implemented. One relative told us they had made a formal complaint and had not

received a written response.

- Some people told us they were unaware of the complaints process should they wish to make a complaint. One person said, "I wouldn't know who to go to."
- The registered manager had not been open and honest in their response to a recent complaint.

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.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider did not have effective systems in place to ensure the service was well led. This meant people were at risk of avoidable harm.
- The registered manager did not have an adequate understanding of their role, regulatory requirements and lacked oversight of the service.
- Auditing systems were not effective in identifying or actioning concerns. Audits lacked information and did not detail issues found during our inspection, such as safeguarding concerns, incidents and accidents and infection prevention and control.
- Systems to assess and monitor the quality of the service were not established or operated effectively to ensure risks to people were mitigated. These included a lack of detail in person centred care plans, risk assessments, MCA, recruitment and staff training.
- Policies and procedures did not give clear guidance for staff. For example, the whistleblowing policy detailed another service which staff should contact to whistle-blow.
- We received mixed feedback from people and relatives about how the service was managed. One relative said, "I don't know who the manager is, I think the staff could do with more training" another relative said, "The manager is brilliant."
- Staff told us the manager was approachable and fair. One staff said, "I can contact my manager at any time about any concerns" and another said, "Staff morale is very high, we support each other."

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. Working in partnership with others

- The registered manager was not open and honest when things went wrong.
- The registered manager lacked awareness of their statutory responsibilities in relation to safeguarding and statutory notifications to inform CQC of certain changes, events and incidents that affected their service. These had not been sent in line with regulatory requirements.
- Care plan records did not provide detail of working in partnership with other health professionals to meet people's health needs. External professionals told us it was difficult obtaining required information, due to a lack of response from the registered manager.
- We asked the registered manager to send us documents throughout the inspection. These were not provided in a timely manner, meaning we were required to conduct an on-site inspection, and some documents were not provided.

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

- Quality assurance systems were not effective and did not help to improve the service. Some feedback was sought from people and staff. Records did not detail actions taken from this feedback. No feedback was sought from people's relatives or professionals to gain their views.
- The provider did not have a clear action plan in place to ensure the service developed and improved.

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.