

ExcelCare24 Limited

ExcelCare24

Inspection report

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19 September 2019

20 September 2019

23 September 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

ExcelCare24 is a domiciliary care service providing personal care to people living in their own houses and flats in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. . At the time of the inspection the service was providing personal care to 32 people.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed, staff were aware of the risks, and care plans detailed how they were to be appropriately managed.

Staff were appropriately recruited, and staff were deployed in enough numbers to meet people's assessed needs. Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People had good relationships with staff. People were supported to express their views and be involved in making decisions about their care. Staff maintained people's privacy and dignity and treated people with respect.

People's needs, and choices were assessed. Staff received induction training and ongoing training and support that enabled them to further develop their skills and knowledge to provide effective care.

People were supported to maintain good nutrition and hydration. Staff supported people to access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their families were fully involved in the care planning and reviews of their care. The provider had a complaints procedure which was accessible to all people using the service. Complaints were responded to appropriately.

Quality assurance systems were used to monitor all aspects of the service delivery to continuously drive improvement of the service.

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

Rating at last inspection

The last rating for this service was Good (published 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

ExcelCare24

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

This service provides personal care to people living in their own homes within the community.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

The inspection activity started on 18 September 2019 by conducting telephone interviews with staff. We visited the office on 19 September and carried out further telephone calls to people using the service, relatives and staff on the 20 and 23 September 2019.

What we did before the inspection

We reviewed information received by the Care Quality Commission from the service. We also reviewed notifications received from the service, this is information about important events, which the provider is required to tell us about by law. We sought feedback from commissioners and used all this information to plan our inspection.

During the inspection

We spoke with one person and one relative about their experience of the care provided. We spoke with eight members of staff, the registered manager, the care co-ordinator and the recruitment and operations manager.

We reviewed a range of records. They included four people's care records and relevant medication records. We looked at three staff files in relation to recruitment, training and supervision. Also, a variety of other records relating to the management of the service, including policies and procedures and quality assurance monitoring records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding. One member of staff said, "There are many forms and risk assessments, I keep an eye on [Name] checking for any bruises. I would bring any concerns to the attention of the office staff." All staff commented they were committed to protecting people from the risks of abuse, although some were unsure of the safeguarding procedure at the service. The provider said they would provide refresher safeguarding training for staff to ensure they were confident to use the safeguarding procedures.
- The registered manager understood their responsibilities in relation to safeguarding and knew how to raise any potential or alleged safeguarding concerns with the local safeguarding authority and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People's risks were assessed and provided staff with the information they needed to manage any identified risks. For example, people at risk of falls.
- Risk assessments were up to date, accurate and available to relevant staff. This meant staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing and recruitment

- Staff confirmed they attended their calls in a timely manner and knew the procedure for logging the calls onto the electronic system.
- Staff were allocated to meet people's assessed needs at the times people had chosen. The staff said the shift patterns worked well for them. One staff member said, "They give you a rota, I'm not a driver so [staff member] will come and pick me up at the home of the person I'm working with. All the care calls are carried out by two staff."
- Safe staff recruitment procedures were carried out by the service. The staff files contained evidence of completed background checks. For example, proof of identification and right to work in the UK, a disclosure and barring service (DBS) check, professional and character references. These checks ensured only suitable staff were employed to work at the service.

Using medicines safely

- Staff received training in medicines administration. We reviewed the medicines records for one person that required staff to administer them and found the records were completed appropriately.
- Staff that took on the responsibility of administering medicines had received appropriate medicines training.

Preventing and controlling infection

- An infection control policy was in place. Staff understood their role and responsibilities in relation to infection controls. They said they used personal protection equipment (PPE) when providing personal care and food handling.

Learning lessons when things go wrong

- All aspects of the service were effectively monitored. People's care plans and risk assessments were reviewed to ensure appropriate risk management measures were in place to keep people safe.
- In response to reviews that had taken place, changes had taken place to care plans and consent forms to include more detail.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to ensure their individual needs could be met. The care records showed that people and their relatives were involved in the assessments.

Staff support: induction, training, skills and experience

- Staff received induction training and on-going training in the essential elements of delivering care. All staff confirmed they had worked alongside experienced staff as part of their induction to get to know the needs of the people they were providing care for.
- The registered manager and the care co-ordinator closely monitored the staff training and knew when staff were due to complete update training. One member of staff said, "{Care Co-ordinator] visited about three weeks ago, they asked if I was okay for disposable gloves and apron supplies. They asked how things were going with [Name of client], any problems. Am I keeping up with the appointments. I keep [Name] updated about everything."
- Staff told us, and records showed they received regular one-to-one supervision meetings. They said the meetings were used as opportunities to discuss their training and development needs. One staff member said, "The supervisors do supervisions, I had one with [Name], we discussed any issues, the rotas, the clients, any issues that needed to be raised, ways they could improve, and any other support needed." Another said, "I like to know I have done my job properly otherwise I can't relax; the office staff are very supportive."
- Staff team meetings took place to give all staff the opportunity to discuss any issues they may have. One staff member said, "Attending the staff meetings helps, because it's good to get together to talk over any problems."

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

- Staff supported people to eat and drink. Information was available within the care plans about people's food and drink preferences. One person said, "The staff are good cooks, I go out shopping with them to get my groceries."
- Staff had received training to support people that required their nutrition to be provided through a Percutaneous endoscopic gastrostomy (PEG) feeding system.

Staff working with other agencies to provide consistent, effective, timely care

- The service had good working relationships with healthcare professionals. One staff member said, "I have got to be well organised. I deal with the district nurses we keep a check on [Name's] pressure points, so they don't develop any pressure sores"

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals as required and supported to attend any hospital appointments as scheduled. When required people were supported with access to their GP and healthcare professionals. When appropriate this was discussed with the person and their relatives, to ensure everyone was involved and kept up to date with any changes.

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 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. 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 people receiving care from the service all had capacity to consent to their care. They confirmed that staff consulted them about choices and respected their wishes.
- Staff had received training on the MCA and could demonstrate how they helped people to make decisions on a day-to-day basis, following the MCA principles. However, some staff were unsure of the MCA principles and said they would welcome refresher training in this area. The registered manager said this would be arranged for staff to build their confidence and greater understanding of the MCA principles.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke highly of the compassionate care they received from staff.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and personal relationships within their circle of support. One staff member spoke in great depth about the needs of the person they supported. Their comments indicated they knew a lot about the person, they said the person they provided care for used to display a lot of anger, but they are now much more relaxed. They said, "I love my job, I really enjoy working with [Name] because [Name] is now happy, it wasn't very easy for the first three months I couldn't get [Name] out of bed. We worked together, this is not 'a job', it is a way of life, because people need so much support, and it's very important to have the right people.

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

- People and their relatives were actively involved in making decisions about their care and support. People told us they had been involved in putting together their care plans and they felt involved in care plan reviews.
- The provider had information available to refer people to an advocacy service for additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was respected. One person said, "I would rate this company 10/10 they are fantastic." They confirmed staff ensured door and curtains were closed when providing their personal care and staff spoke to them with respect. The staff induction training covered the core principles of treating people with dignity and respect.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. A staff member said, "Yesterday we saw the MK Dons, [Name] is a supporter of them. We didn't win but [Name] had a great time. We go to a club run by social services, [Name] likes to play Bingo, and pool with their friends."
- People's records were stored in a locked office and staff were all aware of the importance of keeping information about people using the service confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The registered manager met with people and their families to plan to discuss people's support which ensured the service was able to meet their needs.
- Comprehensive assessments of people's needs were carried out before any support was provided.
- People's care plans were detailed and reflected a person-centred approach.
- People told us the care they received enabled them to remain in control of their lives.
- Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, and in maintaining interests. One staff member said, "[Name] has a very busy social life, they have their own car and I drive [Name] to go and visit their friends."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard to provide information about the service in different formats to meet people's diverse needs.
- The care plans detailed people's language and communication needs and how best to communicate with people effectively. "The registered manager gave an example of how the service had worked with a person whose first language was not English. They spoke of how they had created prompt cards to translate and communicate with the person. For example, when choosing clothing, how they wanted their personal care delivered and eating and drinking preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships and follow their hobbies and interests.

Improving care quality in response to complaints or concerns

- The complaints procedure was made available to all people using the service. One relative said they had raised several complaints with the provider and a meeting had been arranged to meet face to face to discuss their concerns. The registered manager said they were aware of the complaints that were on-going and hoped they could be resolved.
- Staff knew how to follow the complaints procedure by passing on complaints to the registered manager.
- People's records were stored electronically. One relative said they had requested for the staff to keep

handwritten records within the person's home. The provider confirmed that relatives could access the system to see their care notes. Provided the person had given their consent to do so, or the relative had Power of Attorney over the affairs of the person.

End of life care and support

- The care records included people's preferences relating to protected characteristics, and their cultural and spiritual needs.
- No people were receiving end of life care. However, people's preferences and choices were obtained in relation to any end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People benefited from a staff team that were supported by a registered manager that kept them up-to-date with information about their changing needs, to keep them safe and deliver good care.
- People and staff were very complimentary about the service. For example, a letter of compliment read '[Name] had her hair washed and she felt fresh, this made such a difference to [Name]. Even though she is bedbound, she likes to look and feel presentable to all who visit.' Another person had written how they had found the staff to be such 'wonderful carers.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated their awareness of being open and transparent in all dealings they had with people using the service and relatives.

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

- Effective quality assurance systems were in place and used to drive continuous improvement.
- The registered manager was aware of their duty to notify the Care Quality Commission (CQC) of events at the service that may fall under the notifications reporting criteria.
- The CQC rating from the previous inspection was on display within the service and on the provider website.

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

- People had opportunities to provide feedback on the service they received. We saw the results were positive indicating that people were pleased with the service they received.
- Staff gave positive comments about the support they received from the registered manager. One staff member said, "[Name] is a visionary leader, a very grounded mentor, and the office staff are very attentive."

Continuous learning and improving care

- Information from audits and feedback from people using the service was used to drive improvement to the quality of care people received.

Working in partnership with others

- Good communication systems were in place to share information about people's changing needs with the relevant healthcare professionals.