

Excel Care (UK) Limited

# Excel Care (UK) Ltd

## Inspection report

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17 April 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service:

Excel Care (UK) Ltd is a domiciliary care service which is registered to provide personal care to people living in their own homes. At the time of inspection, 13 people were receiving care and support services.

People's experience of using this service:

The service had recently recruited a new manager who was in the process of registering to become the registered manager. A registered manager is a person who has registered with the CQC 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.

There was a lack of managerial oversight and scrutiny of the service. Significant improvements were required to ensure effective quality assurance systems and processes were in place and embedded to assess, monitor and improve the quality of the service.

People who received care from Excel Care (UK) Ltd told us they felt safe and supported by staff who visited them. Staff were punctual and consistent at carrying out visits with people in a person-centred manner. People were supported to continue living at home in a way that enabled them to be as independent as possible.

The manager and provider had not ensured that certain areas of the service were always safe. We found that one person's risk assessments in respect of moving and handling had not been completed, which potentially put the person at risk of receiving unsafe care.

Recruitment procedures were unsafe. Staff had been recruited without thorough checks being completed. Inconsistencies were found in respect of gaps in employment not being followed up on and references not being correctly obtained.

Not all people's care plans were person-centred. Care records documenting people's preferences and medical histories were not always captured. We have made a recommendation that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). We found the service ensured staff received training in respect of the MCA, however we found consent forms were signed by family members of the people who lack the appropriate authority.

People and relatives described staff as caring and kind towards them. Staff were approachable and friendly

with people they cared for and knew them well.

Staff enjoyed working at the service and said the manager and team leaders were approachable.

Rating at last inspection:

At the last inspection we rated Excel Care (UK) Ltd as 'Requires Improvement' (report published 18 May 2018).

Why we inspected:

At the previous Inspection, we found one breach of regulation 17 and we issued a requirement notice. This was a comprehensive inspection to check their progress and if they had now met the regulations.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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 not always responsive

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led

Details are in our well-Led findings below.

**Inadequate** ●

# Excel Care (UK) 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

One inspector from the Care Quality Commission (CQC) carried out the inspection.

Service and service type:

Excel Care (UK) Ltd is a domiciliary care agency that provides personal care to people in their homes. CQC regulates the care provided by the agency. The service had a manager who was in the process of registering with the Care Quality Commission. This means currently the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 16 April 2019 and ended on 17 April 2019.

What we did:

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives 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. We

contacted local authority commissioning teams. No concerns were raised about Excel Care (UK) Ltd.

During the inspection, we visited the office location on 16 April 2019 to see the manager and nominated individual; and to review care records and policies and procedures. We reviewed four people's care records, three staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed. On the 17 April 2019 we conducted telephone interviews with three people who used the service and two people's relatives. We also spoke with four staff members.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels and recruitment:

- We found at previous inspections this service has not always ensured new staff had been safely recruited in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3. At this inspection we were concerned to find new staff had not been safely recruited.
- We viewed three newly recruited staff files and noted gaps in employment had not been followed up on and we found two of the applicants most recent references working in health and social care had not been obtained. Once we brought this to the providers attention they began the recruitment process again for these three staff members to ensure the correct recruitment process was followed.
- This meant the provider did not follow safe recruitment practices to ensure people were supported by staff who were safe, of good character and suitable.

The above demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment files showed Disclosure and Barring Service (DBS) checks had been obtained before staff started work.
- Electronic rotas showed and staff told us that staffing levels were sufficient. People told us that staff arrived when they should and stayed for the right length of time.
- People told us staff arrived on time and were informed if they were running late. One person said, "At times it can't be helped by the traffic, but they always call me to let me know if they're running late."
- Staff told us they had sufficient travel time and did not feel rushed. One staff member said, "The manager always makes sure I can get to each job in time. This is very important as I don't have a car."

Assessing risk, safety monitoring and management:

- Care records recorded most risks to people. However, we found further information was needed in one person's care records so that there was information about their moving and handling preferences was accurately recorded and how their needs were being met. We found no risk management plans were not in place for this person. The manager informed us this had been overlooked by the previous manager. Shortly after the inspection the manager visited this person and implemented new risk assessments for moving and handling and environmental. Although we found the lack of risk assessments had not compromised this person's care, the person was at risk of receiving unsafe care due to the lack of clear documentation.

The above demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff that we spoke with had a good understanding of people's needs and how to keep people safe. They told us that since our last inspection they had completed a lot of training which had helped them in their role. A staff member told us, "The training has improved greatly, I feel much more confident when using a hoist."

#### Using medicines safely:

- Improvements had been made to the way medicines were managed since our last inspection. This included the introduction of monthly medication audits which were completed by the manager. Although audits were much more consistent, and the manager could explain any gaps found, we found the manager needed to ensure they followed up on missed staff signatures on the medicine administration records (MARs) with the individual staff members to drive improvements and establish if staff needed refresher training in medications administration.
- We found the service introduced a medicines risk assessment to ensure the correct level of support people required was accurately recorded. We viewed MAR for four people which indicated they had received their medicines as prescribed.
- People's relatives told us that the service provided support with their family members medicines and they received them on time. One person's relative told us, "The staff are always on time and we never have any issues with [person's name] medicines being given by staff."
- Staff received medication training and their competence in this area was assessed.

#### Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to safeguard people from abuse. The staff we spoke with said they felt confident that the management team would address any safeguarding issues they raised.
- People and their relatives told us that staff helped keep people safe.

#### Learning lessons when things go wrong:

- The provider had electronic systems in place to learn lessons and improve when things went wrong.
- The provider told us they would investigate incidents and discuss learning with their staff to prevent them from happening again. Incidents did not occur regularly, and the provider explained staff entered any events on the electronic system, which meant the provider could monitor if there were any trends.

#### Preventing and controlling infection:

- Personal protective equipment (PPE) such as gloves and aprons were made available for staff when needed.
- The service had a policy in place to help prevent the spread of infection. Staff had received training during their induction in 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service required further documentation to ensure complete compliance with the MCA. Where people lacked capacity, relatives had signed consent forms on their behalf for care to be carried out. There were no further specific decisions that needed to be consented to by people or by relatives aside from general consent to care. The service had not obtained official evidence that relatives had power of attorney for welfare for anyone using the service without capacity. During the inspection, the manager confirmed that they would fully review all consent forms to ensure they had obtained evidence from all relatives and partners of power of attorney for welfare.
- The impact of this was minimal as the majority of people using the service lived with their relatives or their partner. Furthermore, the service provided limited, intermittent care which was highly unlikely to restrict or deprive people of their liberty.
- Staff were knowledgeable of the MCA and knew to always ask for people's consent. One staff member said, "Consent is very important, I always ask for a person's consent before carrying out care."
- One relative told us, "At time [person's name] can become confused. The staff are always professional in their approach and they make sure [person's name] is comfortable."

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

- People's needs and choices were assessed in line with current standards before they started receiving care and this enabled them to achieve effective outcomes. People confirmed this.
- The assessment forms contained information related to people's medical, physical and emotional needs, personal care, medicines, dietary, communication and spiritual needs.

Staff support: induction, training, skills and experience:

- At the last inspection in the provider told us the agency has developed links with an external training

provider that will support new staff to complete the care certificate. The provider identified the staff that needed to complete this training and confirmed this would take place within the next two weeks. At this inspection we found all new staff had completed the care certificate with the new training provider. This meant new staff joining the service had a much more thorough induction which meant they were much better equipped to support people.

- Staff told us they had positive training opportunities in areas applicable to the needs of the people they were supporting. Staff told us that they had enjoyed doing more face to face training because it had been meaningful as they had been able to relate it to the people they support and their role. A staff member told us, "The training company has made a massive difference in my development, much better organised now."
- The manager conducted spot checks and observations of staff delivering care, to check on their competence. Any issues about staff competence were addressed by the provider or manager to improve practice.
- Staff told us they felt supported and had access to supervisions to enable them to discuss their role and career progression. We found appraisals had not yet commenced, the manager confirmed dates for staff forthcoming appraisals. We will review the progress of this at our next inspection.

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

- Where it was part of someone's support package, staff provided support with meals and drinks.
- People we spoke with were satisfied with the support they received in this area and confirmed they were offered choice.
- Information about people's nutritional needs was recorded in their support plans.

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

- Staff enabled consistent care by writing records of care visits using the electronic care planning system. This enabled other staff members to understand developments and changes in people's care. One person relative told us, "I know staff use their phones when completing their records. I know I can check the daily notes if I download the app, but I haven't needed to do so."
- People were supported to maintain good health and had access to external healthcare support as necessary. People and relatives told us that they received care that was consistent and worked well with other healthcare professionals.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People and relatives told us the same team of staff supported them and they found them friendly and caring.
- One person said, "Very caring service, the staff are very kind."
- A relative commented, "As a family we can't fault the care mum has had so far, very reliable service."
- The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs.

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

- People told us they could express their views to the staff if they wanted to and felt involved in the planning of most aspects of their care.
- People could express their views in a variety of ways. This included during regular reviews of their care either face to face or over the telephone. However, there was no evidence to show how people had been involved in the development and review of their care plans. The manager confirmed going forward care plan reviews will be recorded to provide a clear audit trail.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and their privacy respected. One person told us, "I trust the staff visiting me, they are all very kind."
- People's independence was respected and promoted. One staff member told us, "We always encourage people to do what they can for themselves."

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The provider continued to use an electronic care planning system and all care plans, risk assessments, monitoring charts and daily notes had been transferred to the electronic system. Electronic care planning enabled the provider to set up alerts and pick up on trends, for example there was a live system with a list to show what care had been provided to each person.
- The content of people's care plans was variable. Whilst some were personalised and contained detailed information about individuals' hobbies, interests, likes and dislikes, people who were important to them, preferred routines, religious and cultural needs and preferences for how they wished to receive their care, others did not. Some care plans had limited information or had another person's name on them.
- The care plans also provided information on people's communication needs and preferred communication methods that met accessible information standards (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- However, we found the information recorded in two people's care plans was inconsistent. We noted from one person's care plan they were living with dementia. The care plan did not provide any information on how the person's dementia affected them. This level of detail would ensure the care plan was person centred and identify any potential risks the staff needed to be aware of. We raised this with the provider who confirmed this person's care plan would be immediately updated.
- The provider reviewed people's care every 12 months and updated their care plans where necessary. People and records confirmed this. However, as mentioned above we found inconsistencies in the level of detail captured in the care plans we viewed.
- This meant staff were not always provided with sufficient information on how to provide personalised care.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning.

Improving care quality in response to complaints or concerns:

- People and relatives told us they did not have any concerns. They further said that they knew how to raise concerns and make a complaint. Those who had made complaints told us they were satisfied with how they were addressed.
- There was an up-to-date complaint policy in place to report, record and investigate complaints. There had been no formal complaints raised since our last inspection.

End of life care and support:

- The provider told us people with end of life care needs would only be supported by staff who were appropriately trained. They told us they would train staff in end of life care before they took on care packages that required supporting people with their end of life care needs.
- Currently no one was being supported with end of life and palliative care.
- People's current care plans did not record information regarding their end of life care wishes. The provider confirmed this area would be addressed going forward.

# 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.

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

In reaching our judgement about how well-led we considered Excel Care (UK) Ltd to be, in addition to the failures identified during this inspection, we took into account the inspection history of the service. In particular, the fact that the service has not been compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 since 2016.

At the last four inspections we found systemic failures in the leadership and management of Excel Care (UK) Ltd and this service was rated improvement at the last inspection. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to good governance. At this inspection, we found improvements in respect of the training provided to staff had been made at the service, but we were still concerned to find persistent issues in relation of potential risks posed to the recruitment of new staff, people's risk assessments and good governance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- The service did not have a registered manager. A manager had been appointed and they were in the process of registering to become the registered manager.
- The registered provider did not have sufficient oversight of the service and quality monitoring systems were ineffective. The shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective, particularly in areas such as staff recruitment, risk assessments, care planning, and good governance. We found these checks had been completed inconsistently and did not pick up on the issues found at this inspection.
- The provider did not adhere to their own policy relating to staff recruitment and failed to ensure the necessary background checks were in place before they employed new members of staff. The recruitment of staff was not managed in a robust way.
- Governance and oversight systems had failed to ensure one person's risk assessments provided sufficient guidance to staff to ensure they received safe care. Although these documents were updated once we brought it to the providers attention, we were concerned the provider did not have a robust system in place to ensure risk was appropriately managed.
- We found the auditing processes in respect of people's medicines had improved. However, we noted further improvement was needed. Although the manager assured themselves of the reason MARs may have not been signed on occasions, they had not been proactive at highlighting the staff who had failed to sign the MAR to seek improvements.
- There provider did not have a robust system in place at reviewing people's care plans to ensure they were

person centred and captured people's assessed needs. Care plan reviews had failed to spot that no evidence had been obtained to show whether relatives or partners, who signed for people's consent, had authorised power of attorney for welfare. Furthermore, care plan reviews were not always formally recorded.

- There was no auditing process in place to check daily notes made by staff. Auditing processes for daily notes are necessary in order to ensure accurate, appropriate and correct records are being made by staff. This process can also be used to ensure that staff are attending calls at correct times and staying for the duration. The nominated individual commented that they regularly check the online electronic schedule, but confirmed they did not audit this to check the timings of staff call visits.

The above evidence was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People were supported by an approachable management team. Staff worked as a team, were happy in their work and were supported by management. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- People told us that they thought highly of the manager and nominated individual. Comments from staff included, "It's a small service and the managers are doing their best. I can always pick to phone up no matter what the time is and speak to [nominated individuals name]."

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

- Surveys and spot checks were conducted to gather feedback from people who used the service, to identify any areas for improvement. Results of the most recent survey were being collated at the time of our inspection. Responses received so far indicated high levels of satisfaction with the service.
- Staff were invited to regular meeting to discuss the development of the service and we saw minutes of these meetings.

Continuous learning and improving care; Working in partnership with others:

- The provider had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with local community occupational therapists and district nurses.
- The issues identified at the inspection had been discussed at length with the manager and provider at the time of the inspection; they were open and honest in their assessment of actions taken following the last inspection. The provider informed us they had not taken time to review the new staff recruitment files and delegated this role to a member of the admin team.
- The Provider has assured us they would be taking immediate action to rectify the issues identified at this inspection.