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Excele Home Care

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

Excelle Home Care is a domiciliary care service based in Romford, Essex. The service is registered to provide personal care for people in their own home living in the surrounding areas. The inspection was carried out on 30 March 2016. The service was previously inspected in May 2014 and we found that it was compliant with all regulations that we checked.

At the time of our inspection, the service provided care and support to twelve people, who received personal care and support, including three people who were admitted to hospital.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered care homes, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service moved its location in November 2015 and registered the new location with the Care Quality Commission. However, the service's name was registered as the same name of the new location because of an error during the registration process. During our inspection, the service was in the process of re-establishing its previous name of Excelle Home Care with the CQC.

People were supported and cared for by staff who had an understanding of people's needs and who demonstrated knowledge of safeguarding people from different types of potential abuse and how to respond. People had their individual risks assessed and had plans to manage them.

Staff had been recruited following appropriate checks and the provider had arrangements to make sure that there were sufficient care workers to provide support to people in their own homes. People told us they received care from care workers who understood their preferences for care and support.

People were listened to and were involved in making decisions about their care and support. Care workers were caring and supportive in the support they provided. Care workers provided care that ensured people were treated with privacy and dignity. People were supported by care workers to maintain their independence as much as possible. People were encouraged to express their views and give feedback about their care.

People told us that care workers listened to them and they felt confident they could raise any issues and that action would be taken. Care workers felt supported by the registered manager and that the registered provider gave them opportunities to develop in their roles. The registered manager was committed to improving the service to support the care provided to people. The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made. However, some paper files in the office were not always organised appropriately and there was a risk of important information being lost.

We found one area where we have made a recommendation to the service, which is detailed in the report.

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. Staff entered people's homes and provided care safely.

Staff understood how to protect people from harm and abuse. Staff were recruited appropriately and there were enough staff to cover any absences.

People were supported by staff to take medicine when required. Medicines that were taken or applied were recorded by staff appropriately.

Good ●

Is the service effective?

The service was effective. Staff received regular supervision. Staff received training relevant to their roles and had knowledge of the Mental Capacity Act 2005.

People had access to healthcare professionals when they required them.

People were provided with sufficient amounts to eat and drink.

Good ●

Is the service caring?

The service was caring. Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved. Staff respected people's individual needs and preferences.

Good ●

Is the service responsive?

The service was responsive. There was a complaints policy and procedure in place.

People's needs were assessed prior to being provided a service. Care plans provided guidance for staff to meet people's individual needs.

Good ●

Is the service well-led?

The service was not always well-led. Paper files in the office were not always in the correct order and there was a lot of information that was not fastened securely to the folder, which were at risk of being lost.

The management team were approachable and provided support to staff.

The service had a quality assurance system. People were able to express their views on the service so that improvements could be made.

Requires Improvement 

Excele Home Care

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 took place on 30 March 2016 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a small domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one inspector. Before the inspection, we reviewed the information that we held about the service. This included any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with the registered manager and the office administrator at the agency. We also spoke with three care workers after our visit. As part of the inspection process we spoke with three people and two relatives by telephone. We also spoke with a social care professional from the local authority. We looked at five people's care plans, including risk assessments; four care worker recruitment and training files and records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person told us, "The service is very safe." We spoke with a relative who also told us "They are very good, very reliable and safe." People told us that care workers entered their home safely by carrying identification and wearing a uniform so that they could see who had arrived. People then became familiar with the care workers and felt safe. People told us that care workers completed personal care tasks safely before leaving their homes.

Care workers told us they carried a personal mobile phone and had direct contact to the office or to the registered manager any time if they needed. One member of staff told us, "I can contact the manager or the office. There is always someone there." We asked the registered manager whether care workers contacted the office when they visited people and they said, "Yes when they are on a visit they carry identification and they also log in and out using their phones. We have a phone app that we use for monitoring visits." We saw that the smart phone application software contained secure information that was only accessible by a Personal Identification Number (PIN) for each staff member. The application showed their work schedule and a touch screen button for when they started and ended a visit at a person's home, which was linked to the registered manager and the monitoring system in the office. Care workers also had access to people's home telephones, when granted permission, to call a particular number to sign in and sign out when providing care in people's homes, should there be a problem with their internet connection. Rotas were sent to care worker's mobile phones. Care workers said that they had been trained in how to use the application on their smartphone. A staff member told us, "We were shown when we started working here. I receive the rota on my phone, it is easy to see and use. We also log in and log out."

Care workers were provided with training in safeguarding people from abuse and we looked at records to see evidence of their training. Care workers understood their roles and responsibilities regarding safeguarding. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to. One staff member said, "I would report any abuse to my manager. We also have details of the local safeguarding team in our notes so we can report it to them." Staff were aware of the provider's whistle-blowing policy and knew of the procedures to report concerns about practice within the organisation.

Care workers also explained that they used Personal Protective Equipment such as gloves to prevent any risks of infection when providing personal care. A care worker explained that they "use aprons and gloves for personal care." We also looked at daily notes, rotas and time logs and saw that care workers in general arrived on time were able to cover shifts, take breaks and complete tasks most of the time.

People and their relatives told us that there were sufficient care workers to provide cover for their care needs if their regular care worker was on annual leave or was no longer working for the service. One person told us, "I feel safe, the carers always come pretty much when we expect them to. They help me and are very safe and careful."

People told us that their care visits were on time and they were contacted if the care worker was going to be

late. One person told us, "Sometimes they can be a little late because of traffic but that's never a problem. When they come they are very good at their job."

Care workers told us there were always two care workers or "double ups", for example, to assist someone in using a hoist when required. Care workers told us they had sufficient time to deliver the support that was detailed in people's care and support plans.

People had detailed risk assessments which were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. The registered provider notified us that they were working with the Local Authority to improve some aspects of the service, including medicine management, recording and recruitment checks. We saw evidence that the registered provider had taken steps to address these issues. The registered manager told us, "We have moved location recently and this has helped us sort things out and improve."

Records showed that people were prompted to take their medicines by staff and followed the service's medicine policy. We looked at daily record notes and saw that staff supported people to take medicines appropriately and recorded them on the Medicine Administration Record (MAR). A care worker told us, "We prompt people to take their medicine and follow our procedures. We take them out of blister packs and record when it has been taken. We also measure out liquid and give it to the client." Staff recruitment files we looked at showed that the service had safe recruitment procedures in place. Recruitment checks were completed before staff started to work at the service. These included two verifiable references, proof of identity and disclosure and barring checks. Staff told us they had completed an application form, completed questionnaires and attended an interview before a job was offered subject to satisfactory references and disclosure clearance. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed. This was carried out by the DBS to ensure that the applicant was safe and did not have any conditions placed on them if they were applying to work with people who required care and support.

Is the service effective?

Our findings

People and their relatives told us the care workers met their individual needs and that they were happy with the care provided. One person told us, "The carers are very good and help me." A relative said, "Yes it has been a great help and they meet my relative's needs."

Care workers understood their responsibilities under the Mental Capacity Act 2005 (MCA) and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager. The 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. We checked whether the service was working within the principles of the MCA and saw that there were documents which detailed people's capacity assessments.

Staff received opportunities to improve their knowledge and refresh or develop their skills. Care workers told us they received the training and support they needed to do their job well. We looked at the care workers training certificates which confirmed this. Care workers had received training in a range of areas which included safeguarding adults, medicines management, moving and handling, food hygiene, infection control, health and safety and the MCA. They received annual refresher training of important topics. We also saw that staff were to complete Care Certificate courses as part of their induction, which were a set of standards that health and social care workers adhere to in their day to day work. Some care workers were also enrolled on to diplomas in health and social care. One care worker told us, "I have done lots of training and when I started I did some shadowing which helped me."

Newly recruited care workers completed an initial induction and could shadow fellow care workers to learn about people's individual care needs and preferences. The registered manager told us that the initial induction and shadowing helped new staff settle into their role, while they completed their training, until such a time they felt confident to work on their own. Care workers told us the induction training they received provided them with the knowledge they needed. Care workers kept in contact with each other and with the office and they were supported and monitored. They told us that supervision took place every few months, which they found helpful. Staff received appraisals annually although some had yet to be completed because many staff were newly recruited.

Records we saw confirmed that one-to-one supervisions took place every three months. Care workers confirmed that any training needs or areas of concern were discussed in order for them to develop and gain further skills. A care worker told us, "I have received supervision. The manager is always available for advice and support." We saw that supervision meetings covered areas such as the care worker's workload, personal development needs, work issues and feedback from people and relatives. Another care worker told us, "Supervisions are very helpful, we discuss our work individually and in groups and look for solutions to any

problems."

Staff received a handbook when they began their employment which set out codes of practice, terms and conditions, the service's philosophy and how to ensure they kept themselves and people safe. Care workers confirmed that they had read the handbook and were familiar with it. This ensured that staff were aware of their responsibilities. Staff also confirmed that they had read the service's policies on mental capacity, safeguarding and medicine. We saw that they signed a document stating that they had read each policy, which was part of their continuous training and the registered manager's quality audits.

People's consent was sought before any care was provided and the care workers acted on their wishes. People told us that care workers asked for their consent before they provided any care. One care worker said, "Yes we ask people for consent before we care." A relative also confirmed that, "The carers do ask for consent, they are very good." Care plans had been signed by people to give permission for care and support to be provided to them. People were able to make their own decisions and were helped to do so when needed. We also saw that people signed consent forms that gave staff permission to use their phones when they required to sign themselves in if, for example, their smart phone was not working or they had forgotten it. Staff in the office would then know that a staff member was where they were scheduled to be.

Where needed, people were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. One relative told us, "They may make a drink or a sandwich if they want one and I am not there." A care worker told us that "we go according to the care plan and what it says they like to eat for breakfast, lunch and tea, depending on what shift it is." Care workers had taken the appropriate steps when a person was unwell. When a person's health was of concern, they would refer to health professionals if needed. One staff member told us, "I would contact the GP when needed if they are ill. The doctor's details are in the person's file in their home."

Is the service caring?

Our findings

People and their relatives told us that the care workers always treated them with respect and kindness. One person said, "I think they are very pleasant and very kind." Another said, "The care workers are nice people." A relative told us, "The carers were kind, compassionate. They get 100% from me for their work. They have been coming to see me for a couple of years so I am obviously happy."

People and their relatives confirmed their privacy and dignity was respected at all times. Care workers understood the importance of respecting and promoting people's privacy and dignity. Care workers knew about people's individual needs and preferences and spoke with us about the people they cared for in a compassionate way. One staff member told us "I make sure that I close the door and the blinds before I give personal care. I respect their needs and dignity." Another staff member said, "We don't impose on people. We give them choice and always ask before doing something or giving something."

Care workers told us it was important to have regular schedules so that they saw the same people as this enabled them to build up positive relationships. One staff member said, "I have got really good relationships with people and their families." One relative told us, "It's nice to have a familiar face come, we get on well. They have been coming for a long time now and I know the manager well too. I am very happy with them."

Files held in the office for monitoring the quality of the service provided indicated when reviews were to be completed and any changes to their individual care plan. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This ensured people received support which reflected their current care needs. People's care records identified people's specific needs and how they were met. The records also provided guidance to care workers on people's preferences regarding how their care was delivered.

The registered manager told us, "I want my staff to understand each person, treat them with dignity, see them as individuals and deliver personalised care." People and their relatives told us that they felt the care workers listened to what they said and provided them with care that suited their wishes. One relative said, "The carers look after [my relative] and make sure they feel comfortable. They are very caring and listen to us." Care workers promoted and respected people's independence and people's comments were listened to and respected.

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care, and support. One relative told us, "They always do nice things and look out for my relative." Each person had a care plan which reflected their choices and preferences regarding how they wished to be cared for.

The service received referrals from the local authority, privately or from the Clinical Commissioning Group (CCG) for people who required emergency support following their discharge from hospital. The service ensured that they had the staff available to provide care before agreeing any care packages. The registered manager told us, "We do our own assessments after a person has been discharged but sometimes we don't get much time to do this, so we may have to turn down the care package." We asked if this was a continuing issue and the registered manager told us that they were in discussions with the local authority to come to a suitable arrangement.

During our inspection we saw evidence that assessments were carried out by the registered manager or a senior care worker, prior to the person receiving a service from the agency, to determine whether the service could provide the necessary required care and support. The assessment established what specific personal care needs the person had and incorporated personal risk assessments. This was supported by completed assessments and confirmed through discussions with people and their relatives. We saw copies of care plans from the local authority which corresponded with the assessments and the personal care tasks that the carer was required to carry out. The registered manager told us, "We emphasise with our carers that communication is important and that they should get to know service users, know what they want, their preferences, understand body language and be responsive. This helps our carers and our service users to get to know each other."

People had care plans in their homes and a copy was held in the office. We looked at daily records and found that they were well written by staff and contained a good level of detail about the care that had been provided, although they were not always up to date. Any issues that other members of staff needed to be aware of were recorded clearly.

People's care plans identified people's specific needs and how they were met. Care plans were reviewed and updated to reflect people's changing needs. People spoke positively about the service and said that their care and support needs were met. The care plans contained personal details about each person; for example, family life and details of significant relationships, friends and relatives. We saw that care plans contained details of what support they wanted for each part of the day when a care worker was scheduled to visit, for example in the morning, at lunchtime and in the evening. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This ensured people received support which reflected their current care needs.

People told us they were involved in the compilation of their care plan and they had involvement in it being reviewed and updated. People told us that they were happy with the care and support they received from care workers. One person told us, "The manager contacts me sometimes and asks if I am ok. The carer is

really nice as well." Care workers were able to outline the needs of the people they were supporting and how they would check if there had been any changes to their needs. People's wishes were listened to and acted upon and their preferences were responded to. A care worker spoke about respecting people's cultural wishes and responding to requests. "We listen to people's views and respect their wishes. They might want us to take our shoes off so we do."

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in an easy to read service user guide book left in their homes. We saw evidence that the registered manager dealt with all issues and concerns seriously, taking any appropriate action. One relative said, "I would just phone the manager but there haven't been any issues." A person told us, "Yes, I know how to complain." We saw that the service kept a log of any issues or complaints and that any concerns were responded to and managed by the registered manager and also consulted social care or health professionals when appropriate. For example, a complaint was raised with the service about a person's care following an incident. The service contacted the social worker to explain that their needs were changing and a new risk assessment was devised to ensure the person's safety.

Is the service well-led?

Our findings

The service was managed solely by the registered provider (a proprietor) who was also the registered manager. The registered manager was able to demonstrate a good understanding and knowledge of the people who received the service and the staff who worked there. The registered manager was knowledgeable of their responsibilities in notifying the relevant supervisory bodies, such as the local authority, the CCG and the CQC of any changes to the service, incidents, risks and complaints.

We looked at files for both staff and people who received care from the service. The files contained important information such as references, competency tests and application forms for staff and risk assessments, care plans and medicine records for people. However files and records for staff and people who used the service were not always kept in a clear and concise order as some information was placed in the incorrect file or were not dated. There were also loose items that were not fastened securely in the folder, some of which contained confidential information which were at risk of falling out or getting lost.

We recommend that the service reviews and updates its filing procedures and systems for both staff and people who used the service.

Care workers told us the service was well organised and they enjoyed the work. One staff member told us, "I am happy in my work. The manager is helpful and approachable." Another said, "We try to provide good care. We communicate with each other all the time, it is very good." A staff member who worked in the office said that they felt supported by the registered manager. People confirmed that the registered manager was very helpful and kept people up to date with any changes. They told us that they were treated fairly, listened to and that they could call the service at any time if they had a problem. The registered manager told us of initiatives that they were undertaking to make it easier for staff to record information. They said, "We will be using more paperless systems for generating care plans and assessments, logging medication and personal care."

The care workers told us they had team meetings which enabled them to discuss any issues or concerns and this was confirmed by the records we looked at. We saw that in team meetings, various topics were on the agenda for discussion, including care certificate training, the importance of logging in and out correctly between visits and medicine recording. We saw that the registered manager encouraged and thanked staff for their hard work in team meetings. "My staff are dedicated and their work is invaluable. I really want to help them develop to be excellent carers." Care workers said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. The registered manager told us that they always aimed to improve the quality of the service and that they used best practice guides and case studies on how to provide safe care. The registered manager told us, "I want to grow the service and encourage people into the care industry. I have a hands on approach as I also provide care."

The registered manager spoke to people who used the service, relatives and professionals to seek their views and opinions. The registered manager also participated in providing care and reviewed daily logs and

daily records. We saw that satisfaction surveys were carried out every six months and that the responses were positive. The registered manager told us they listened to people's feedback and looked at ways they could make improvements. People's private information was only accessible to authorised people as care files and other confidential information about people were kept in the main office securely.