

Axcelence Limited

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## Inspection report

Queens Court  
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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 

### Overall summary

This inspection took place on 4 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

Axcelence is registered to provide personal care to people their own homes. At the time of the inspection they were providing a service to four people who lived together in a shared house.

The service has a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager is also the registered provider.

Axcelence was previously based at 12-16 Morland House, Romford, Essex, RM1 3RJ and have recently moved to their current location. They have submitted the necessary application to the Care Quality Commission for the new location at Queens Court to be registered.

# Summary of findings

People received a safe service. They were supported by caring staff who treated them with respect. One person told us, “The staff are nice, they treat me with respect.” A healthcare practitioner told us that people had excellent relationships with staff.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. A care manager said that staff had learnt strategies to manage their ‘clients’ behaviour.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately. Medicines were administered by staff who were trained and assessed as being competent to do this.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet people’s assessed needs, preferences and choices and to provide an effective and responsive service.

The staff team worked in partnership with relevant health and social care practitioners and with relatives. A healthcare practitioner told us that there were effective care plans and recommendations were followed through.

Care managers told us that people received a good service that was tailored to their specific needs.

People were protected by the provider’s recruitment process which ensured that staff were suitable to work with people who need support.

People were encouraged to develop their skills and to be as independent as possible. One person said, “I get the chance to be more independent.”

Systems were in place to support people with their nutritional needs. They were supported to shop and cook for themselves.

People were actively involved in developing their care plans and in agreeing how they should be supported.

The registered manager monitored the quality of service provided to ensure that people received a safe and effective service that met their needs. A health care practitioner told us that there was “a lot of positive leadership.”

Staffing levels were sufficient to meet people’s needs and to enable them to do be supported flexibly and in a way that they wished.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. Systems were in place to ensure that their human rights were protected.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Risks were clearly identified and strategies to minimise risk enabled staff to support people as safely as possible both in the community and in the service.

People were supported to receive their medicines appropriately and safely.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

Good



### Is the service effective?

The service provided was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people safely and competently.

Systems were in place to ensure that people's human rights were protected.

People's healthcare needs were monitored and they were supported to remain as healthy as possible.

Systems were in place to support people with their nutritional needs.

Good



### Is the service caring?

The service was caring. We saw that staff supported people appropriately and responded to them in a friendly way.

People were supported by a small consistent staff team who knew them well. People were happy with the staff that supported them.

People were encouraged to be as independent as possible and to develop their skills.

Good



### Is the service responsive?

The service was responsive. People received individualised care and support.

People were encouraged to be involved to go out and to be active.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported.

People were supported and encouraged to raise any issues that they were not happy about.

Good



### Is the service well-led?

The service was well-led. The staff team worked in partnership with relevant health and social care practitioners.

The registered manager monitored the quality of the service provided to ensure that people's needs were being met and that they were receiving a safe and effective service.

Good



# Summary of findings

The registered manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

# Axcelence Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. The inspection was carried out by one inspector.

This service was registered with us in December 2014 and this was their first inspection. Before our inspection, we reviewed the information we held about the service.

During our inspection we met all four people who used the service and talked with three of them. During this time we also observed the support provided by the staff. We spoke with two members of staff and the registered manager. We looked at two people's care records and other records relating to service. This included recruitment, training and medicines records.

After the inspection we received feedback from two healthcare professionals, two care managers and two relatives.

# Is the service safe?

## Our findings

People who used the service and their relatives told us that the staff from Axcelence provided a safe service. We saw that people were treated with dignity and respect and that staff were attentive to their needs. One person told us, “The staff are nice, they treat me with respect.”

Staff told us and records confirmed that they had received safeguarding adults training and were clear about their responsibility to ensure that people were safe. The health and social care practitioners we spoke with all said that they did not have any concerns about the way people were treated or supported. Staff and people who used the service were confident that any concerns would be listened to and dealt with quickly by the registered manager. One person said, “Staff would help and [The registered manager] would sort things out.” People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

The provider had a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who use services. A care manager told us that the registered manager vetted staff very carefully to ensure that they were suitable. People were protected by the recruitment process which ensured that staff were suitable to work with people who use services.

People who used the service were protected from risks. We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. People’s care plans covered areas where a potential risk might occur and how to manage it. Risk assessments were relevant to each person’s individual needs. The registered manager told us of some of the ways that they supported people to remain safe but also to be as independent as possible. For example, one person who

had quite recently been travelling to some activities independently used their mobile phone to contact staff when they got to their destination to let them know that they had arrived safely.

This supported living scheme had 24hour staffing. Staffing levels were adjusted to suit people’s needs and wishes. For example, when they needed support with appointments or went to a late evening activity. People told us that staff were available to support them when they needed this. During our visit to the supported living scheme we saw that when people wished to go out this was quickly facilitated. One care manager told us that staffing levels were adjusted when the way in which one person was supported changed. Staffing levels were sufficient to meet people’s needs and to enable them to do be supported flexibly and in a way that they wished.

People were supported to receive their prescribed medicines safely. We found that medicines were stored in an appropriate metal cabinet in a designated room. Keys for medicines were kept securely by staff to ensure that unauthorised people did not have access to medicines. Therefore medicines were securely and safely stored. However, as this was a supported living scheme medicines should be kept in people’s rooms unless this presents a risk. We discussed this with the registered manager and she agreed to discuss this with people and to make the necessary changes.

All staff received medicines training to give them an understanding of the medicines administration process. In addition staff had received separate training to enable them to safely administer a specific emergency medicine for a person with epilepsy. Staff competency to administer medicines was assessed and monitored by the registered manager to ensure that medicines were being administered safely and appropriately. This was confirmed by a more recently employed member of staff who told us that two people had medicines that were taken with them when they went out. They went on to say that they did not go out with these people as they were not yet “signed off” for medicines.

We looked at the medicines administration records (MAR) for all four people. We saw that they included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff administering it. The MAR had been appropriately completed and all entries were up to date.

## Is the service safe?

They also included protocols to guide staff as to when to administer medicines that were prescribed on a 'when required' basis. The systems in place ensured that people received their prescribed medicines safely and appropriately.

# Is the service effective?

## Our findings

A person who used the service told us, “Staff know what they are doing.” One care manager said that people needed a high level of support and that the support and care were good. Another said that the staff team had learnt the strategies needed to effectively manage [their clients] behaviour.

People were supported by a small consistent staff team who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. A healthcare practitioner told us that the manager identified areas where training was needed and then worked to source the training. For example, the registered manager had applied for funding for positive behavioural support training to further develop staff skills in managing behaviour that challenges. Staff told us they had an induction when they started working at the service and had worked alongside more experienced staff to begin with. They said that the induction and further training had provided them with the knowledge they needed to meet people’s needs safely and effectively. We saw that staff had received a variety of training including safeguarding, fire safety, food hygiene and behaviour that challenges. They had also received training to meet people’s specific needs. For example, diabetes and epilepsy.

Staff told us that they received good support from the manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). Systems were in place to share information with staff including staff meetings and handovers. Therefore people were supported by staff who received effective support and guidance to enable them to meet their assessed needs.

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 by the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received MCA training and were aware of people’s rights to make decisions about their lives. People who used the service had the capacity to make decisions about most aspects of their care and were encouraged and supported to do this. A healthcare practitioner told us that staff promoted ‘clients’ speaking up for themselves. We saw that people had signed their care plans and other documents indicating their knowledge of and agreement with these. The registered manager was aware of how to obtain a best interests decision when needed. At the time of the visit it was not necessary for any of the people who used the service to be deprived of their liberty. Systems were in place to ensure that people’s legal rights were protected.

People individually chose what they wanted to eat and were supported by staff to buy their food and to cook. A member of staff said, “We supervise people when they are cooking and just support when needed.” One person told us that they really enjoyed cooking and made lots of different dishes from fresh ingredients. Another told us that staff supported them to cook lunch. None of the people had any specific dietary requirements in relation to their culture or religion but one person was living with diabetes and was supported and encouraged to follow an appropriate diet. We saw that people made themselves drinks when they wanted and that during the afternoon they had individual discussions with staff about their evening meal. Systems were in place to support people with their nutritional needs.

People’s healthcare needs were monitored and they were supported to remain as healthy as possible. People were supported and encouraged to access healthcare services. They saw professionals such as GPs, psychiatrists and psychologists as and when needed. One person told us that they were supported to make their own GP appointments. Each person’s file contained details of their health needs and how these needed to be met. Details of medical appointments, why people had needed these and the outcome were all clearly recorded. However, some people did not always want to attend all of their appointments and staff were working with them and other relevant people to support and encourage them to attend.



## Is the service effective?

Some people had additional health issues such as epilepsy and diabetes and staff had received training to enable them to support people effectively to manage these conditions.

A healthcare practitioner told us that documentation was good and any necessary charts were kept. For example to

monitor a person's epilepsy. This meant that healthcare practitioners had the necessary information to enable them to effectively review people's healthcare needs and to recommend appropriate treatment.

# Is the service caring?

## Our findings

People told us that they were happy with the staff that supported them. One person told us, “Staff are nice and treat me with respect. One relative told us that [their relative] got on well with staff and appeared to like them. A health care practitioner said that their ‘client’ had a good relationship with staff and enjoyed going out with them

People’s privacy and dignity were respected. They told us that staff always knocked and waited before entering their rooms. One member of staff said, “We always knock before we go in. If [one person who used the service] does not want you to go in they shout no and we don’t go in. It’s their home.” A care manager confirmed that people could have privacy when they wanted.

Throughout the inspection we saw staff speaking to people in a polite and professional manner. There were positive interactions between the staff and people who used the

service. We saw that staff were patient and considerate. They took time to explain things and listen to what people had to say and to what they wanted. A care manager told us that the standard of care was good.

Although some staff were employed via agencies they worked regularly with people at this supported living scheme and some were now transferring to the permanent staff team. Therefore people were supported by a small consistent group of staff. Staff were aware of people’s individual needs, behaviours, likes, dislikes and interests and how best to support them. This had resulted in people settling in well in their new home and a reduction in behaviours that challenge.

People were supported to be as independent as possible. This was a supported living scheme and staff supported people to do their own shopping, cooking, cleaning and any other necessary daily living tasks. One person told us, “I like it better here than where I used to live. I get the chance to be more independent.” Another person said that staff had travelled with them to their job until they felt comfortable to go on their own.

# Is the service responsive?

## Our findings

People received individualised care and support from a small and consistent staff team. Their care plans were personalised, comprehensive and contained assessments of their needs and risks. The care plans covered all aspects of emotional and physical health and described the individual support people required to meet their needs. They contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes. One member of staff said, "We read the care plans and know what we are supposed to do."

People who used the service and, if appropriate, their relatives were involved in developing and reviewing their care plans. People had signed these in acknowledgment and agreement with the contents. A healthcare practitioner told us that effective care plans were in place.

Care plans were reviewed and updated with the person when needed. A keyworker system had recently been introduced and the plan was for people to have individual monthly meetings with their keyworker to discuss their support, needs and wishes. Information from these discussions would then be used to update care plan and risk assessments. Therefore systems were in place to ensure that staff had current information about how people wanted and needed their support to be provided. This enabled staff to provide a service that was responsive to people's changing needs and wishes.

People chose what they wanted to do each day and were encouraged to go out and to be active.

We saw examples of this when we visited the shared house. One person said that they wanted to go to the library and a

second wanted to go out to get a takeaway menu. Another person told us that they had a small job and also went to a nightclub each month. Some people did not always want to do things and others found some situations and places difficult. However, with support and encouragement from staff there had been some progress. For example, one person proudly told us that they had been supported to go to a school reunion which was something they wanted to do but were anxious because they did not like noise or crowds. Another person had been supported to attend a family celebration which was an achievement for them. A care manager told us that if a person did something positive this was promoted by staff.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. We saw that they chose what, when and where to eat, what they did, what they wore and what they spent their money on. We saw examples of this during our visit. Staff told us that people had choice and if they said no to something staff would ask why and then explain why it might be in their best interest. They added that if the person said no then that was respected.

We saw that the service's complaints procedure was available and people said they knew how to complain and who to complain to. One person told us, "I could talk to the staff or [the other people they shared with]. [The registered manager] would sort it out. During the visit one person spoke to the manager about something they did not like. This was discussed and the registered manager explained why this was necessary. After further discussion some changes were agreed and the person was happy with the outcome. People were supported and encouraged to raise any issues that they were not happy about."

# Is the service well-led?

## Our findings

One of the providers was also the registered manager of the service. People told us that the service was well managed. One health care practitioner told us that there was “a lot of positive leadership.” A relative said the manager expected staff to carry out tasks and was firm with staff.

People were very positive about the management of the service and the open culture. One care manager told us that the registered manager was very good, always available and had a lot of experience of the ‘client’ group. Another said that the manager was very good at resolving issues but knew the issues that required care management involvement.

The staff team worked in partnership with relevant health and social care practitioners and with relatives. One relative said that they were involved in major decisions and a care manager told us that staff worked very well with families. The health and social care practitioners commented that joint working was good and that any plans put in place were followed.

There were clear reporting structures and the registered manager spent a lot of time at the service. This ensured that they had a good oversight of what was happening there. Staff were clear about their roles and responsibilities and told us that the registered manager was accessible and approachable. A member of staff said, “The support is amazing. I can, and do, ask about anything.”

People were involved in the development of the service and decisions about what happened in the house they

shared. They were asked for their opinions and ideas at ‘tenants’ meetings and at reviews. We saw that people had discussed issues and made decisions and agreements about what they wanted to happen. For example, they had decided to have Christmas dinner together rather than cook separate meals and they had talked about Christmas decorations for the communal areas. People were listened to and their views were taken into account.

We found that the registered manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. They visited the service regularly and spoke to people during that time. They also attended appointments and review meetings with people who used the service and this gave them additional opportunity to meet relatives and other professionals. The registered manager also carried out checks on records, medicines and handover information to ensure that these were up to date and appropriately completed. People were provided with a service that was monitored by the registered manager to ensure that it was safe and met their needs.

Systems were in place to get feedback about the service provided. The registered manager told us that they planned to get feedback from people who used the service and other relevant people by means of an annual quality assurance questionnaire. This was a new service and had been operational for less than one year and the registered manager was preparing to send out the first questionnaires.