

Excellence In Care Ltd

Excellence in Care

Inspection report

19 Canonbury Street
Berkeley
Gloucestershire
GL13 9BE

Tel: 01453511991

Date of inspection visit:
13 December 2022

Date of publication:
04 January 2023

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

Excellence in Care is a domiciliary care agency which provides personal care services to people living in their own home. There were 3 people using the service at the time of the inspection. This support included companionship duties which are external to people's personal care support.

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

People were protected from the risk of abuse, and the registered manager had systems and processes in place to promote and safeguard people. People and relatives told us they felt safe and were positive about the staff who supported them.

Staff were trained to administer medicines safely using the providers new electronic care support system. Checks were completed to ensure staff were following safe medicine practices.

Risks to people were reduced because people's individual risks and needs had been assessed and planned. Staff had access to clear information about people's personal risks and how they should be supported.

Care records were reflective of people's preferences and supported staff to ensure people's needs were met.

Staff followed infection control procedures to reduce the risks of infection. There were plentiful supplies of personal protective equipment (PPE).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People's privacy and dignity were well respected. Staff knew people well and strived to deliver personalised care.

Audit systems were in place to support oversight and governance of the service.

The service was well-led by a registered manager who was passionate about improving care and achieving the best possible outcomes for people. They were committed to the ongoing development of the service and were reviewing their standard operating procedures and business continuity plan to scope a variety of scenarios and eventualities relevant to all people.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Excellence in Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own accommodation.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 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.

Inspection activity started on 13 December 2022 and ended on 19 December 2022. We visited the location's office on 13 December 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke to 3 people and relatives via telephone to gain feedback about their care. We spoke with 2 staff including the registered manager and senior care staff. We reviewed records relating to people's care and the running of the service. These included care records for 3 people, 2 staff recruitment files, audits, policies, quality assurance records and medicines administration records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving care from staff. There were policies and procedures in place to safeguard people against the risk of suffering abuse or coming to avoidable harm. The registered manager had a good understanding of the appropriate steps to follow when concerns were raised about people's safety or welfare. A staff member said, "All staff know the correct process and route in the event of a safeguarding concern. We do work based training and then the registered manager follows up with us afterwards to check our understanding."
- Risk assessments were in place to identify how staff should work safely with people. This included assessments around people's medical conditions and home environment. The registered manager supported people and their families where concerns were identified around fire safety in people's homes. One relative said, "[The registered manager raised] the lack of a heat/smoke detector in the kitchen and another couple of minor health and safety issues, so I know she was being thorough. We realise it was an oversight on our [family's] part, so we were happy she did point it out."
- Arrangements were in place in people's individual plans which outlined procedures staff should follow if they were unable to contact people at planned care call times. This helped to ensure the provider could establish people's safety and whereabouts. The provider was reviewing their standard operating procedures to ensure there was a 'non-entry' policy in place to scope a variety of scenarios and eventualities relevant to all people.
- The registered manager had an 'out of hours' telephone service which they operated with the support of senior staff outside of office hours. This meant that people, relatives and staff were able to contact the provider in the event of an emergency.
- The registered manager monitored staff 'logging in and out' of their care calls. This helped to ensure care was being carried out as planned.

Staffing and recruitment

- Staff were recruited safely. Checks were made before new staff began working at the service. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured there were documented interview notes, alongside record of training and support provided whilst staff worked a probationary period at Excellence in Care. This enabled them to ensure staff were appropriate for the role they had been recruited for.

Using medicines safely

- The registered manager ensured people's prescribed medicines had been administered as required. They carried out regular checks on people's medicine administration records. Staff had clear information on people's prescribed medicines and the support they required.
- Staff who supported people with their prescribed medicines had the right skills and competency to administer people's medicines safely.
- People and relatives were happy with the support they received from staff in managing their medicines. One relative said, "The carers do prompt [my relative's] medication, but [the registered manager] introduced themselves to the GP practice at the beginning and they keep an eye on medication levels."
- The provider had a medicines policy in place. This detailed the procedures staff were required to follow, which helped to ensure they administered people's medicines in line with best practice guidelines.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. The provider had a good supply of PPE available for staff to use during their care visits. One person said, "[Staff] all wear their aprons and gloves. The gloves get changed after applying my cream and they just pop them in my bin."
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People and relatives told us staff acted appropriately when incidents occurred to reduce the risk of people coming to harm. One relative told us, "I did message [the registered manager] when I wasn't sure if [my relative] was eating properly... [Staff] keep a good eye on that now and weigh [my relative] weekly. I was told recently that [they had put on weight]. I was shocked, but very happy."
- The registered manager had good oversight of the service any learning was shared with staff to help promote good practice and reduce the risk of reoccurrence. One relative said, "I have never had to complain. [The registered manager] listens when I speak to her and I guess we have avoided anything going wrong. I am absolutely 100% happy."

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 fully assessed before care commenced. Assessments included details of the support people needed in key areas such as their personal care or medicines management. A relative said, "[The registered manager] visited my [relative's] home for a meeting before they were discharged from hospital and we went through absolutely everything. Health & Safety, details about them, what they liked and disliked."
- The registered manager develop people's care plans and risk assessments in partnership with people and their relatives. This helped to ensure that care was effective in meeting people's needs. One person said, "I need help with my [skin] and making sure I don't get any more ulcers. I used to get them regularly, but I haven't had any since [staff] have been coming."
- The provider utilised technology to promote the effective delivery of care. This included using electronic care planning to monitor care call times, durations and how care call tasks were carried out. Staff recorded details of their care records using this system, which the registered manager could monitor in 'real time'. This helped the provider remotely monitor the quality of care.

Staff support: induction, training, skills and experience

- Staff were supported by the registered manager and senior staff. Where staff required additional support, clear plans had been implemented to support their personal and professional development. Two members of staff had discussed their developmental needs and the registered manager had arranged support to help staff achieve these needs.
- People told us that staff were well trained and knowledgeable about their needs. One person said, "[Staff] are all trained to do the job well."
- Staff received an appropriate induction, supervision and ongoing support in their role. The registered manager worked alongside staff to help ensure they understood people's needs. The registered manager oversaw observations of staff's working practice and reviewed their performance in regular supervision meetings. This helped the registered manager identify staff's strengths and ongoing training needs.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with relatives and could describe how they would work with other agencies to monitor people's wellbeing.
- People and their relatives told us they were happy with the support they received around eating and drinking. One relative said, "The carers have fed back to me what [my relative] has particularly liked eating

and I make sure I get them that. Some of them cook from scratch for [my relative] and some meals it's just the ready meals."

- People's nutrition and hydration needs were documented in their care plans. Where there had been concerns that one person was losing weight, staff had taken action to mitigate the risk.
- People's healthcare needs were documented in their care plans. This included guidance for the management of specific healthcare conditions. One person told us how staff supported them with the ongoing management of their skin integrity.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Each person receiving care had signed an agreement to receive care and support, alongside their representatives. They had been involved in discussing the support they required. People were in control of their care and their choices around changing their visits were respected.
- People had the capacity to consent to their care. One person would often decline aspects of their care. Where people had declined aspects of their care, staff had recorded the reasons for this and the support they had provided.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We received very positive feedback from people and relatives about the care and support they received. One relative said, "Everyone is polite, caring, encouraging and helps [my relative] organise their life. They even encouraged [my relative] to send Christmas cards when they announced [they were not motivated] to do it." A person said, ""They are all lovely [staff] and are forever asking if there is anything else they can do for me."
- People and relatives told us staff spent time to get to know them as individuals by investing in their wellbeing. One relative said, "The carers have made sure they have got to know [my relative] well and are extremely good with them. It has certainly given me peace of mind knowing that they are being looked after. [My relative] would never want to go into a home and they have helped him to see this is the focus for him."

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

- People and relatives told us the registered manager involved them in decisions about their care and made changes in line with their suggestions where possible. One person said, ""I spoke to the carers about the time they come and then [the registered manager] called me and I explained. They now come at 9am which fits in much better and I don't lose out [on family outings]."
- People's care plans reflected people's needs and the support they needed to be involved in decision making.
- Staff explained how they supported people to express their views. One member of staff told us, "People have a level of freedom and staff enable them to do whatever they want."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected and promoted by care staff. A senior staff member told us, "People's dignity and privacy is paramount."
- People were supported to be as independent as possible. This included encouraging people to carry out aspects of their personal care routines with as minimal support as possible. One relative said, "The carers know that it is important to promote my [relative's] independence and have supported them to achieve that which is why the hours have been able to be reduced now."
- The provider ensured that people's private information was only shared in line with their instruction and wishes. One person had given consent for their relative to access their information on the care app online. Their relative told us, ""My [relative's] carers know that I don't need minute details of her care. They respect that and give me just the right amount [of information]. I also have access to the App so I see details of the calls on there."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff were introduced to people before supporting them with their personal care. This helped people to become familiar to staff and helped promote their comfort.
- People's needs, preferences and goals had been recorded. For 1 person their preferences regarding cleanliness had been clearly recorded and was being followed by staff. Another person had set a goal in relation to their living arrangements. Staff were supporting this person with this goal.
- People received personalised care in line with their needs. One relative said, "The carers know how to let [my relative] feel in charge but just guide them towards what will keep them in their own home."
- People's care plans contained details of people's medical backgrounds, life histories and personal care routines. Care plans were accessible to staff via the electronic care planning system. This helped to ensure they had a clear understanding of the care tasks people required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed people's communication needs and documented this in their care plans.

Improving care quality in response to complaints or concerns

- People and relatives told us that they would be happy to raise any complaints or concerns to the registered manager. One person said, "I did once have had to call the [registered manager] because I didn't know if the carer was coming. They got onto it and soon told me what time they would be arriving. It hasn't happened since"
- The provider had a complaints policy in place which detailed how complaints and concerns would be responded to. Staff, people and relatives described the registered manager as approachable.

End of life care and support

- Nobody at the service was receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 and relatives told us they received good quality care and that they were happy with the service provided. One relative said, "I think they provide a good service and I wouldn't hesitate to recommend them."
- People, staff and relatives told us the registered manager was approachable, professional and caring. A staff member said, "Everyone thinks highly of the registered manager...I couldn't ask for any more support."
- The registered manager had a good understanding of people's needs and were committed to promoting a good quality and consistent service. One relative spoke about discharge from hospital and said, "We were impressed that the carer and the manager were able to come to [my relative's] home when they arrived back there; I was present when they went through everything with them and made sure they were happy."

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 understood their responsibilities in relation to duty of candour. There were policies in place to help ensure the provider was honest and transparent with people if there were incidents, mistakes or if things went wrong.

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

- There were effective systems in place to oversee the quality of the service. The registered manager monitored the electronic care planning system both inside and outside of office hours to help ensure care was being carried out as planned.
- The registered manager monitored staff's working performance and behaviours through regular observations of their working practice. Positive feedback and areas for improvement were shared with staff to help ensure they understood how they were performing.
- There was a clear management structure in place. The registered manager oversaw the running of the service and were supported by the senior staff. Key roles and responsibilities were defined, and each member of staff had a good understanding of each other's roles.
- The registered manager had submitted appropriate statutory notifications about significant incidents at the service.

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

characteristics

- The views of staff, people and their relatives were sought in relation to the service. The provider was in the process of establishing routine questionnaire of people's views to be collated and allow for any learning.
- Staff attended regular team meetings where the registered manager shared positive feedback to reinforce good practice and encourage learning where improvements needed were identified.
- Care staff were provided with clear information about people's needs, the providers expectations and any changes. One relative spoke positively about the improvements made to their relative's care. They told us, "[Initially me relative was unhappy to start receiving care], but over the months, the carers have helped to improve that situation a lot, which I am grateful for... That shows me how much she has come to trust them and the carers understood what was happening."

Continuous learning and improving care; Working in partnership with others

- The registered manager was developing a business continuity plan to detail how the service would be run safely in the event of exceptional circumstances, such as staffing shortages or extreme weather. The registered manager explained that contingency planning would involve the assessment of people's care needs to ensure the most vulnerable were prioritised in an emergency situation.
- The registered manager carried out spot checks on staff. This included monitoring them as they provided care in the community. Where needed, they provided staff with guidance to improve the support they provided people.
- Staff worked closely with the provider's other service, a care home, so people could access the support of the care home staff when needed.
- The registered manager carried out phone calls and quality checks of people to ensure they were happy with their care and to identify if any changes were required. For example, 1 person wanted to make changes around the care following changes to their needs.
- The registered manager had processes to monitor the quality of people's care, seek their views and ensure the care was appropriate for their needs. The registered manager had plans to carry out quality assurance checks on all 3 people receiving support in December 2022.
- The provider worked in partnership with people and their relatives to ensure they received appropriate input and support. One relative told us, "I can communicate regularly with [the registered manager] and sometimes message her and then she gets back to me, or I email and she responds or calls. She is very available."