

Excel24/7 Healthcare Ltd

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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?	Good ●

Summary of findings

Overall summary

About the service

Excel24/7 Healthcare Ltd is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 8 people using the service.

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

Risks assessments for specific health conditions were not always in place to guide staff should a person's condition deteriorate. We recommended the provider completes individual risk assessments for people with specific health conditions. Accidents and incidents were not always recorded. This was rectified during the inspection process. All required checks had been completed prior to staff starting employment and there was a robust induction programme. Systems and processes were in place to safeguard people from abuse and staff had good knowledge of the steps to take to protect people. People that use the service felt safe. Medicines were well managed and risks to people were identified. Risks associated with COVID-19, and other infectious diseases, were identified and managed.

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; the policies and systems in the service supported this practice.

People's needs were assessed prior to them starting to use the service. Detailed care records were in place to guide staff on the care and support people needed. Staff had the training and support they needed to carry out their roles effectively. Staff worked alongside other agencies to provide joined up, effective care.

People were treated well, and their individuality was respected; They told us staff were kind, polite and caring. Care records indicated how best to communicate with people and how staff could support people to express their wishes. People and their relatives spoke highly of this service and the registered manager conducted regular spot checks to ensure staff were treating people with dignity.

People received personalised care that took account of their needs, wishes and preferences. The provider was following the Accessible Information Standard. People were involved in the care planning process and relatives felt staff were responsive to changes. There was a system for logging and responding to complaints.

The registered manager understood their duty of candour, however there was one incident that should have been reported that had been overlooked. This was rectified during the inspection process. There was a range of oversight, quality, and auditing. People spoke positively about the service they received and described the registered manager as nice, helpful, and organised. Staff also spoke highly of the management team and felt able to approach them should they have any concerns.

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

Rating at the last inspection

This service was registered with us on 15 June 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service, the length of time since registration and to provide a rating for the 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 ●

Excel24/7 healthcare 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 (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 carried out by 1 inspector 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 houses and flats.

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

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke via telephone with 2 people using the service and 5 relatives, who had given us permission to contact them. We also spoke with 5 staff including the director, the registered manager and care staff. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on the behalf of the provider.

We reviewed a range of records, including 3 people's care records, 2 staff recruitment files, records relating to medicines, training and supervision, accident and incidents and safeguarding logs. Also, a variety of records relating to management of the service, including audits and policies and procedures were reviewed.

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; Learning lessons when things go wrong

- Risks to people were identified prior to them starting to use the service and were regularly reviewed and well managed.
- Care records reflected people's needs and clearly explained to staff what needed to happen to keep people safe. However, risk assessments were not always in place for specific health conditions. This meant staff may not know what to do should a person's condition deteriorate.

We recommended the provider completes individual risk assessments for people with specific health conditions.

- Accidents and incidents were not always recorded, and we found one person had a serious injury and no accident form had been completed. This was rectified during the inspection process and the appropriate action was taken to safeguard the person from the risk of further harm.
- As this is a new service, there was limited evidence of lessons learnt. However, the registered manager explained that there were processes in place and how this would be managed.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people from abuse and procedures were in place to guide staff should they have any concerns. Staff knew how to raise concerns. They said, "If a client was at risk of harm, I would document it and report to the manager."
- The registered manager was aware of their responsibility regarding safeguarding and how to inform CQC and other agencies should there be any concerns.
- People told us they felt safe using this service. One said, "I am absolutely safe. The service is absolutely excellent, it couldn't be any better. I get a sense of wellbeing when they come."

Staffing and recruitment

- There were safe systems of staff recruitment in place. All required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Service (DBS) checks which provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The staff induction programme was robust and included staff undertaking several training courses before going into people's houses.
- Staff told us there were enough staff deployed to safely care for people. They said, "I feel at the moment that there is enough staff to look after people."

- Records showed no visits had been missed. People and their relatives told us visits were relaxed and not rushed. One relative said, "There are regular staff, and the visits are on time, they go over and above sometimes."

Using medicines safely

- There were systems in place for the safe administration of medicines.
- Staff had received training in medicines administration. The management team completed regular staff competency checks and medicine audits were in place to pick up on any errors that might occur.
- Relatives told us, "The first thing they do [staff] is give [person that uses the service] medication, they are very punctual."

Preventing and controlling infection

- Risks associated with COVID-19, and other infectious diseases, were identified and well managed.
- Staff had received training about infection control, handwashing and use of personal protective equipment (PPE). There were plentiful supplies of PPE and PPE was worn as required by government guidance. People we spoke with confirmed that staff always wore PPE.

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 assessed prior to them starting to use the service, this ensured the service was able to meet their needs.
- The assessments of need were used to develop person centred risk assessments and care plans. These were sufficiently detailed to guide staff on the care and support people required and how they wanted that support providing.
- Care records detailed people's preferences and staff used these records to care for people. They told us, "Care plans are kept in the office and in people's homes. I read them before I go into someone's house, so I know how to care for them."

Staff support: induction, training, skills and experience

- Staff were supported, trained, and inducted in accordance with the providers policies and procedures.
- Detailed induction and competency checks were completed with staff, prior to working with people. One staff member said, "I had an induction and did 2 days of shadowing so I could learn the route and get to know the client's needs."
- The training records evidenced that all staff had completed the necessary training for their role and all training was up to date.
- People and their relatives told us they thought staff had the skills they needed. One relative said, "Staff are very well trained. They [staff] stay longer than they should. They told the doctor about my relative's blood pressure; they notice things we wouldn't."

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

- People lived in their own homes and could eat what they wanted. Records detailed people's likes and dislikes.
- Care records detailed how staff supported people with their dietary needs and staff had specialised training in order to support people safely.

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

- If people's needs changed the provider contacted the local authority to update them on the changes.
- Staff told us they would alert relatives if they were concerned about someone's health and would contact medical professionals if needed. The registered manager was informed when people required referrals to other healthcare professionals and referrals were made in a timely manner.

- People's care records included detailed guidance on the support they required with oral hygiene.

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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of the MCA. We reviewed people's care records and there was evidence people's capacity to make decisions had been assessed and consent gained when required.
- Where people lacked the capacity to consent, the provider had ensured that consent was gained from their relative acting on the person's behalf.
- We spoke to staff about their understanding of the MCA and we were assured they had appropriate training and knowledge.

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

- People were treated well, and their individuality was respected. The registered manager and staff knew people well. People told us staff were caring, kind, and polite.
- Staff spoke positively about the people they supported and their role. When asked if they would be happy for their family member to use this service, one staff member responded, "I would be very comfortable with my family using this service."
- People were complimentary of the approach taken by staff. One person told us, "They're absolutely first class, very kind, ultra-kind. They come in with a great smile and it sets me up for the day."

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

Respecting and promoting people's privacy, dignity and independence

- Care records indicated how best to communicate with people and how they would be supported to make decisions and express their wishes.
- People told us staff went above and beyond to accommodate their needs and staff made them feel relaxed. One person said, "I have a laugh and joke with them."
- People and their relatives spoke highly of the staff and felt their dignity was promoted. One person said, "They [staff] do help my independence, they will do part of a job, put the washing in, then let me do what I can."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.
- Spot checks were carried out by the registered manager to ensure staff were providing person centred care and promoted dignity.

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

- People received personalised care that took account of their needs, wishes and preferences.
- Care records were person centred, and covered people's identified needs. They were detailed and gave clear guidance to staff on what tasks they were expected to do and how.
- People and their relatives told us they were involved in developing the care records. One relative said, "We had a chat about our expectations re the care plan and covered all aspects of care."
- Records of daily care provided were regularly checked by the management team. The service was in the process of transitioning to electronic care records. This will ensure the registered manager has oversight of what daily care tasks are being provided and ensures more accurate documentation.
- Most people using the service lived with relatives. People and their relatives told us that staff are responsive to changes. One relative said, "They [staff] have helped with hospital appointments at short notice."

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 was following the Accessible Information Standard. Information was available in different formats including pictorial and easy read formats. People's communication needs were identified in care records.
- The registered manager ensured all people that use the service could communicate effectively. For people that did not use English as their first language, a translator had been sought so their voices could be heard.

Improving care quality in response to complaints or concerns

- The provider had a system for logging and responding to complaints.
- As this is a new service, there had not been any complaints logged. However, the registered manager had established a process to record and respond to any concerns raised.
- People and their relatives told us they were happy with the service they received. One person said, "They [staff] do everything well. If I had a problem I would complain. There is nothing to complain about."

End of life care and support

- People's wishes for end-of-life care and support were identified and recorded if they wished.
- Records identified people's advanced decisions about resuscitation.

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.

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; Continuous learning and improving care

- The registered manager and the director understood the duty of candour. However, we found one incident that should have been reported which had been overlooked. This was rectified during the inspection process and the registered manager had shown a good understanding of their role and responsibilities.
- Policies and procedures were available to guide staff on what was expected of them in their roles.
- There was a service user guide and statement of purpose to inform people of what they could expect from staff and the service.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were in place and there was a range of oversight, quality monitoring and auditing.
- The registered manager and the director spoke passionately about the service and involved staff in the running of the service.
- Staff visited the office once a week to undertake managerial duties such as reading, reviewing, and updating care records. This helped staff to understand their role better and ensure person centred care was being delivered. One staff member told us, "This helps us to get to know the people we look after and provide better care."
- Staff told us the management team were approachable, and they felt comfortable speaking to them should they have any concerns. One staff member said, "The manager is very good and helpful and is always there for the staff."
- People and their relatives spoke positively about the management team. One relative said, "The manager seems nice, helpful and organised."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved with the running of the service and helped with the recruitment process.
- The registered manager told us people asked to be involved in the staff interview process which made them feel empowered and involved in their care.

- People's views about the service were regularly sought. Quality questionnaires had recently been given to people and their relatives and the registered manager regularly spoke to people to ensure they were happy with the care they received.
- One person told us, "I am more than happy, I can't fault them, anything I need, they do."
- Staff felt supported. There were regular team meetings and supervisions for staff to learn about their role and share their views on the service.
- The service worked with other organisations and health care professionals to provide appropriate support to people.