Elegant Excellency Health and Social Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Elegant Excellency Health and Social Care Services Ltd is a domiciliary care agency providing personal care to people living in their own homes. The agency worked with younger adults and older people who may have dementia and/or physical disabilities. At the time of our inspection there were 14 people using the service.

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.

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

People and relatives told us they were happy with the care provided by the service and felt it was responsive to their care and support needs.

Despite the positive feedback from people and relatives, we found significant concerns. People's personal risks were not always assessed. Where risks were assessed, this was inconsistent. Risk assessment documents did not always provide adequate guidance to staff. Staff recruitment was not robust and appropriate background checks and information was not always sought. People's care plans were inconsistent and were not always person centred. Medicines were not always well managed and appropriate recording mechanisms were not in place. Auditing systems failed to identify the issues found during this inspection.

We have made a recommendation around care planning.

Staff had received training on safeguarding and understood how to report any concerns. People received their medicines safely and on time. There was good oversight of medicines management. 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 and relatives felt staff were kind and caring and knew them well. Staff arrived on time and people said staff stayed the correct amount of time. People said they felt their cultural needs such as food and language, were respected.

Staff told us they felt supported in their role and were able to discuss any concerns with the manager. There were regular staff meetings. There were various mechanisms for people, relatives and healthcare professionals to give feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update
This service was registered with us on 15 July 2022 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about information held in people's homes, risk assessments and care plans, medicines management and managerial oversight of the service.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

Enforcement
We have identified 4 breaches of regulation in relation to assessing people's risks, staff recruitment, person centred care planning and good governance of the service.
We will request an action plan from the provider to explain how they will address the breaches found during this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Elegant Excellency Health and Social Care Services 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
This inspection was carried out by 2 inspectors. An Expert by Experience also made telephone calls to relatives to gain their feedback. 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 a short period of 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 the last inspection and formal notifications that the service had sent to CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. 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. We used all this information to plan our inspection.

During the inspection
We spoke to 4 people using the service and 7 family members as well as visiting and speaking with 4 people in their homes. We also spoke with the registered manager, manager and 3 care staff. We reviewed a range of records including 4 people's care plans and risk assessments, 3 people's medicines records, 3 staff recruitment records, auditing processes, training records and other documentation that supported the running of the service.

Requires Improvement

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

Assessing risk, safety monitoring and management

- People did not always have comprehensive risk assessments that provided staff with information on how to minimise people's known risks.
- People's risk assessments were not always in place in people's homes. This meant staff did not have information to refer to around people's risks. We raised this with the manager who said they would feed this back to the registered manager.
- Where people had identified risks, these had not always been robustly assessed. For example, for 1 person who was incontinent and used incontinence aids, there was no risk assessment in place to ensure staff knew how to care for the person's skin appropriately. Another person smoked which, due to their care needs, was a risk. There was a very basic risk assessment in place which failed to address the risks and how care staff should help the person manage this.
- Moving and handling risk assessments were basic, not person centred and did not detail actions staff should take should there be a fall or accident.
- Where a person was diabetic; there was a form titled 'Diabetes Risk assessment'. However, this was a scoring sheet. There were no details of what type of diabetes the person had, how it was controlled or actions staff to take should the person suffers from low blood sugar or high blood sugar.
- There was tick-box assessment for a person who needed a catheter to help them expel urine, however, there was no risk assessment in place.
- There were no medicines risk assessments in place for people who received care and support with high risk medicines such as blood thinning medicine.

The lack of adequately assessing risk or failing to assess known risks placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the on-site inspection we received an updated risk assessment around smoking which was robust and provided adequate guidance for staff.
- The registered manager also submitted risk assessments for people's medicines. The risk assessments looked at the risks of people not taking their medicines. However, there was no information on the specific medicines people took and if there were any risks around these.
- Whilst we found significant concerns around risk assessments, we also found there were examples of good, robust risk assessments. For example, falls risk assessments.

Staffing and recruitment

● Recruitment records were not always consistent and did not have all relevant information to assure us staff had undergone thorough checks.

● Application forms were not always fully completed, 1 staff member had no references on file, gaps in employment were not explored with 1 staff member having no documented employment history.

● Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider had failed to ensure they had competed new DBS checks for 2 care staff relying on DBS checks from a previous employer. 1 care staff had a DBS check completed by the service several months after they started employment.

The lack of systems to monitor and ensure appropriate recruitment checks were in place placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the on-site inspection, the registered manager provided evidence staff had references in place.

● People and relatives told us they had regular care staff who they knew. A person said, "A regular carer Monday to Saturday and different ones on Sundays" and a relative said, "One main carer for 5 days and replacement carers at the weekends."

● Whilst there was no electronic call monitoring in place to ensure staff arrived on time for care calls, the registered manager told us there had been no missed visits. Overall, relatives said care staff stayed the required amount of time and told us, "Yes, they [care staff] stay for the time, sometimes longer" and "Yes, they stay for the time." However, a person told us, "They did what was required to do. They would stay for 15 minutes, they wrote on the invoice 30 to 50 minutes."

● People and relatives told us care staff were on time and they were always informed if the care staff were running late.

Using medicines safely

● Where help with medicines was an identified need, the service supported people. However, we found concerns around the safety of medicines management when we visited people in their own homes.

● For 1 person there was no Medication Administration Record (MAR) in place. Staff confirmed they administered medicines for this person. Whilst we did see a MAR for September 2023, there was nothing on site following this MAR.

● Where medicines were not in pre-packed blister packs, and in original boxes, these were not documented on the MAR. For 1 person their blood pressure medicines were being administered but not signed for. Another person had an antacid which was not documented on their MAR.

● Staff we met with were aware that they had to complete the MAR when giving medicines but said this was kept in the office. We could not be assured the people were receiving their medicines safely and on time.

There was a failure to appropriately monitor and manage medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the site visit, the registered manager told us MAR charts were now in people's homes.

● Staff had received training in medicines administration. Following training staff received a competency assessment to ensure they were safe to administer medicines.

● Where people required support with their medicines, relatives were positive care staff supported their loved ones well. Relatives said, "Yes, they help with medication. [Person] gets medication when [person] needs it. No issues" and "They make sure [person] takes their medication".

● Where people had comprehensive care plans, there was a list of their medicines and common side effects

documented. What type of support people required with their medicines was also documented.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People and relatives told us they felt safe with care staff who visited them. One person said, "Yes. I felt safe with the carer I had. I was very happy with them". A relative commented, "Yes, [person] is safe. Same lady, who mostly comes, stability, she is the best carer we have ever had. She enjoys her job. Even when we are not here, we know [person] is safe."
● There was a safeguarding policy in place which gave care staff guidance on how to recognise and report any concerns.
● Care staff had received training on safeguarding which was refreshed regularly.
● We found safeguarding concerns had been notified to the local authority but there had been a failure to report these to CQC. This is discussed further in the well-led section of this report.
● The registered manager told us learning was shared through staff meetings and care staff supervision. They said when a safeguarding had been raised and addressed, information had been shared and discussed to ensure learning.

Preventing and controlling infection
● People were protected from the risk of infection.
● There was a clear infection control policy in place and staff had received infection control training.
● Staff had access to appropriate Personal Protective Equipment such as gloves and aprons.
● Staff were encouraged to be vaccinated against COVID-19 and seasonal flu to help protect people from the risk of infection.

Good

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 care and support needs were assessed and provided in line with guidance and the law.
- People had a full assessment prior to starting to receive care from the service to ensure they were able to fully meet people's needs.
- People and relatives confirmed they had received an assessment prior to starting their care with the service. People said, "I have a folder. The manager came out and went through the whole folder. I showed him how I move about and showed him around my home. I showed him how I do things" and "They came to see me, and we talked about what I need. The manager came." A relative said, "Yes, yes I contributed."

Staff support: induction, training, skills and experience

- Staff were supported through supportive management to ensure they were able to meet people's care and support needs.
- Staff received an induction when they started work which included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff also completed numerous training courses as well as shadowing more experienced staff before working alone.
- Care staff also received regular training in topics such as safeguarding, medicines management and mental capacity. There was a training programme in place for 2024/25 which staff were aware of. One staff member said, "We have regular training, including safeguarding, health & safety, food hygiene."
- Care staff had regular supervision where they could discuss any concerns and training needs with the manager or RM.
- We received mixed feedback from people and relatives on how well trained they felt care staff were. One person told us, "I don't know if they have the training. The one carer who came on a [specific day] did not have a clue." Some relatives said, "Not always done the way [person] likes. I think they [care staff] need more training" and "The main carer, yes (well trained). Some of the casual ones, no." Other relatives felt the care staff visiting were well trained and said, "Yes, definitely" and "I think so. She [care staff] knows what she is doing."

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

- Where helping to eat and drink was an identified care and support need, people were supported with this.
- Relatives told us people had simple meals prepared for them and care staff provided choices around food.

Comments included, "Yes, [person] gets support with meals. Yes, [person] gets choices" and "She [care staff] will heat something up and cut it up. Serve [person]."
● Staff understood what to do when someone was feeling unwell. Relatives said care staff always informed them if there was a change in a person's heath. One relative said, "They contact me if there is an emergency or the GP. They have contact details. The main carer called an ambulance once."

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 (CoP) for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● People's care was delivered in line with the principles of the MCA.
● At the time of the inspection, no people were subject to CoP.
● Care staff knew the principles of the MCA and understood how this impacted on the people they cared for. One staff member said, "Mental capacity is about someone being able to make their own decisions and staff respecting this. "The clients I go to have capacity and I respect their decisions."
● Staff understood it was important to ask for people's consent before providing care. A person told us, "She [care staff] would (ask). Mutual discussion about my care." Relatives said, "Yes, the main carer does" and "Yes, I am sure they do."

Good

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 well treated, and staff respected people as individuals.
- People and relatives told us they felt safe, staff were kind and caring. One person said, "The main carer was kind and very caring. Listen to me. No quibbles on that regard." Relatives commented, "Yes, they [care staff] are kind and very caring. The main carer gets on with [person] well" and "All [care staff] been really nice."
- Overall, people and staff told us staff knew them well and took time to understand their care and support needs. One person said. "Yes, the main carer [knows me well]." A relative said, "I think they [care staff] do know him well. They joke with him, inquire how he has been." However, we had some feedback from a relative who felt week day staff knew the person well but did not feel weekend care staff did.
- We observed kind and caring interactions between people and care staff when we visited people at home. Staff knew people well.

Supporting people to express their views and be involved in making decisions about their care
- People and relatives told us they felt their views on care were taken into account and acted on.
- People were involved in planning their care including initial assessments and care planning. Relatives said, "Yes, I have been involved in decisions about [persons] care. I have seen their care plan" and "Yes, I have seen [person's] care plan."
- Staff promoted and respected people's choice around their care and support needs. A person said, "Yes, they [care staff] were happy if I did or did not want a shower" and relatives commented, "Yes, she [person], She can go back to bed or stay up" and "Totally up to [person] what they want to do."

Respecting and promoting people's privacy, dignity and independence
- People were treated with dignity and respect and their independence promoted.
- Feedback from people and relatives was positive and 1 person said, "Yes, they treated me with dignity and respect. They respect my privacy, no intrusions." A relative said, "Yes, they [care staff] treat [person] with dignity and respect. They respect [person's] privacy."
- Care staff understood how to promote independence and supported people to do things for themselves where they were able. For example, asking people what they felt they could manage that day around food preparation and personal care.
- We received positive feedback on how care staff supported people's independence. A person said, "They [care staff] never passed comment on me doing things for myself." Relatives told us, "They [care staff] will get the water for a wash and she will wash herself" and "They [care staff] encourage [person] to take their medication and do some exercise."

Requires Improvement

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always have a robust and person centred care plan in place.
- Care planning was inconsistent. Of the people we looked at, we found 2 people had a robust and detailed care plan in place which clearly explained their needs, another person had a care plan which just contained information provided by the local authority and 1 person had no care plan at all when we visited them. A person told us they did not have a care plan. This is discussed further in the well-led section of this report.
- Where people were diabetic, their care plan documented this. However, there was no information within the care plan to explain how care staff should meet people's needs around diabetes, particularly when care staff were involved in preparing food for people and what was appropriate.

We recommend the provider seeks guidance on care planning and consistency.

- Where a robust care plan was in place, we found these were person centred and detailed and documented people's wishes around their care and support needs.
- People and relatives said they did have care plans, 1 person said, "Yes, I have a care plan and I was involved in decisions." Relatives said, "Yes, I have a care plan and I was involved in decisions" and "Yes, I have seen it".
- People and relatives confirmed the service reviewed their care. One relative said, "Yes! [Care plan] being adjusted at the moment."
- People were positive care staff understood their likes and dislikes and how they wanted to receive their care. People said, "Yes, I think they do" and "Yes, they know my likes and dislikes. They listen to me."
- People and relatives told us they felt the service was flexible and understood their needs. A person said, "Yes, if I ask them to do something extra, they will do as I ask. They are flexible. If I want breakfast they will do it" and a relative commented, "They are very responsive. They alert us to things they find. Yes, they [care staff] are very flexible. They do things as they should be done. Very gentle, considerate and very caring."

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.

- People's communication needs were documented in their care plans.
- People's communication needs around language was documented and the service tried to ensure care

staff spoke the same language as the person where possible.

Improving care quality in response to complaints or concerns

- People and relatives told us they had contact details for who to talk to if they had a complaint or concern.
- People and relatives were confident they would be listened to if they did raise a concern. One relative said, "Yes [I complained] about a replacement carer. They changed the carer."

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Effective systems were not in place to monitor quality of care at the service.
- Auditing systems had failed to identify the issues around risk assessing, medicines management, staff recruitment and care planning found during the inspection.
- Information such as in care plans and risk assessments held at people's homes was inconsistent as documented in the safe and responsive sections of this report. Some people had the information there and others did not. This meant care staff did not have access to people's care records to make sure they were providing the correct care and support. 1 person said they had not had any documentation for 4 months although they said this was now in place; this should not take this length of time as the lack of information placed people at risk.
- Notifications were not submitted as required to CQC. Notifications are information of concern such as safeguarding and incidents the provider is legally required to submit to CQC. Whilst we were assured information was submitted to the local authority. We had also raised this with the registered manager in September 2023 prior to this inspection.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open culture at the service and staff told us they felt supported by the registered manager and were able to go to them with any concerns.
- People and relatives we spoke with were overall complimentary of the care they received from the service and care staff who visited them. They felt their needs were met and that the service was responsive to them and their needs.
- Feedback from a healthcare professional was positive and said, "I have liaised with the manager of the care agency, regarding 2 service users within the past year. [Registered manager] has been responsive to any issues raised and staff have provided safe and effective care."
- We asked people what their experience of the service was. Overall, people and relatives were positive about the care and support they received. People said, "I think the carers are good. Young company just

starting up" and "Very acceptable. They do listen to me if I have any concerns. Good one." A relative said, "The care is great. The admin side is not great, not professional. They took time to give us a pack, information about them. The payments were confusing at first. Got there in the end. A lot better now. They sent someone around, improved."

● People and relatives told us there was good communication with the office and they were always able to speak to someone.

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

● People and relatives were involved and their views and opinion sought.

● The service regularly sought feedback from people and relatives to monitor the quality of care. Relatives confirmed they had received and completed surveys in late 2023. However, 3 relatives said they had not received a survey. The registered manager and manager spoke to people and relatives regularly and were able to get feedback when they did.

● The registered manager held regular staff meetings where any updates about the service and people they cared for were shared with the team. Staff were able to voice issues or concerns.

Continuous learning and improving care; Working in partnership with others; 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 service has an 'Accident and incidents' staff social media message group. Any learning and concerns were shared in a timely manner and allowed staff who lone worked to easily and quickly raise concerns and understand any learning.

● There were weekly Friday catch up groups held by the registered manager to share any learning and information.

● The service worked well with healthcare professionals such as social workers and referring agencies when new care packages were being taken on.

● The home has been placed into the local authority's 'provider concerns' process. This is where there are concerns around the quality of care a service is providing and receives increased oversight, monitoring and support from the local authority. The provider has been working closely with the local authority to improve the quality of care.

● The registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks to people's health and well being were adequately assessed. The provider failed to manage medicines in a safe and effective manner.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure adequate oversight of the service. Systems were not in place to monitor and address the quality of care.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure safe recruitment practices were in place and fit and proper persons employed by the service.