

Excel Care (UK) Limited

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Inspection report

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14 October 2019

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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

Excel Care (UK) Ltd is a domiciliary care agency. It provides a range of services, including personal care, medication support, meal preparation and supports people to access the community and remain as independent as possible whilst living in their own home. The service was providing personal care for 10 people in total. The service also opened a new supported living service in June 2019, providing care and accommodation to three people with a mental health need.

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.

We visited the supported living service and found the three people living there did not require support with their personal care, therefore we did not inspect the supported living service. However, during our visit we identified potential fire hazards connected to the environment. Shortly after the inspection the Greater Manchester and Fire Rescue Service (GMFRS) visited the service and made several recommendations. One of these included the installation of fire doors on the kitchen and escape routes from the ground and first floor. The GMFRS were working with the service to ensure their recommendations were acted upon.

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

The registered manager had established a number of quality assurance systems to monitor the quality and safety of the service. There was evidence of improvement and learning from any actions identified.

People were safe and protected from abuse. People were supported by a small team of staff who they knew. The registered manager had introduced safer recruitment systems to ensure new staff were suitable to work in people's homes.

People received the support they needed to take their medicines. Provider oversight of people's medicines had improved with the introduction of new auditing systems. Staff were trained in how to provide people's care in a safe way.

Staff treated people in a kind and caring way. People valued the service and the support staff provided. The staff treated people with respect and helped them to maintain their independence and dignity.

The registered manager had updated people's care plans, which we found were person-centred and outcome focussed. The new care plans provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. There was evidence that care plans were reviewed regularly or as people's needs changed.

People knew how to make a complaint. There was an effective complaints process in place to deal with any

complaints that might be raised in the future.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 8 May 2019) and there were two breaches of regulations. We served a warning noticed for Regulation 17. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on our current methodology.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Excel Care (UK) 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 Care Act 2014.

Inspection team

One inspector from the Care Quality Commission (CQC) carried out the inspection.

Service and service type

Excel Care (UK) Ltd is a domiciliary care agency that provides personal care to people in their homes. CQC regulates the care provided by the agency. Excel Care (UK) Ltd also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection as we needed to make sure the right people were available to answer our questions.

Inspection activity started on 8 October 2019 and ended on 14 October 2019. One inspector visited the office on 8 and 14 October 2019 and visited the supported living service on the 14 October 2019. Phone calls to people and staff took place on 9 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used information we had received through our ongoing monitoring of the service and feedback we received 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.

During the inspection

We spoke with five people who used the service to ask them about their experience of the care provided. We spoke with the registered manager, the director and four care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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.

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has now improved to good: This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection in February 2019 we found the service had not always ensured new staff had been safely recruited in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- The new registered manager reviewed the provider's recruitment procedures to help ensure staff were of suitable character to work with vulnerable adults.
- The registered manager carried out thorough checks on new staff to ensure they were suitable to work in people's homes. This included obtaining a full work history, references, identity check and Disclosure and Barring Service (DBS) background check. DBS checks help employers to make safer recruitment decisions.
- There were enough staff to support people. People were supported by a small team of staff whom they knew. The registered manager planned people's support to ensure they had time to get to know the staff who were caring for them. This helped people to feel comfortable and safe with the staff.

Using medicines safely

- We found the service had continued to make the necessary improvements in respect of managing people's medicines safely. The registered manager implemented new monthly medication audits which were much more consistent at identifying errors.
- When errors were identified action was taken to reduce the risk of reoccurrence. For example, during the monthly audit by the registered manager it had been identified that one person's medicines had not been signed as administered. As a result, the member of staff had been formally spoken with during a supervision meeting.
- All support staff were trained in the safe administration of medicines. Following training, checks of staff competency were reviewed at least yearly. If any concerns were noted, actions were taken with staff, such as re-training and supervision.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and information was recorded in people's support plans to manage the identified risk.
- Staff spoken with were aware of risk assessments in place and told us these helped to keep people safe from harm. One staff member told us, "The new manager has reviewed all risk assessments and care plans which is great. Paperwork is much more thorough in my opinion."
- Accidents and incidents were recorded to monitor the service and to keep people's risk assessments up to date. This helped staff to reduce the likelihood of further incidents.

- Lessons learned were shared with staff to continually improve the service.

Systems and processes to safeguard people from the risk of abuse

- The service people received was safe. One person said, "The staff are great people. I feel much safer knowing I have them to visit me."
- The service had effective safeguarding processes in place. Staff had completed safeguarding training and knew the signs of abuse and what to do about it.
- The registered manager had appropriately contacted the local authority safeguarding team when concerns about a person were raised.

Preventing and controlling infection

- Staff took preventative action to protect people from the risks of infection and cross contamination. They used personal protective equipment such as disposable gloves and aprons when undertaking personal care tasks.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection in February 2019 we found the service required further documentation to ensure complete compliance with the MCA. Where people lacked capacity, relatives had signed consent forms on their behalf for care to be carried out without the official documentation confirming they had appropriate authority. At this inspection we found significant improvements had been made by the provider.
- Some relatives held Lasting Power of Attorney arrangements. The registered manager had asked to see the legal documentation. This ensured they knew which relatives had the legal right to make decisions on a person's behalf.
- The registered manager told us the local authority assessed people's capacity prior to requesting the service to take on the care package. However, the registered manager was very knowledgeable and experienced and would undertake their own capacity assessments when needed.

Staff support: induction, training, skills and experience

- There was an ongoing programme of training that the registered manager monitored. Staff completed continuous refresher courses to keep their knowledge and skills up to date. During the inspection the registered manager made arrangements for three of the supported living staff to completed training in managing behaviours that challenge.
- Staff received an induction which involved shadowing experienced staff and training in key areas including moving and handling, safeguarding and infection control. New staff undertook the Care Certificate, an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in

the health and social care sectors.

- Staff had supervision meetings with the registered manager. This allowed staff time to express their views and reflect on their practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's care and support needs before a service was offered. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

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

- People's care plans contained detailed information on the level of support they needed to shop and cook for themselves. Where needed, additional support was provided by staff.
- Staff followed care plans drafted by external professionals where people were at risk of malnutrition or dehydration. This included recording and monitoring of food and drinks given by staff.

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

- People were supported to have their health care needs met. For example, if they required a GP appointment or visit from the community nurse.
- The registered manager sought appropriate advice from other professionals when people's needs changed. For example, an occupational health review for additional mobility aids and equipment.

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.

At the last inspection this key question was rated as Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind and compassionate. One person told us, "The staff are reliable, and I always feel comfortable when they visit me."
- Staff understood the importance of establishing effective relationships with people and knew how to communicate and support people in a way they understood.
- Feedback we received from people demonstrated staff ensured people's dignity, rights and inclusion were respected throughout their care.
- The staff supported people to maintain their independence. They knew how to promote people's privacy and dignity while providing their care. One person told us, "The staff are very helpful, but respectful at the same time as I can do some bits of my own care, this makes life a bit easier."
- The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.

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

- People said they felt listened to and had been involved in their care planning. One person told us, "The new manager visited me recently to go over the care plan and checked whether I was happy with the care."
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

- At our last inspection we found that care plans were not sufficiently detailed. We made a recommendation the provider seeks guidance and advice from a reputable source, in relation to personalised care planning. At this inspection we found improvements had been made.
- Since the arrival of the new registered manager people's care plans had been reviewed to ensure care plans were accurate and had up-to-date information to guide staff on how to provide people's support. The care staff told us they received information promptly if the support people needed changed.
- People's care plans identified the level of support they needed and how this was to be provided, which were signed and agreed by people or their relatives, where appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the requirements of the AIS. Any particular communication needs were identified as part of the process of initial assessment.
- People's communication needs were recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the AIS and provided adapted information for people; for example, information about the service was available in an easy to read format and in pictorial format.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints. They said they felt confident they would be listened to.
- The registered manager told us they would act upon concerns in an open and transparent way and used them as an opportunity to improve the service. The service had received no complaints since our last inspection.

End of life care and support

- Consideration was given to inform people's end of life care for their choice, comfort and dignity and these were recorded in people's care files.
- People's choices and preferences in relation to end of life were appropriately explored and recorded where agreed with them or their chosen representative. For example, any family and friends they wanted to

be with them and choices about the arrangements to be made.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection audits which were carried out regularly had not identified the concerns we found during the inspection in relation to medicines. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Robust quality assurance systems were now in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The manager completed a range of audits and checks on a regular basis.
- The manager was aware of their regulatory requirements, for example, they were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- There were clear lines of accountability established within the service and both managers and staff understood their roles and responsibilities for people's care. This included related record keeping, information handling, communication and reporting, such as for any health incidents or safety concerns.

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

- People told us the registered manager was "open" with them. They said the registered manager had given them clear information about all aspects of the service when the agency agreed to provide their support.
- It was clear from our discussions the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent.

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

- The registered manager had systems to gather the views of people who use the service and their relatives. This was a small service and the registered manager worked with care staff to provide people's support. This meant people knew her well and people said they were comfortable speaking to her.

- The registered manager had regular contact with members of staff. Staff said they felt well supported and respected. One staff member said, "We get regular updates from the manager. We have a WhatsApp group that is very helpful."

Continuous learning and improving care; Working in partnership with others:

- The registered manager told us they were always looking at new ways to improve the service. The manager had produced an action plan, identifying areas of the service that needed to be improved. We found this was effective as it had rectified the shortfalls noted at the last inspection.
- The provider had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with local community occupational therapists and district nurses.