

EXCELCARETV LIMITED

EXCELCARETV

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

EXCELCARETV is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, they were providing care to one person.

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

The service had not followed their recruitment policy and staff recruitment processes were not robust. The staff recruitment records we checked did not contain all the relevant documents to ensure safe recruitment procedures. Staff had received mandatory training online however they had not undertaken practical training such as moving and handling people. We were told this was due to the risk of face to face training associated with the pandemic. The registered manager told us they were planning practical training when it was safe to do so.

One relative told us they felt their family member was safe using the service and said that if there were any concerns their family member would tell them. The relative told us staff were patient and kind and treated their family member with dignity and respect. Staff understood the person's care needs and promoted their independence. 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.

Care plans were person-centred, however the information provided for staff on how to support the person's needs and how to mitigate risks was limited. As staff knew the person well, this did not impact on the care the person received, however there could be potential future risks if new staff attended.

Staff told us the registered manager was approachable and supportive. The registered manager undertook spot checks frequently to ensure staff competency and conducted supervision meetings. Staff meetings were held, and we reviewed the minutes. Audits were completed for some areas of care including medicine administration records (MAR) and review of care plans.

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 07 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of a new service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to staff recruitment. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

EXCELCARETV

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

The inspection team consisted of two inspectors. To support the inspection, one inspector reviewed records and contacted people using the service and staff who were working for the service, to gain their view of the care provided. One inspector visited the service location.

Service and service type

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

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. For this service the provider was also the registered manager.

Notice of inspection

We gave a short notice period of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 08 March 2021 and ended on 29 March 2021. We visited the office location on 12 March 2021.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service. The provider was not asked to complete a provider information return prior to this inspection as this requirement had been suspended due to the pandemic. 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 of this information to plan our inspection.

During the inspection

We spoke with one relative about their experience of the care provided to their family member. We spoke with three members of staff including the registered manager and care staff.

We reviewed a range of records. This included one person's care records and medicine 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 for this newly registered service. This key question has been rated as 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.

Staffing and recruitment

- The service was not following their own recruitment policy and procedure.
- The service employed two staff and we checked both of their recruitment records. There were some omissions in the documentation. For example, the employment application forms did not contain a full employment history and there were no interview notes or staff photographs on file.
- Staff had Disclosure and Barring Service (DBS) checks from previous employers. The registered manager had registered with the DBS update service, but the update service checks were not undertaken prior to staff commencing employment. References were not always obtained from the last employer in line with the provider's recruitment policy.
- There was no audit process in place for the registered manager to sign-off the recruitment files as completed. This process would have highlighted the incomplete files. The registered manager told us they were reviewing staff files to ensure they contained all the relevant documentation.
- There were enough staff employed to meet the needs of the person they provided care for.

We found no evidence that people had been harmed however, systems were either not in place or not robust enough to demonstrate recruitment was safely managed. This 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.

The provider responded immediately during and after the inspection and began to review the recruitment documentation.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in adult safeguarding. They told us they were aware of how to raise a concern relating to allegations of abuse and were confident it would be dealt with appropriately by the registered manager.
- The service had safeguarding and whistle blowing policies and procedures in place.
- We spoke with one relative who said they felt their family member was safe with the staff and if they had any concerns they were confident their family member would tell them.

Assessing risk, safety monitoring and management

- A care plan was in place for the person being cared for however, there was no record of an initial assessment to establish the person's care needs when they first joined the service.
- Risk assessments provided limited information for staff on how to mitigate risks to people's safety and

wellbeing. We raised this with the registered manager, and they actioned this immediately.

- The person required support or assistance with their mobility but there was no moving and handling assessment in place to stipulate the support required or how this was to be provided.
- No environmental risks had been considered or identified to ensure a safe environment was maintained for the person or staff.

Using medicines safely

- Staff had received on-line training in medicine administration. Medicine administration competency observations were carried out by the registered manager.
- One person's Medicine Administration Record (MAR) was viewed and this was signed as taken on the correct dates demonstrating that the person received their medicines as prescribed.
- The person receiving care had signed a consent form for staff to assist them with their medicines. However the information on the care plan did not explain what support the person needed to take their medicines.
- An 'as required' medicine was documented on the MAR chart however there was no pro rata (PRN) 'as required' instructions for when the medicine should be offered in the care plan. We spoke with the registered manager and they forwarded a PRN protocol.
- Medicine audits had been carried out by the registered manager and no errors identified.

Preventing and controlling infection

- Staff had received on-line training for infection control. Staff were informed about donning and doffing of personal protective equipment (PPE) during their supervision and this was supported by written information.
- Staff told us they had enough PPE and always wore it.
- Staff had received testing for COVID-19.
- The service had an infection prevention and control policy in place including information regarding COVID-19 guidelines.

Learning lessons when things go wrong

- The registered manager was keen to ensure lessons were learned and shared any concerns and outcomes with staff.

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 as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The person's care plan identified when the care staff were required to visit and the areas of care where they required support.
- The information recorded in the care plan provided limited guidance for staff on how to meet the person's needs. Where the care plan stated the person needed assistance with a specific task, it was not clear what action the staff needed to take to be able to provide the support. This lack of information did not impact on the care provided for the person who was receiving care from regular staff. However more detail would be required if new staff were to attend.

Staff support: induction, training, skills and experience

- The registered manager conducted staff induction, which included staff shadowing them.
- The training matrix showed staff had received the provider's mandatory training. All training delivered was on-line, with no record of practical training for moving and handling. Staff told us they had received online training and said they were told face to face training for practical subjects was planned after the COVID-19 pandemic. The registered manager confirmed they were seeking a local training provider to conduct practical training when it was safe in relation to COVID-19 risks.
- Staff received supervision. Spot checks were carried out by the registered manager to ensure continued staff competency and to assess if any further training was required. Staff confirmed the registered manager carried out unannounced visits to observe their practice.
- One relative told us staff were skilful, and they were confident in the ability of the staff to provide care for their family member.

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

- The person's meals were prepared by their relatives. Staff assisted with meals that were culturally appropriate.
- There was no reference in the person's care records to any dietary requirements in relation to their health diagnosis. However, these records did provide information about their likes and dislikes and gave examples of healthy eating. Food and fluid intake was recorded each day.
- The care plan identified the person would require support with preparing meals but did not state what support would be required.

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

- The care plan recorded details of the person's GP. We were told by the registered manager that any visits to the GP would be supported by the person's relatives.
- Staff told us if there was a medical emergency they would be confident to call emergency services for assistance.
- The registered manager was aware of other health and social care professions who they would approach if advice or support was needed.

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.

- Although there was no formal MCA assessment, the person's care plan stated they were found not to have capacity for all care decisions. The care plan did not demonstrate how staff could support them to make a decision. However, staff told us they offered choice at each visit for example at mealtimes.
- The service had a Mental Capacity Act Policy and Procedure in place. Staff had received Mental Capacity Act training.

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

- The care plan identified the person's social and medical history. Reference was made to the person's religious and cultural background. The service ensured the staff attending were able to communicate with the person in their preferred language. This was good practice and showed person-centred care.
- Staff told us the registered manager had high standards and expected the person to be treated with respect.
- We spoke with one relative who told us staff always treated their family member with dignity and respect. They spoke positively about the care received and said staff were patient and kind. The relative was confident that their family member would tell them if there were any concerns with the care provided.

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

- The registered manager visited the person frequently which provided an opportunity for the person to speak directly to management.
- The relative we spoke with confirmed the person and their relatives were involved in the plan of care and were consulted with regard updating the care plan.
- The registered manager contacted the relatives often and spoke to them on the telephone or in person. The relative confirmed they spoke with the registered manager frequently.

Respecting and promoting people's privacy, dignity and independence

- The staff understood about privacy and dignity when delivering care and gave examples when describing the care they provided.
- The person's independence was promoted and staff told us they supported the person during mealtimes by working together with them to prepare their food.

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

- The care plan was person-centred and referred to offering the person choice at each visit such as meal preferences.
- Staff told us they discussed options with the person at each visit to ensure the daily care provided met their needs.

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 care plan identified the person communicated in their preferred language. The registered manager had employed staff who were able to communicate in the language of the person's choice.
- Information about the service such as service user guide was written in English. We spoke with the registered manager about providing some service information in the person's preferred language and the registered manager acknowledged that this could be carried out.
- The registered manager told us the service would provide information in alternative formats such as large print or pictures if required.

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

- The person being cared for had a supportive family who were involved in their health and social care.
- Staff supported the person to go out for walks in the local community during the week.

Improving care quality in response to complaints or concerns

- The service had not received any complaints or concerns at the time of the inspection.
- The service had a complaint policy and procedure in place. The service user guide contained information for people and relatives on how to make a complaint and gave details of external support agencies to contact if required.

End of life care and support

- No one was receiving end of life care at the time of inspection.
- The service did have a policy and procedure in place which related to the end of life care.

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.

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

- The service had one person who they are providing care for at the time of inspection. The registered manager and staff were aware of the person's requirements and visited frequently to ensure care provision continued to meet their needs.
- The relative we spoke with told us they and their family member were involved in the care planning.
- Care plan, medicine records and risk assessments contained limited information. Although staff knew the person well and lack of information did not impact on the care provided, more information would be required for a new member of staff.

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

- The registered manager told us they were aware of their legal responsibility and duty of candour.
- The service had a business continuity plan in place. This was a small service however the continuity plan did not identify plans for management cover for oversight of the service if the registered manager was unavailable. Since the inspection, the registered manager had told us they were reviewing their business continuity plan to reflect continued management oversight if the registered manager was unavailable.
- Staff understood their role and what standard of care was expected of them.
- The staff spoke positively about the registered manager and said they were approachable and supportive.
- The provider's policies and procedures were generic. We raised this with the registered manager who updated them to make them more service specific.
- Staff recruitment was not robust.

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

- This was a new service and they had not developed local social organisation contacts at the time of inspection.
- The service did work with the local GP and the registered manager was aware of the health and social care professionals they could refer to when necessary.

Continuous learning and improving care

- The registered manager was planning to engage with a local training company to provide staff with

practical training including moving and handling of people.

- This was a new service and the registered manager was enthusiastic about continual improvement of the service.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not robust which placed people at risk of harm.