

Excell Home Care 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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 17 July 2018 and was an announced inspection of the agency office. We also spent time speaking with people who used the service their relatives and staff.

The last comprehensive inspection took place in June 2017 when the service was rated requires improvement. The service was found to be in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to care records that contained unexplained gaps and the quality assurance systems were not robust and there was not an established system in place for identifying, recording, handling and responding to complaints. The overall rating for the service at that time was requires improvement.

Following the last inspection the provider sent a report of the actions they would take to meet the legal requirements of these regulations. We checked whether these regulations had been met as part of this comprehensive inspection.

At this inspection, we found evidence to show improvements had been made in responding to complaints. However, we found continued breaches of regulations 12: Safe care and treatment and regulation 17: Good governance. You can see what action we told the provider to take at the back of the full version of the report.

Excell Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats It provides a service to older adults and younger disabled adults. The agency office is based in the Mosborough area of Sheffield. At the time of our inspection the service was providing personal care for approximately 67 people.

Not everyone using Excell Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not have adequate systems to ensure the safe handling, administration and recording of medicines to keep people safe.

People told us about their experiences of receiving care from Excell Care Limited and gave positive feedback.

Staff we spoke with told us how dignity and care underpinned their work.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). In most cases people had given their consent to their care and support, although we discussed with the provider some areas this could be strengthened.

Staff had a good knowledge of their safeguarding responsibilities.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that considered dietary needs and preferences so that health was promoted and choices could be respected.

Peoples care and support was monitored so that the provider could respond to any changes, altering care packages as required to ensure people's needs were met.

People using the service and/ or their relatives had been asked their opinion via questionnaires. The results of these had been audited to identify any areas for improvement.

Individual aspects of the service were monitored however there was no overarching assessment of quality in place which meant that some shortfalls were not identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There was a need to improve the records about risks associated with people's specific health needs and some of the medicines administration records we looked at had not been adequately completed.

Safeguarding procedures were robust and staff understood how to safeguard people they supported.

Is the service effective?

Good 

The service was effective.

In most cases people had given their consent to their care and support, although we discussed with the provider some areas where this could be strengthened.

Staff had completed a comprehensive induction and training programme was available that helped them meet the needs of the people they supported.

Where people required assistance preparing food there was sufficient detail in their care plans so that staff understood people's dietary needs.

Is the service caring?

Good 

The service was caring.

People gave positive feedback about their experience of receiving care from Excell Homecare and praised the staff.

People's care files showed that their care needs had been thoroughly assessed, and they received a good quality of care from staff who understood the level of support they needed.

Staff we spoke with told us that dignity and a caring approach

underpinned all their work.

Is the service responsive?

Good ●

The service was responsive.

Peoples care and support was monitored so that the provider could respond to any changes, altering care packages where needed to ensure people's needs were met.

People had been encouraged to be involved in planning their care, and their views about their care were sought.

People using the service and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There were audit systems in place, however, they had not always identified where some care documents needed to be reviewed or needed to be completed in more detail.

People using the service were given the opportunity to complete surveys so that the provider could assess their satisfaction.

People their relatives and staff all spoke very highly of the caring and supportive nature of the registered manager and of the service overall.

Excell Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one adult care inspector, and took place on 17 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with our inspection.

Before our inspection, we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams. They raised no concerns about the care and support people received from the service.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

During our inspection, with their permission we visited and spoke with three people who used the service. We also spoke with the registered manager, the nominated individual and three support workers.

We reviewed a range of records relating to how the service was managed; these included five people's care records, three staff recruitment records and records relating to quality assurance monitoring.

Is the service safe?

Our findings

At our last inspection in May 2017, we found evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because some medicine administration records contained unexplained gaps and the systems in place to audit and monitor this were not robust.

The registered provider sent us an action plan identifying actions to be taken and timescales for completion for them to meet regulation.

At this inspection, we found sufficient improvements had not yet been made to meet all the requirements of the regulation. There was a policy in place to guide staff in how to support people using medicines, including storage and recording medicines administered. However, we noted that medication records were not always kept adequately.

We looked at a sample of people's MAR charts (medication administration records). We found some gaps where staff had not signed to confirm they had administered a person's medicine and there was no entry to show why the medicine had not been administered.

We found when MAR charts were returned to the office they had not always been checked and audited or any action taken where gaps were found. This meant there was a risk people may not receive their medicines as directed by the prescriber.

Staff told us they had medicine management training as part of their induction and 'medication competency assessments' were carried out by the registered manager before staff could administer any medicines to people using the service. This was to check staff had understood the training and knew what it meant in practice. However, this had not been effective because it had not identified the shortfalls we found on inspection.

The registered manager told us that they would take immediate action to address these shortfalls.

This was a continued breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because there were no risk assessments in place for specific medical conditions, medication and moving and handling.

This meant staff did not have information available to them to minimise the risk of harm to people who used the service and themselves.

There were improvements in how care and support was planned and delivered in a way that ensured

people's safety and welfare. We looked at people's care plans and saw that each one included assessments to identify and monitor the areas where people were at risk, such as how to support them when undertaking moving and handling procedures. Risk assessments had been reviewed on a regular basis, to ensure that they remained relevant to people's needs and contributed to their safety. However, the risk assessments in place for specific health conditions needed improving. For example, where a person had a specific health condition like diabetes. The care plan had identified the person was diabetic but there was no risk assessment or care plan in place to give staff clear guidance on how to support the person with the safe management of their diabetes.

An environmental risk assessment had been completed for people's homes in order that staff could work safely in them. This included information about any safety hazards, potential risks such as extension leads in the premises, and safely information such as the location of key equipment in the house. This ensured that staff could identify any potential risks in the person's home that could have an impact on staff carrying out their duties, or on the person themselves.

People were protected from abuse or avoidable harm. People using the service said that they felt the service was safe. One person described the care as "They are a lifeline to me and I always feel safe."

The provider's own surveys of people's experiences checked whether people felt safe when care staff were supporting them, and each respondent confirmed that they did.

One staff member told us, "People are safe. We always make sure that the door is locked and the key safe number scrambled after each call. Care plans contain risk assessments, and if we see anything that concerns me I always report it to the registered manager who takes action as needed."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager had referred safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission. We saw the manager kept a log of these incidents, investigated them and appropriate action had been taken by the management to reduce the risk of repeat events.

Staff we spoke with had a good understanding of safeguarding and could describe the signs of abuse, types of abuse and their responsibilities. They told us that they had received training in relation to abuse, and the provider's training records confirmed this.

Staff also knew the principles of whistleblowing. Whistleblowing is the duty of a staff member to raise concerns about unsafe work practices or lack of care by other care staff and professionals. They assured us they knew the whistleblowing process and would not hesitate to report any concerns.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken to keep people safe.

The providers recruitment procedures were robust. Recruitment files we checked confirmed that the provider always obtained the required information to make safe recruitment decisions. The law states that providers should obtain a full employment history prior to employing a person to work with vulnerable adults, and states that where potential employees have previously worked with vulnerable adults their reason for leaving that employment should be ascertained.

In the files we checked the provider had obtained records of staff's full employment history, suitable

references to confirm suitability and a DBS check. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the service employing a person who may be a risk to vulnerable adults.

Staff we spoke with told us that there were always sufficient staff on duty to make sure people were safe and their needs were met. One staff member told us, "There's enough staff, but we could always do with some more – especially when it comes to covering leave, or sickness – like today. But we pull together as a team and the calls get covered. It's rare that a call is ever missed."

There was a system in place for the safe management of people's finances. However, the registered manager explained on the day of the inspection they were not supporting anyone with their finances.

The service had systems in place for dealing with emergencies. Staff were all able to confidently describe to us what they would do in an emergency such as if they found a fallen person or could not get an answer at the door. This demonstrated staff were aware of how to deal with emergencies as they arose.

Systems were also in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary. Staff told us that they had access to personal protective equipment (PPE) (aprons and gloves). Supplies were held at the office and they never ran out.

Is the service effective?

Our findings

People's care was regularly reviewed, to ensure that it was effective and continued to meet their needs. These reviews took place after people had been receiving care for a short time, and then on a regular cycle. The reviews looked at whether people's care was meeting their needs, whether they were satisfied with the care they were receiving, and whether any changes were required to make the care more effective. Review records were monitored by managers within the service, so that the effectiveness of the care provided was assessed.

Staff training records showed that staff had training to meet the needs of the people they supported. The provider's mandatory training, which all the staff we spoke with confirmed they had completed, included moving and handling, medicines, the protection of vulnerable adults, equality and diversity and food hygiene amongst other relevant training.

Induction training was provided to staff to ensure they had suitable and sufficient skills to care for people. New staff spent time shadowing more experienced staff to help them understand their role. The registered manager informed us new staff were working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers.

All staff had regular supervision and appraisal; one staff member said, "We have regular supervisions which help, you can bring up and discuss issues and look at more training if you need any."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, and in most cases people had completed forms giving their consent to receive care in the way set out, although we did identify a small number of shortfalls. We discussed this with the management team during the inspection and they confirmed that this would be improved. We will review this at our next inspection.

There were details in people's care plans about their nutritional needs, where appropriate. For example, where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences, dislikes and information about choices the staff should offer. Where people required prompting with eating and drinking, there were detailed care plans setting out how people should be supported. We cross-checked this with care records which showed that staff were adhering to this guidance.

One staff member told us, "When preparing food for someone, we always check what they want, give them the choices of what they have in and cook it well for them. During the recent hot weather, we have been making sure that we leave out more drinks for people, most people we are leaving at least an extra pint of water in a big glass or a beaker for them and then we refresh it, if it hasn't been drunk next time we visit them later in the day."

Peoples health needs were being met by staff. Staff were aware of their duties to support people to access healthcare when there was a change in their health. We asked staff how they would ensure that people were kept healthy. Staff told us they would always report any changes to the people they supported to the office team after they had gained their consent to do so. The office team would then contact other health professionals and members of family if appropriate. We saw entries in care records which showed health concerns that had been identified and the action taken in response.

Is the service caring?

Our findings

People we spoke with told us they had no complaints about the care staff and were very happy with the support they received.

We looked at surveys that people using the service had completed, and found that feedback about care was predominantly positive. One person said: "I love them (staff) coming it brightens my day and I know I will get my tablets." Another described the service as "a lifesaver." One person we spoke with told us: "Everybody (staff team) is really nice and caring and they do everything I ask them." When people were asked if they were treated with dignity everybody said they were.

We noted that where there had been any negative feedback, it was mostly in relation to situations where people had staff assigned to them that they didn't know. The registered manager told us this was sometimes very difficult because they may be asked to provide care for someone the very next day.

The staff we spoke with were positive about their roles and demonstrated passion in the way in which they spoke about the people they supported and the satisfaction this gave them.

Staff and people who used the service spoke of each other with kindness and respect. People told us they valued the company of the care staff who visited them, and they liked that they had a regular team of care staff who knew them and how they liked to be supported. Staff we spoke with told us that dignity and a caring approach underpinned all their work.

We saw the provider had a comprehensive policy in relation to equality and diversity and information on this subject was included in the induction which was delivered to all staff before they started work. Staff could explain to us how they would be able to meet people's specific needs in relation to their culture or religion.

The registered manager told us they supported people's well-being by working alongside other agencies, for example social services when they carry out assessments and reviews and other health professionals by sharing relevant information in a timely manner.

We saw the service had a link to an advocacy service and the registered manager told us they would offer this service to anyone who did not have other support networks available to them. There was a detailed policy which explained the purpose of, circumstances where advocacy should be considered and the process to be followed to access the service.

In the care records we checked we saw that there was evidence people had contributed to decision making about their care, and their views had been regularly sought so that they could be involved in planning their care.

We spoke with staff and asked them how they would ensure they respected people's privacy and dignity. Staff told us they would make sure that doors and curtains were closed when they were assisting people and

they would try to keep people as covered as possible.

Staff told us they understand the importance of encouraging people to do as much as they could for themselves to maintain their independence. The registered manager told us the service was not currently caring for anyone who was at the end of their life but they understood the needs of people at the end of life and would treat people with compassion and ensure their needs were met.

Is the service responsive?

Our findings

At our last inspection May 2017, we found evidence of a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints. This was because the registered provider did not have an effective system in place for managing complaints.

The registered provider sent us an action plan identifying actions to be taken and timescales for completion for them to meet regulation.

At this inspection, we found sufficient improvements had been made to meet the requirements of the regulation. The registered provider's complaints policy and procedure contained the contact details of relevant outside agencies so that people had access to this important information. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints. People told us that they were comfortable discussing their experience of care with either the management or staff and that they were encouraged to do this. They confirmed that where they had made complaints they were kept informed of any actions taken in response to their concern or complaint.

We checked records of complaints that the registered provider had received, and saw that there had been 11 formal complaints in the last 12 months. All the complaints had been logged and responded to in a timely manner.

One person we spoke to told us, "Any complaints, I'd ring [registered manager] at the office, and they would sort it out straight away. But I've used them for three years and have never had a complaint yet."

We looked at people's care records and checked to see whether people were receiving care in accordance with the way they had been assessed as requiring. Each care plan we looked at contained an assessment of people's needs. This was set out in sufficient detail for staff to understand what care was required. Each time staff completed a care visit they recorded details of it in people's daily notes.

There was information in the files we looked at relating to people's individual preferences and, where appropriate or relevant, their social and personal lives. Staff we spoke with told us that people's care records helped them understand people better so that they could respond appropriately to their needs.

We checked records of care delivered and saw that staff recorded observations of changes in people's needs or presentation. Staff we spoke with told us they understood the importance of recording changes or any concerns, so that care could be delivered in a way that met people's needs. One staff member told us they recalled this being discussed during their induction, and another told us they felt that accurate recording was one of the most important things they did to ensure the care they delivered was good.

Records of care delivered were monitored by the registered manager, and contributed to care reviews so that any changes could be incorporated into the way care was delivered in the future, ensuring that the provider responded to people's changing need.

Is the service well-led?

Our findings

At our last inspection May 2017, we found evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because the registered provider did not have an effective system in place for checking the quality of the service provision

The registered provider sent us an action plan identifying actions to be taken and timescales for completion for them to meet regulation.

At this inspection, we looked at documentation relating to the running of the service and the providers quality assurance processes and found the provider had made some improvements but not sufficient to meet the regulation.

We found although there were audits in place, these were still not robust enough to identify the weaknesses we had found on inspection. For example, the registered manager and staff confirmed that the medication administration records were audited by the registered manager to ensure people were receiving their medicine as prescribed. However, there were some gaps in the written records of audits and of actions taken to address any issues arising from them.

We asked the registered manager to describe any central quality monitoring system used to monitor how the systems and processes used ensured compliance with the fundamental standards. They told us that although specific areas of operation were monitored there was no overarching quality tool. The registered manager told us that the management team had recently being restructured so that senior staff could support the day to day oversight of the service, the quality monitoring of the service and to drive service improvements. These systems needed to be formalised and embedded to evidence continuous improvement of the service provided.

This was a continued breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt the service was well led.

Staff we spoke with told us that they felt well supported to undertake their role. One said to us: "I love it here."

We asked staff whether they considered they were supported by the registered manager and whether they felt they received information when they needed it. They told us that the office environment was supportive, friendly and welcoming, and said that management support was available whenever they needed it.

One staff member described that whenever they had a query or concern when out providing care, there was always a manager available to speak with. Another told us that they often called into the office to talk with managers and other office staff as the environment was welcoming.

The registered manager used a system of team meetings, staff supervision and appraisal to share information with staff to enable staff to understand what was happening within the organisation, give feedback to staff and monitor their performance.

As well as supervision and quality reviews, there was a system of staff spot checks. This involved registered manager carrying out checks of staff undertaking their duties. These checks focussed on medicines management and moving and handling, as well as checking whether dignity was upheld, staff were on time, appropriately dressed and using the correct personal protective equipment.

We saw the provider had used surveys, phone calls and care review meetings to gain people's views about how the service was operating. The most recent survey available was from May 2018 and indicated that overall people were happy with the service provided. Comments included: "I like all my carers they are very good to me. They alter time of my calls to suit my appointments" and "Everybody is really nice and caring and do everything I ask of them."

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>This was because some medicine administration records contained unexplained gaps and the systems in place to audit and monitor this were not robust.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were not robust and did not identify the shortfalls we found on inspection</p>