

Excell Home Care Ltd

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Inspection report

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16 May 2017

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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

This was an announced inspection carried out on 15 and 16 May 2017. 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 in. This was the first inspection we have carried out at this location.

Excell Home Care Limited provides care and support to people in their own homes.

There was a manager at the service who was in the process of registering with CQC. 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 and associated Regulations about how the service is run.

Some people were supported to take their medicines. We found medicine administration records were not always signed by staff to confirm the medicine had been given. This could put a person's health and wellbeing at risk.

Risk assessments were not always in place which would help to reduce or eliminate the risk of a person becoming harmed.

People told us they felt safe in the support and care of the staff who worked for Excell Home Care.

Staff understood their responsibility with regard to safeguarding and said they would raise any concerns with managers.

Recruitment checks were in place for the safe recruitment of new staff. These checks were undertaken to make sure staff were suitable to work with people who used the service.

People were supported by staff that had received regular training. Staff told us the training and management support provided them with the knowledge and skills to carry out their jobs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

People were positive about the care staff and said they received appropriate, consistent support from caring and kind staff. When we spoke with staff they understood the importance of people being supported to make decisions for themselves. Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing.

There was not an established system in place for identifying, recording, handling and responding to complaints.

Each person had a care plan in their home. The care plans seen required more person centred information to ensure people's individual needs were identified and the care provided met their personal preferences.

We identified the audit systems to check such things as medicines and care plans were not robust enough to effectively act upon risk in order to demonstrate compliance with regulations.

We found three breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulation 12: Safe care and treatment, regulation 16: Complaints 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.

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.

Risk assessments were not person specific which could put people and staff at risk of harm.

Some medicine administration records contained unexplained gaps and the systems in place to audit and monitor this were not robust.

There was a thorough recruitment process in place which helped to ensure staff employed were of good character.

Is the service effective?

Good 

The service was effective.

Records showed staff had received training to provide them with the skills and knowledge to carry out their roles effectively.

The manager had identified areas of improvement in staff support. A programme of supervision and spot checks had started.

People who used the service were supported to make decisions and to give their consent. The registered provider was aware of the importance of legislation to support this process.

Is the service caring?

Good 

The service was caring.

People were happy with the care and support they received.

People who used the service said staff consistency was good and they valued the care and support offered to them.

People told us they were treated with respect and dignity.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

A record of all complaints, outcomes and actions was not kept.

People's' care and support plans required further detail to ensure staff provided effective assistance to people.

People were supported by a consistent staff team.

Is the service well-led?

The service was not always well led.

There was a lack of formalised and recorded audit processes.

Staff satisfaction in the service was improving since the manager had arrived in post. People and staff spoke positively about the manager.

Requires Improvement 

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 was planned to check 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.

We undertook an announced inspection of Excell Home Care Limited on 15 and 16 May 2017. We told the manager two days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure they were available.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned within our requested timescale.

This was the services first inspection since they registered in November 2015.

At the time of this inspection the service was supporting 51 people who wished to retain their independence and continue living in their own home.

The inspection team consisted of two adult care inspectors.

On 15 May 2017 we visited three people who used the service at their home to ask their opinions of the service and to check their care files. Whilst on visits we also met with one relative and spoke with one care worker.

On 16 May 2017 we visited the agency office and spoke with the responsible individual, manager and five care workers. We also contacted seven people who used the service over the telephone. and were able to speak with two people and three relatives.

On 16 May 2017 we also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for four people, including their medicine administration

record (MAR's) and other records relating to the management of the domiciliary care agency. We also looked at four staff training, support and employment records.

Is the service safe?

Our findings

People who used the service told us they felt safe and were supported by a consistent staff team. One person said, "I'm always introduced to new staff." Everyone spoken with told us they felt safe whilst being cared for by the care workers. Another person said, "They [care workers] all know how to handle me and they never forget to lock me in when they go."

We looked at the risk assessments in place for people. We saw there were generic risk assessments in place for people regarding such things as the environment and entry into the property. There were no individual risk assessments in place, for example for specific medical conditions, medication and moving and transferring. This meant staff did not have information available to them to minimise the risk of harm to people who used the service and themselves. We spoke with the manager who agreed that individualised risk assessments should be in place and said they would revisit people to assess and complete any risk assessments that would help to keep people safe from harm.

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

Some people who used the service were assisted to take their medicines. The level of support people received ranged from reminding a person to take their medicine to people who required full assistance to take their medicines. We looked at three people's MAR charts; one was in the person's home and two which had been returned to the office. 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 saw staff who carried out the following call had not reported these incidents to the office which meant this was not immediately followed up. We found when MAR charts were returned to the office there was no evidence they had been checked and audited and action taken where gaps were found. During the inspection the manager sent out a memo to all staff reminding them of the importance of completing MAR charts and instructed them about the action that would be taken if this was not done.

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

The registered provider had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust.

We saw all staff had undertaken training on safeguarding in 2016. Records confirmed the date the training was undertaken and the frequency this training would be provided to all staff. Staff spoken with confirmed they had received safeguarding training and were able to tell us what they would do if they had concerns. They told us they would speak with the manager straightaway if they had any concerns. The manager told us there were no outstanding safeguarding concerns and they knew to make referrals to the local authority safeguarding team if they became aware of any concerns.

On the day of the inspection the service was caring and supporting 51 people over 453 hours. There were 17 care staff employed. This meant there were enough staff employed to provide a regular and consistent service to people.

People told us they had a regular small team of staff that visited them. One person reported a recent missed call. The person was new to the service and there had been some confusion about their visit. The manager had rectified this and reported this to the local authority and said they would be sending in a notification to us. All other people spoken with said they had never had a missed visit, staff usually arrived on time and staff stayed for the full duration of the call. One person told us, "The carers usually end up staying over their time because they know I like a chat."

The service had an 'on call' system in place so that people were able to call staff over a 24 hour period. People told us when they had contacted the service during out of hours the on call staff had always answered the phone. We saw one written complaint from a person who had not had a response from the 'on call' member of staff and the manager had taken steps to address this and make sure it did not happen again.

We looked at the recruitment records for four members of staff and discussed the recruitment processes with the manager. We saw the service had procedures in place for the safer recruitment of staff and saw evidence that the manager had followed these recruitment processes in the staff files we reviewed. New staff had completed an application form with a detailed employment record and references had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS check people's criminal record and also check to see if they have been placed on a list of people who are barred from working with children or adults who need care and support.

During our visits, we observed staff using personal protective equipment (PPE) such as gloves and aprons that reduced the risk of cross contamination. Staff spoken with told us they picked up PPE from the office base and kept supplies in their cars. They told us there was always plenty of PPE in stock and they weren't limited to how much they took. Most people spoken with said staff always used PPE and they had no concerns about the staff maintaining good hygiene. One person said, "I do sometimes have to remind one staff member about using PPE as this is very important to me."

Is the service effective?

Our findings

Feedback from people who used the service was that they thought they received a good service from a consistent staff team. One person told us, "I have my regulars [care workers] and I get on great with them all." Another person said, "I sometimes get different carers but I like this because I like meeting different people."

In their PIR the registered provider told us, "At Excell Home Care we ensure the service we provide is effective. We do this by meeting our service users' needs by providing care in line the fundamental standards and national minimum care standards for adult's services. We also ensure we adhere to National Occupational Standards. We pride ourselves in providing employees with government training to the highest of standards, we use our sister company Excell for Training to deliver intermediate and advanced apprenticeship's in Health and Social Care for Adults and diploma's. This ensures all support workers are working to the national standards, in line with the sector skills council; Skills for Care."

The training matrix confirmed staff had received a range of training at the frequency agreed by the registered provider. Sessions in such things as infection control, health and safety, manual handling and first aid had been completed by all staff. Other additional training had also been completed by some staff in tissue viability, anxiety and basic life support.

We spoke with one staff member who had just started working at the service. They told us they were shadowing a more experienced staff member for three days and would then be attending a training course. They told us they were enjoying their induction to the service and felt they were being well supported.

The manager told us they had completed at least one supervision session with each member of staff since they had started in October 2016. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements.

The manager said they had also carried out a sample of spot checks and observed care practice each month. The manager confirmed that because of recent changes supervisions and spot checks had not always been carried out at the intervals they would like to aim for. The manager had plans in place to improve upon the frequency of staff supervision and spot checks and was confident this would improve once the new management team were established in post.

The manager confirmed that no staff had received an appraisal since they had started at the service in October 2016. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. The manager confirmed that all staff would receive an annual appraisal before the end of 2017.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection. We saw staff were provided with training in MCA and had a good understanding of this legislation.

Staff we spoke with had received training in MCA and had a satisfactory understanding of involving people in decision making and acting in their best interests. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with their planned care.

Staff told us they monitored the food and drink intake of people who used the service if that was necessary. They wrote down everything people had to eat and drink during a visit and also noted any changes that may have impacted on the person's health and well-being in the daily records. The staff we spoke with said they also followed up any concerns with a telephone call to the office so they could be confident any concerns were shared and acted upon.

People who used the service, their relatives and staff said there was good communication between the office staff and the care workers. In most cases people said they would receive a call from the office if their care worker was running late.

Staff told us any relevant information was shared with health and social care professionals working with the person. In the event of concerns around a person's health the information was recorded in the daily notes, managers were informed and referrals to health or social care professionals made. We saw evidence of this. One relative told us, "The staff were very pro-active when my family member showed signs of illness. They telephoned for an ambulance and sought professional advice really quickly."

Is the service caring?

Our findings

We asked people who used the service for their views of the staff, if they found them to be friendly and how they interacted with them. Comments we received included, "I really like and get on with my main carer. I also like to see the other carers, because it's good to see a new face. I get on great with them all," "All the staff are very good. I have no problem with any of them," "I'm really impressed with them all. They are so much better than the other company I used," "The staff are well trained. They know what they're doing" and "The staff were very concerned about me recently and talked to me about their concerns. I thought this was really good that they'd noticed things weren't right."

Everyone spoken with said they would recommend this agency to their friends and family.

Since their appointment the manager told us they had visited people to gather feedback on the support they received including staff attitude and care. People spoken with were aware there was a new manager and said they had visited them to discuss their care package and/or provide care and support for them. People confirmed they had been consulted about their care package, the level of support required and how they wanted this support to be provided.

The PIR stated, "We are a Disability Confident Employer having successfully completed the Disability Confident self-assessment. The nominated individual has also become the Dignity in Care, Dignity Champion." The manager showed us the planned staff training included privacy and dignity together with equality and diversity and inclusion. Staff we spoke showed a good understanding of these aspects of care.

Staff described to us how they promoted people's dignity and respect when providing individual care and support. One member of staff told us, "I always ask the person what they would like me to do when I'm assisting them, especially with any personal care. It's really important you remember to respect their rights to privacy, dignity and respect. I treat people as I would like my own relative to be treated if they were receiving care and support from an agency."

Our observations during the inspection were that staff treated people as equals, were very respectful and showed care and fondness towards the people who used the service. People who used the service and staff appeared very comfortable in each other's company and showed mutual respect for each other. One person told us, "The staff have been very good at not making me feel embarrassed." Another person said, "The carers always close the door to my bedroom before they start helping me, which is good as I never know if someone is coming to the house."

At the time of the inspection the service was not caring for any individual who was at the end of their life. Staff told us they had covered/ or would be completing training in end of life care as part of their NVQ or Diploma course.

The PIR stated, "When providing end of life care to service users and their families we always provide caring, compassionate, kind, dignified and respectful care and always offer the families further support once their

loved one has passed away, free of charge whilst they are grieving."

Is the service responsive?

Our findings

The service had a complaints procedure, which was included in the information pack given to people at the start of their care package. People told us they had not needed to make a complaint however they said they would contact the office if they had any issues to discuss. People's comments included, "I would have no hesitation in contacting the manager if I wanted to complain," "I could either talk to my family or the staff, they would all listen to me" and "I have told them things and they have sorted them out."

We looked at the complaints records kept by the manager. We found a series of issues raised by one person. The person had sent their concerns to the manager via e-mail. In response the manager had replied to the e-mails and in some cases explained what action they had taken in response to the persons concerns. However there was no record of these complaints which showed the outcomes and actions taken. In one e-mail the manager had told the person they had taken disciplinary action with a member of staff. We asked to see evidence of this but there were no records. The manager said they had spoken with the member of staff but had not recorded this.

This is a breach of Regulation 16: Receiving and acting on complaints, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the registered provider had received a significant number of cards and letters thanking the staff at the service for their care and support.

We saw people were given a 'service user guide' before they started a service. This gave people information about what to expect and also explained the ethos of the service and how they aimed to provide quality care to people.

The manager told us that prior to a service being offered they completed an assessment, which detailed what support people needed. We saw evidence of this. This helped to ensure the service had enough information about each person in order to feel confident they could meet each person's specific needs.

We looked at four care plans and found some information about each person's individual care and support needs. This was in the main a sentence explaining the level of support required for each personal care task. Care and support plans also contained emergency details such as a next of kin contact, other healthcare professionals involved with the person, allergies and medical conditions.

We spoke with the manager about how sections of each care plan would benefit from including more detailed information about the person's specific preferences in relation to medication, mobility, nutrition, safety and health.

When asked, one member of staff told us they would appreciate more in depth information in the care plans. However, they said when they visited they always checked with the person how they liked things to be done. They said this made sure that the care provided always met people's preferences and needs. Care

workers we spoke with said they had positive relationships with relatives, some of whom they spoke with on each visit.

People spoken with were aware they had a care plan and felt they were involved with their care planning. People told us they had been consulted by the staff in subsequent reviews of their care plans. The manager told us care plans were being reviewed on an annual (yearly) basis or more frequently if a person's needs changed. We saw evidence of this in the care plans we looked at.

The PIR stated, "We ensure that we provide consistent care, we try and ensure the service users keep the same carers/support workers as much as possible except for annual leave or sickness. The manager coordinates the rota so that it is done logistically and geographically, to ensure it meets service users and the carer's requirements. Carers are not travelling for unnecessary long periods in between care calls, reducing the risk of the care calls being delivered late and not on time. If they get behind with their care visits due to unforeseen circumstances; such as vehicle breakdowns, adverse weather or service user emergencies we have in place a disaster contingency policy."

At each visit staff completed record sheets detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record. Record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit.

Is the service well-led?

Our findings

People who used the service, their relatives and staff all said the manager was approachable and available to speak with at all times. Their comments included, "The manager is pleasant and easy to talk to," "She [the manager] has time for people" and "We can come to the office and discuss things at any time and that's ok."

The manager had been in post since October 2016. The manager told us they were aware they needed to apply to be registered as the manager with CQC and said they had begun the process to be registered. We saw evidence of this.

On the day of the inspection the manager was unable to provide evidence of regular audits they had completed to check the quality of service provision. These included audits of medicine management, care plans, complaints, accidents and incidents and health and safety matters.

We also found when information, for example, MAR charts were returned to the office there was no evidence the omissions were picked up through a system of auditing so that improvements could be made.

Staff told us although they felt well supported by the manager there had only been one staff meeting since October 2016. Staff said these meetings were useful to gain the views of staff and to share relevant information about the service through informal discussions.

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

The manager told us they aimed to stabilise and make the service's management and leadership effective and consider how best to support and value the staff delivering the service directly to people. However, these management systems were not yet fully embedded to enable us to make a judgement about the effectiveness and consistency of these.

People who used the service told us they had been asked their opinions of the service via a 'review' that was completed by a senior staff member on a visit to their home. People told us they had not received any feedback from the registered provider about any actions taken in response to their comments. The manager told us where people had raised any issues they had dealt with these on an individual basis. We spoke with the manager about collating the information received from feedback and providing people with a copy of this to show how this would drive improvement.

The PIR stated, "We ensure we have a well-led service by having appropriate leaders in place with the appropriate management experience, skills and underpinning knowledge in adult health and social care to run the service. The manager and nominated individual encourage and deliver an open, fair, transparent, supporting and challenging culture at all levels of the company. The manager and the nominated individual have a real passion for providing staff with a supporting and challenging culture; for example by giving opportunities to enhance their continuous professional development."

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>People who use the service were not protected against the risks associated with unsafe recording and management of medicines.</p> <p>Risk assessments were not completed to mitigate individual risks to people's health, safety and welfare.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>A record of all complaints, outcomes and actions taken in response to complaints was not maintained.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.</p>