

Mr Adekunle Abayomi Kalejaiye

# Excellence Healthcare

## Inspection report

Fairgate House, 205 Kings Road  
Tyseley  
Birmingham  
West Midlands  
B11 2AA

Tel: 01217072976

Website: [www.excellencehealthcare.co.uk](http://www.excellencehealthcare.co.uk)

Date of inspection visit:

11 April 2018

12 April 2018

Date of publication:

22 May 2018

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 11 April 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available. At the last inspection on 19 January 2017, we found that the provider was 'requires improvement' under the key questions of safe, effective, caring and well-led and did not meet all the legal requirements. During this inspection, we found there had been a significant improvement however, further improvement was still required.

Excellence Healthcare is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service supported nine people.

The registered manager was also the provider. 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.

At our previous inspection in January 2017 we rated the service as 'Requires Improvement' as the service was not always safe because staff did not consistently have the information they required to ensure that people were protected against identified risks. It was not always clear whether people were receiving their medicines as prescribed. People's rights were not always protected because the provider was not aware of their responsibilities to ensure that care was provided lawfully. The provider had failed to respond to some of the improvements that were recommended at our inspection in January 2016. The provider had some management systems in place to assess and monitor the quality of the service provided to people. However, some of these were not always used effectively to manage risks and to identify where improvements were needed. On this inspection we found improvements had been made and although there was some further improvement to be made, the overall rating for the service was now Good.

The provider had improved their quality assurance systems. However, further improvement was required with the consistency of updating and reviewing care plans and risk assessments, that ensured they were up to date, accurate and reflective of people's needs and choices. The provider had taken steps to ensure they were kept up to date with current legislative practices however, their knowledge around protecting people's rights required further improvement.

People felt safe in their homes with staff. Relatives were confident their family members were kept safe. Staff knew what action they would take if they thought a person was at risk of harm. Risks to people were assessed and people were supported by staff that was provided with guidance on how to manage people's specific medical conditions.

People were supported by sufficient numbers of staff that had been safely recruited. Where appropriate,

people were supported with their medicines by staff that had received training. Staff members were equipped with sufficient personal protection equipment to reduce the risk of infection and cross contamination when supporting people with their personal care.

Staff were trained to ensure that they had the skills to support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about how they wanted to receive support to ensure their health needs were met. Where appropriate, people required assistance to eat and drink. Timely referrals were made to health and social care professionals when people's needs changed.

People had a small team of staff who provided their support and had caring relationships with them. Care was planned and reviewed with people and their family members to ensure their choices were followed. People's privacy and dignity were respected and upheld by the staff. People had care records that included information about how they wanted their care and this was reviewed to reflect any changing needs. There was a complaints procedure in place and any concerns received were investigated and responded to in line with the provider's policy. People, their family members and professionals were asked for their feedback on the quality of the service. The provider promoted an open culture which put people at the heart of the service.

## 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.

People felt safe with the staff that provided them with support. Systems were in place to protect people from the risk of harm and staff knew how to report any suspicions of abuse. Where appropriate, investigations were conducted in partnership with other agencies.

People were safeguarded from the risk of harm because risk assessments were in place to protect them. People were supported by sufficient numbers of staff that were recruited safely, to ensure that they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed, where required. People were protected from infection and cross contamination because staff members were provided with and used appropriate personal protective equipment.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed and they were supported by staff that had the skills and knowledge to assist them.

People were supported to access additional medical support in a timely manner when their needs changed.

People were happy with the care provided by staff and were supported to make decisions and choices about their care.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make decisions about the care they received.

People's privacy and dignity were maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care and support that was individualised to their needs, because staff members knew people well.

People knew how to raise concerns about the service they had received and were confident that these would be addressed appropriately.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

Improved quality assurance and audit processes were in place to monitor the service to ensure people received a quality service, but they required further improvement. People were encouraged to provide feedback on the quality of the service they received.

People and their relatives were happy with the quality of the service.

Staff felt supported by the provider and involved in developing the service.

The provider worked in partnership with other services to ensure they supported people in a safe and consistent way.

# Excellence Healthcare

## 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.

The inspection took place on the 11 April 2018 and was announced. This service 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. The provider was given 48 hours' notice because we needed to be sure that someone would be available to meet with us. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has had experience of working with this type of service.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also contacted the local authority for information they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

The provider sent us a list of people who used the service. We contacted people and/or their relatives by telephone on 12 April 2018 and spoke with four people and one relative to gather their views on the service being delivered. We also spoke with the provider and three care staff. We used this information to form part of our judgement.

We looked at four people's care records to see how their care and treatment was planned and delivered.

Other records looked at included two recruitment files to check suitable staff members were recruited. The provider's training records were looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

## Is the service safe?

### Our findings

At the last inspection in January 2017 we rated the provider as 'requires improvement' under the key question of 'Is the service safe?' This was because we found staff were not always provided with clear guidance nor did they have access to the relevant information when they were in people's homes on how to support people who were at risk, for example, of falls. We also found that risk assessments were not always specific to people's health related care needs and did not always reflect the information that had been provided in the social worker's initial assessment. At this inspection, we found there had been an improvement.

People and relatives we spoke with did not raise any concerns about how staff supported people. One person told us, "Staff know how to use the equipment. They [staff] have adapted around my care needs, none of it has fazed them and that helps me to feel safe." The PIR stated that appropriate risk assessments were undertaken. These included completing an individual risk assessment for the person's home environment, which ensured that all risks were covered including the person's medical condition. We looked at four care plans and found the risk assessment process had improved because assessments contained more detail to support staff and make sure they had the necessary knowledge required to support people safely. One person's care files showed detail that reflected the social worker assessment and noted additional information. For example information about the shower with a step by step process to be carried out by the staff member to ensure all potential hazards were considered, such as slips, trips and falls, checking the temperature of the water and the use of anti-bacterial products to clean all surfaces. We noted on another person's care plan there was guidance for the staff to supervise the person while they ate their food as the person had a tendency to eat quickly and this could pose a risk of choking. One staff member we spoke with said, "I've had training in moving people with a hoist so I know how to do this safely."

People and relatives we spoke with all told us they felt safe with the staff members that provided care and support in their homes. One person told us, "I do feel 100% safe with the carer. For example I have a key safe and there has never been a problem." Another person said, "I feel extremely comfortable and extremely safe with the carer." A relative we spoke with said, "I definitely feel [person's name] is safe with the carer. The main thing is trust and my relative trusts the carer and so do I." One staff member explained to us if they saw unexplained bruising or if a person who was unusually low in mood and unresponsive, they would contact the provider. They continued to explain, "If there was any sign of physical abuse and the manager wasn't around, I'd also let you [CQC] know." Another staff member said, "Thankfully, I've never come across it but we've all had our training and know what to do if we were worried about anyone being harmed, the policy is in the office with all the contact details." We reviewed the provider's incidents and accidents and found that, where appropriate, external agencies had been notified and we could see the provider had worked in partnership with the agencies and families to ensure a safe and satisfactory outcome for people was achieved.

Although staff we spoke with had not encountered any emergencies, they knew what action to take in the event of an emergency. For example, one staff member told us, "If we arrived at a person's house to find



them on the floor, we would immediately contact the office or an ambulance and keep the person warm with a blanket, reassuring them all the time until help arrived."

At the time of our visit there were sufficient staff members to support people who used the service. The provider's recruitment policies and procedures protected people from being supported by staff unsuitable for their role. This was because the provider asked for references from previous employers or people who could provide a character reference. The provider's checks also included a Disclosure and Barring check (DBS) completed before they started to work for the provider. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

People and their relatives told us they were regularly supported by the same staff members. One person said, "I have the same staff member all the time and it helps to know who is coming in and [staff member's name] covers for holidays." Another person told us, "I requested I have a regular staff member. It is better for me because it gives consistency. They are always on time and always stays for the full amount of time." A relative we spoke with told us, "[Person's name] always has the same staff." Staff we spoke with confirmed they visited the same people and explained there were sufficient numbers of staff to support people and confirmed they received regular hours of work with regular people to support.

No-one we spoke with raised any concerns about the timeliness of their calls. All reported that staff arrived on time and there had been no missed calls. On reviewing staff timesheets, we found that staff members were on time and on the rare occasion there had been lateness, this had been attributed to an earlier call over-running or delays in traffic. One staff member explained, "We are given time between our calls and do try really hard not to be late but occasionally there might be poor traffic so sometimes we may be a little late but we'll always let people know in advance."

Most of the people who used the service managed their own medicines or had family members to support them. For people that were supported by staff, we found there were no concerns in medicines practice. One relative told us, "[Staff member's name] helps me twice a day with the tablets which are in a blister pack. They get the tablets out to give me and write all the forms out." We saw that staff had received training in the administration of medicines and their competency with managing medicines was reviewed by the provider, when they completed routine spot checks.

No concerns were raised by people or their relatives in respect of hygiene and infection control. Everyone spoken with confirmed staff always wore protective clothing when necessary. Staff we spoke with understood their responsibilities to protect people from infection. They told us they used gloves and aprons when providing personal care and there was always a plentiful supply of protective equipment from the provider.

The service recorded any incidents or accidents which occurred. We found they also looked at whether there were any trends or learning in relation to incidents which might indicate a change was required in the person's care plans.

## Is the service effective?

### Our findings

At the last inspection in January 2017 we rated the provider as 'requires improvement' under the key question of 'Is the service effective?' This was because the provider had not ensured that people received their care and support from staff who had received adequate training. This meant staff did not always have the knowledge and skills they required to do their jobs safely and effectively. The provider was unable to articulate their understanding of DoLS and was not aware of their reporting responsibilities. At this inspection, we found there had been an improvement.

At the last inspection the provider was required to improve training for staff. People spoken with told us they felt that staff had the correct training and knowledge to meet their needs. Comments included, "I think they [staff] are well trained. My carer knows what they are doing and tells me about the training coming up." "[Staff member] talks about mandatory training they are going on for example manual handling and infection control," and, "[Staff member] has talked about training and course work they are doing. I think they [staff] are well trained."

Staff we spoke with told us they felt the training offered by the provider was 'good'. The PIR stated all new staff completed an induction that included two days shadowing an experienced staff member. The provider ensured staff completed a 'mandatory' training programme that included safeguarding people from abuse, moving and handling people safely and infection control. Comments from staff included, "The training is good, the manager is always on top of the training and makes sure we complete it." "The training comes round quickly, I've just done manual handling," and, "Training is the best, we do different training like the Care Certificate and NVQ 3, the manager definitely helps us with our training." We saw from records that staff had completed their induction training and had completed the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge and skills they need to provide safe and effective care to people.

Staff we spoke with confirmed they received regular supervision from the provider. This was verified in staff records which included visual checks on individual staff members when they worked in people's homes. We saw where issues had been identified through the checks; these were discussed with staff in their supervision. This ensured good practice was shared with staff and reduced the risk of the issues reoccurring.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Most of the people currently using the service had the mental capacity to make their own decisions and consent to their care. One person received support from an advocate. An advocate is an independent person that supports people to express their views and wishes and helps them to stand up for their rights. Staff spoken with told us if they had any concerns about a person's capacity to make decisions they would inform the provider. We saw from one person's care plan there was reference to the person's

lack of mental capacity and instructions to staff to use 'uncomplicated language, signs and allow plenty of time' for the person to respond. Staff we spoke with gave us examples how they supported the person. One staff member told us, "[Person's name] can make simple choices and they can tell you if you ask simple yes/no questions." Another staff member said, "You can tell by someone's face or their actions if they were happy or not." People we spoke with told us they were supported to make decisions about the care they received. People continued to tell us that staff explained what they were doing and would seek their consent before carrying out any support with their care needs. Relatives told us that they were able to have an input into planning care, in agreement with their family member.

At the last inspection staff we spoke with including the provider were not always aware of what action they needed to take to protect people from the risk of having their liberty deprived if they lacked the mental capacity to consent to care. The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment and their liberty may be being restricted. They are also required to notify the local authority of this, so that an application can be submitted to the court of protection for the authority to deprive a person of their liberty within the community in order to keep them safe. At this inspection there had been an improvement. One staff member explained, "You can't stop people doing things they want to unless they are going to get hurt, then you can but you have to have the correct paperwork to show it's in their best interests." The provider was able to explain their basic understanding of DoLS.

At the last inspection improvement was required to the recording and monitoring of particular dietary needs because the information had now always been reflected in people's care plans and risk assessments. At this inspection there had been an improvement. Most people receiving the service had assistance from their family members with their dietary needs. People who did receive support from the provider told us they were satisfied with the help they were given. One person said, "[Staff member name] gets me some breakfast and always makes sure I have a drink and I'm left with a drink." A relative told us, "They give [person's name] breakfast and [person's name] chooses what to have. I usually do lunch or dinner but if I get stuck they [staff] are able to cover and sort out a meal and drink." A staff member told us, "Most people we visit also have their family or friends to support but sometimes we are asked to make sandwiches or warm things up in the oven." One care plan we looked at reflected fluid and food charts that showed a healthy, varied diet and reflected the person was at risk of poor diet without appropriate support.

People and their relatives spoken with confirmed the provider had completed initial assessments before the person joined the service. The PIR stated it was company policy to ensure assessments were carried out at the start of the 'care package' and copies given to people to keep in their homes. This provided staff members with the knowledge and understanding of the level of support that people required. People confirmed they had copies of their plans. One person told us, "If I need to discuss any changes in my care [staff member] comes out to discuss this as they do with any changes. I helped them with my risk assessments. I discuss it with them and make them aware we work together on that." We saw people's assessments, care plans and reviews considered both their physical and emotional care needs. Staff spoken with gave examples of how they supported people to use the equipment available to them, so people could remain as independent as possible.

We saw from care plans there was input from health care professionals, for example, district nurses and GPs. Referrals were made in a timely way when people's support needs had changed, for example to the local authority for people's needs to be reassessed. People and relatives we spoke with confirmed people were supported by additional healthcare professionals as appropriate. A staff member told us, "If there is a change in a person's health, we will tell the manager or the family." We saw the provider had processes in place to support staff to seek emergency help, to ensure people's health care needs continued to be met.

## Is the service caring?

### Our findings

At the last inspection in January 2017, we rated the provider as 'requires improvement' under the key question of 'Is the service caring?' because the provider did not always have robust systems and processes in place to ensure that the care people received was delivered safely and effectively. At this inspection we found there had been an improvement.

Everyone we spoke with told us staff members were caring and kind and people received the help and support they needed at the time they required. They continued to tell us that staff members were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. The PIR stated that people were treated with compassion and with care and support tailored to people's individual needs. Comments we received from people included, "[Staff member name] is very considerate always cheerful and pleasant." "[Staff member name] is so kind. I can talk to them about anything. They ensure I have breakfast and coffee and supervise me in the shower and up the stairs." "I have nothing bad to say. My carer does more than they are supposed to do for example bits of shopping and helping around the house."

People we spoke with confirmed they were given every opportunity to make choices for themselves. The PIR stated that the care and support people received was person centred and ensured the person was treated as an individual. Care plans we looked at showed that an assessment of the person's care needs and preferences was completed so the provider could be sure that they could meet the person's needs, in the way they wished. People and relatives spoken with confirmed following discussions, a care plan was produced. We saw care plans included information about people's abilities and what they could do for themselves as well as the areas they required support with. We also saw the care plans contained information about how staff members were to support people to encourage and maintain their independence as much as practicably possible. One person explained, "The carer I have is well aware that some days it's going to take us longer and I'm going to have to take my time and really understands that and helps me to do what I can for myself. I like to be in control of my care and they deal with this well and really listen to what I need." A staff member explained, "We encourage people to do as much as they can."

People spoken with confirmed they had access to information they required within their care plans including contact details for the office, a copy of complaints policy, information relating to safeguarding, medicines management and a copy of their care plan. The provider explained to us if it was necessary, they could make the information available in different written formats for example, a larger font size. We discussed with the provider about one person's care plan and whether it would benefit the person to have the information in an easy read format. The provider explained the person had the input from an advocate and could express their preferences through yes or no answers when asked simplified questions. The person also had the input from social care professionals that monitored and assessed their support.

Staff confirmed they had received training in equality and diversity and demonstrated in their answers to us how they treated people with dignity and respect. One person explained that they preferred a male carer and although the provider was the only male carer, the person told us all the staff that had supported them

treated them with dignity and respect. People told us they felt listened to. One person said, "[Staff member name] runs the bath and washes me and is always nice and gentle. They close the curtains and cover me up to make sure I'm not cold." Staff we spoke with explained how they maintained people's privacy for example, one staff member told us, "I always ask people if it's ok for me to help them and make sure I keep them covered with a towel and the doors are closed." People spoken with told us staff were discreet and they felt assured their personal information was not shared with other people within the service. People and relatives told us that they never heard staff talk disrespectfully about another person while they were in the person's home.

## Is the service responsive?

### Our findings

At the last inspection in January 2017 we rated the provider as 'good' under the key question of 'Is the service responsive?' At this inspection we found the service had remained 'good.'

People and the relatives we spoke with confirmed they were involved in the planning and review of people's care. Comments from people included, "I have seen my care plan and [staff member name] comes out to go through it and check it." [Staff member names] come out together to go through my care plan and they very much involve me, ask me what I want, what could be better and how I'm feeling. It makes me feel that they are really interested and really care" "If I need to discuss any changes in my care [staff member name] comes out to discuss this as does any changes." Each of the care files we looked at had a copy of the person's care plan, which had been or was due to, be reviewed.

The provider explained that after the initial assessment and the service had started, regular reviews were conducted to ensure the service was meeting people's needs. The PIR stated that as part of the ongoing development of the service, the provider had introduced a system that enabled them to conduct seven and 28 day reviews of new packages of care. We saw that care plans were person centred, new care plans had been reviewed within seven and 28 days and the provider had involved people in the planning of their care and support. We also saw evidence to support that where people's needs required additional support, requests had been submitted to other agencies to review the levels of care being provided. This showed the provider was being responsive to people's individual support needs.

Discussions with the provider assured us people's diversity was respected. The care planning process included a discussion with people around their diversity and the support they needed to live their lives as they chose. This included their preference to gender of care worker.

People and relatives we spoke with could not recall having made a complaint but everybody said they would feel comfortable complaining if necessary and felt that the provider would take their concerns seriously. Comments from people included, "[Staff member name] comes in regularly for a general chat and to see if I'm satisfied with the care. If I have any minor problem it's corrected immediately." "I am very happy but if there was anything I was unhappy about I would speak with my carer directly." The PIR stated there was a robust system in place that ensured the provider's complaint policy was adhered to. People we spoke with had confirmed they had a copy of the complaints procedure and knew how to raise a complaint if they needed to. We looked at the provider's records and noted there had been no complaints raised since the last inspection but there was a process in place for complaints to be dealt with and monitored for trends.

At the time of this inspection the provider was not supporting people with end of life care, therefore no end of life wishes were recorded in people's care plans. The provider said they would ask people what their end of life wishes were when they next reviewed their care plans.

## Is the service well-led?

### Our findings

At the last inspection in January 2017 we rated the provider as 'requires improvement' under the key question of 'Is the service well led?' This was because the quality monitoring systems that were in place had not identified where improvements were needed and the provider had not met all the requirements of the law. In response to that inspection, the provider submitted an action plan that detailed how they were going to improve the service. At this inspection we found there had been an improvement to the service, but there remained room for further development.

The provider had developed and improved their monitoring systems since the last inspection. However we found that these processes had not been completed in a consistent way. We noted that some records needed updating, for example environmental risk assessments in people's care files (that assessed any hazards present in people's homes) were not dated and in one we found some information that was incorrect. The provider said they would review these for accuracy. In addition medication risk assessments, whilst seen to be accurate based on recent local authority assessments were not reviewed at the time specified by the provider. For example, one risk assessment referred to a family member supporting a person with their medication but the family member had passed away. This meant that although the staff members supporting the person were aware of the change in circumstances; the risk assessment required updating to be reflective of the person's needs. We found that on people's care files there was some information about specific conditions. However, this information could be enhanced to include, for example, symptoms when a person with diabetes had low blood sugars. The staff we spoke with all told us what they would do and how they would identify if a person was becoming ill but clear guidance in care plans would support staff in a consistent way. The provider had signed up to receive updates, good practice guidance and newsletters from agencies and likeminded providers. However, their knowledge of DoLS, although slightly improved, required further improvement to ensure the provider understood their legal obligation to ensure people's rights remained protected.

At the last inspection, the provider processes to ensure staff safety was maintained when working alone, required improvement. The provider told us since the last inspection they had implemented a system where staff sent a text to them to confirm they had left a call and were safe, in accordance with risks assessments on lone working. Staff we spoke with confirmed this process was not in place and that they found it effective.

The provider and staff spoken with were proud of the service they had developed and enjoyed working in the service. One staff member told us, "I am so happy working here, I love it." The provider had a clear vision for the service and was committed to continuing to provide this service and shared with us their intention to grow and develop the service. They told us, "We want to get everything right before we get any bigger."

The staff spoken with felt part of a supportive team and told us the provider was approachable and listened to them. People knew who the provider was and felt the service was well led. One person told us, "On the whole I am very satisfied with them [provider]." Comments from relatives spoken with included, "Definitely well managed service, it starts at the top." "I do think the service is very well run." "It is a very good care

service." "I think it is very well managed and I am more than happy with the service they provide for us."

The provider understood the responsibilities of their registration with us. However on checking the provider's incidents and events, we noted there had been a safeguarding raised by a professional concerning a person that received a service from the provider. We noted all appropriate actions had been taken, with the exception of notifying the CQC. We discussed with the provider the reason why they had not informed us. They explained they had not realised it was a requirement because the allegation did not involve a member of their staff. The provider gave us their reassurance that any future incidents that involved the raising of a safeguarding would be notified to CQC in the future.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and, if appropriate, on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw that the provider had displayed the ratings from their last CQC inspection on their website as required; this meaning anyone visiting the website would be aware of this information and able to consider this when making any decision about using Excellence Healthcare. We saw there was information about the rating in the provider's office as well, although contact with people that used the service was usually through home visits, rather than attending the office.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during the inspection. People, relatives and staff spoken with confirmed they had found the provider to be open and honest with them.

The provider had conducted regular surveys with people using the service and their relatives. Comments made by people included, 'I am more than happy with the service, I do not know what I would do without you [the provider].' 'Excellence is true to the name, the staff are courteous, professional, good communication.' Healthcare professionals had also been asked for their views of the provider's service. One professional has stated staff were 'very professional and quick to highlight any issues.' We saw where issues had been identified in the surveys; appropriate action had been taken by the provider to resolve them.

The staff we spoke with confirmed staff meetings took place regularly. We saw the provider had kept a record of staff meetings and minutes were available to staff. Staff we spoke with all told us they felt supported by the management team and would have no reservations raising concerns with the registered manager. One staff member said, "[The provider's name], I like everything about them and always there to listen to you, they are calm and helps you when you need it, they go out of their way for you." We saw the provider had a whistleblowing policy in place to support staff. However, the provider may want to consider adding contact information to the policy for relevant agencies that could also provide support to concerned staff. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

We could see from people's care records there was an effective working partnership between the provider and other agencies. For example, information was shared between agencies as and when necessary to ensure people continued to receive their individualised support.

The provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.



