Excellent Healthcare Services Ltd

Excellent Health Care

Inspection report

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13 June 2019

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

About the service
Excellent Health Care is a domiciliary care agency providing personal care in people's own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the agency was providing a service to 17 younger and older adults some of whom were living with dementia and some who had a disability.

People's experience of using this service and what we found
We found that the not all staff recruitment was undertaken in a robust manner because gaps in staff former employment was not thoroughly vetted by the provider. However, all other recruitment checks were undertaken. The provider had recruited enough suitable and trained staff to meet people's care needs.

People and their relatives spoke very positively about the care they received. They told us that carers always arrived on time. Their comments included, staff were very "friendly" and "caring". People had person centred care plans that specified how they wanted their care provided. Care plans were reviewed on a regular basis to ensure they were still relevant to the person.

People using the service and their relatives felt safe. The registered manager assessed people prior to offering a placement and put in measures to address any risks to the person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update
The last rating for this service was requires improvement. (The report as published on 7 June 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At the previous inspection there were two breaches of the regulations. Firstly, because provider was not administering medicines in a safe manner at this inspection this had been addressed. Secondly because the provider did not have adequate systems in place to effectively monitor the quality of the service provided. There were now measures in place to assure a good quality service.

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Excellent Health Care on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Excellent Health Care

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector carried out this inspection.

Service and service type
Excellent Health Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 May and ended on 13 June 2019. We visited the office location on 30 May and made telephone calls to people and their relatives on 13 June 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We attempted to speak with 17 people who used the service or their relatives. We were successful at speaking with three people and three relatives about their experience of the care provided. We met the nominated individual during our site visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with both registered managers, the recruitment and training co-ordinator, the human relations officer and the office administrator.

We reviewed a range of records. This included three people's care records and associated records such as daily notes. We looked at three people's medicines records. We viewed three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
Following the inspection, we telephoned and spoke with four care workers.
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● The provider did not ensure the safe recruitment of staff was carried out in a robust manner. This was because we found that two people's applications were not thoroughly vetted when there were significant gaps in their employment history.

●One care staff had a gap in their employment history for about six months that was unexplained. Another care staff had an unexplained gap in their employment history for two years. There was an employment reference covering the period prior to that and a "friend" reference that covered the period up until they commenced working for the provider in 2018. However, there was no clear indication that the gap in employment had been explored at interview and a record made or a risk assessment had been carried out before employing the person This meant the provider could not fully provide the assurance that all staff were suitable to work with people using the service.

We recommend the provider seek and implement national guidance on safe recruitment practices.

●The provider did however, undertake checks of identity, criminal record checks and proof of address. Prospective staff attended an interview and the provider asked relevant questions to assess their aptitude for the caring role.

●The registered manager told us they did not accept new referrals if they did not have enough trained staff to adequately cover the care calls. All people and relatives told us care staff were punctual and did not miss care calls. Their comments included, "Yes always on time, no missed calls," and "99% of the time absolutely on time and otherwise only a couple of minutes late."

●The provider demonstrated that they used an electronic system and application [APP] to rota and to check care calls and monitored to ensure standards of care staff attendance remained good. Care staff described measures the provider took to ensure that their care calls were undertaken in a timely and appropriate manner. Their comments included, "I log in and I log out, if I forget they call and check I have been…and they message me using the APP, it's good to keep in contact," and "They come unannounced from time to time and check how I am doing my work."

Using medicines safely

●At the last inspection we found a breach of Regulation 12 Safe care and treatment. This was because the

provider was not ensuring the proper and safe management of medicines. At this inspection we found this shortfall had been addressed.

●People received their medicines in a safe manner. Information about people's medicines was clearly recorded, along with details about any risks associated with these. The care staff had received training in administering medicines and we saw completed medicines administration records (MARs) appropriately.

●Medicine records clearly stated when medicines were administered by a family member or the district nurses. The care co-ordinator spoke with the person and their relatives to ensure any changes of medicines were recorded appropriately and they checked MARs regularly and audited these monthly. They told us how they would when necessary address any concerns with the individual staff member.

Systems and processes to safeguard people from the risk of abuse

●The provider had systems in place to keep people safe from abuse. Care staff had received safeguarding adult training and were able to describe to us how they would report possible concerns to the registered manager. One care staff said, "Anything like shouting, yes report, first thing ring the supervisor." People and relatives told us they felt safe with the care staff. One person said, "Yes, definitely safe and helpful."

●The registered manager described how they monitored daily notes, accidents and incidents, medicine administration records and spoke with staff to ensure they identified any possible safeguarding concerns. They gave examples that they considered the following information, "Malnutrition, and if there was a mark if not there before, financial abuse if money has gone, if they are emotional it could be abuse. People keep it quiet will not tell people. I always tell carers please report. It is the clients that matter the most."

Assessing risk, safety monitoring and management

● The registered manager and office staff assessed people to identify risks to their well-being and put in place measures to prevent harm. People's records contained assessments that considered for example, risks associated with the environment, medicines, moving and handling, falls and mobility.

●Risks to people were reviewed on a regular basis and in response to changing circumstances. For instance, when one person had returned from a hospital admission their mobility and their moving and handling was reviewed. Consequently, care staff were provided with an updated guidance that specified equipment to use and if required a bed rails risk assessment was undertaken to ensure the person's safety when in bed.

Preventing and controlling infection

● Staff received infection control and food hygiene training during their induction. The provider monitored through unannounced spot checks to ensure staff used personal protective equipment [PPE] appropriately. Relatives and people confirmed care staff used PPE. One person told us, "Whatever, [care staff] does they change gloves, changes them after washing, so always uses a new pair of gloves for food."

Learning lessons when things go wrong

●The registered manager told us that they learnt from their mistakes and near misses and shared their learning with the office team and care staff. They gave an example about being told a person had a pressure ulcer by the district nurse. They accepted this information and provided appropriate care. However, they did not ask what grade the pressure ulcer was. (Pressure ulcers can be graded 1 - 4 with 4 being an extremely serious and a high risk to the individual). They realised this meant that they might overlook reporting a grade 3 or 4 pressure ulcer to the local authority as a possible safeguarding concern. They had improved their liaison with the district nurses and asked for the grade of a pressure ulcer to be assessed, where necessary.

They had also introduced body maps to record new marks or developing marks for care staff reference and to establish what action should be taken.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● We saw that people's needs were assessed prior to a service being offered. The registered manager told us they read through the support plan provided by the local authority. They met with the person and their relatives to discuss their care needs and to establish how they wanted care provided. One relative told us, "Yes, there was an assessment, they came and had a chat. The supervisor came to check a few months later that things were being done. Everything is done, and we are happy."

Staff support: induction, training, skills and experience

● Care staff told us that they received adequate training to equip them to undertake their role. Their comments included, "We have done all the training," and "Yes, I have all training and have the care certificates." Staff completed online training that included, safeguarding adults, Mental Capacity Act 2005, equality and diversity, duty of care, medicines administration and dementia. Most training was e-learning and some face to face training was provided that included basic life support and practical moving and handling.

●Staff received an induction and told us they had shadowed more experienced staff for at least two days. The registered manager explained that they ensured new staff were matched to people and would shadow the experienced staff who were working with those people. This meant they could see what was required and could get to know the person and their family.

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

●Most people's care plans we reviewed were informative and stated what was required. One person's eating care plan contained some information that was not very clear. This was because although it stated the person was not fed by the care workers because they used a Percutaneous Endoscopic Gastrostomy (PEG). A PEG tube is a tube surgically placed in the stomach of a person to help with feeding in cases when they cannot eat or swallow food safely. The plan also contained a reference for a care worker to support the person in preparation of their toast and porridge. However, this was an exception and all other care plan information regarding people's needs in relation to eating and drinking was very clear.

●Peoples' care plans contained information about the support they required to prepare meals and their dietary requirements. For example, favourite foods were specified and foods to be avoided were named. The type of meal or snack was described with portion sizes and plans stated if adapted cutlery was required.

Where the person liked to eat their meal was also specified.

● Care plans contained prompts for staff to ensure people had enough to drink. Stating for instance, "Please leave a glass of water," and "Make tea and give a sandwich." People and relatives confirmed care workers ensured they had adequate drinks. Their comments included, "They encourage [Person] to eat and drink more water," and "They leave me a drink …a flask of hot water so I can make a hot drink." The registered manager told us when the weather was hot they send a reminder to care staff via the APP to encourage people to drink more water and ensure water is left within their reach.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
●Relatives told us care workers had on several occasions recognised when a family member was unwell and contacted the emergency services in a prompt and professional manner. One care worker told us how they had visited a person and found they were unusually drowsy. They had called 111 for advice and the person was referred for medical attention to treat a condition. The care worker had recognised the signs that the person was not presenting as they usually did and had taken appropriate action to address the concern.

●We saw evidence in care records that the registered manager had liaised with health professionals on people's behalf. Care plans contained a list of relevant professionals contact details that included for example, the person's social worker, physiotherapist or continence service. The care workers worked in partnership with the district nursing service. For example, for one person the district nurses managed the PEG feeding and the care workers managed other health needs such as the person's oral care.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

●The registered manager worked in line with the MCA and had obtained people's consent before providing care and treatment. The provider checked when people did not have capacity to make decisions that their relatives making decisions on their behalf had a Lasting Power of Attorney (LPA). A LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. We saw that the provider was in the process of sending out a letter to all relatives to inform them should they state they have LPA this would need to be verified.

● Care workers told us how they offered people choice and demonstrated they were aware of people's right to refuse care. One care staff told us, "If a person refuses I really can't force the issue, I just let it go but I would ring my supervisor and tell them."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People and relatives spoke very positively about the care and support they received from care staff. One person told us, "Very good, they are my friend and are respectful." One relative told us how the care staff visits were looked forward to, they said, "They are friendly, and they cheer [Person] up." Another relative described that care workers treated their family member as if they were their own mother.

● The provider explained that they try and match care workers with individuals and where possible keep the same care workers and support them to offer a continuity of service. Care workers told us how they built a working relationship with people. One care worker said, "I encourage them and create a nice rapport with them." People's and relatives' comments evidenced that this approach worked well. One relative said for example, "Yes they are very caring, they love my [family members] very much…they have really been so nice."

●The registered manager explained, that some of the local authority bidding processes for agencies to provide care calls stated when there was a specific gender of staff or language requirement. They therefore bid for calls where they had staff who could meet those requirements. For example, several people had language and religious requirements and they had successfully matched people and staff. One relative told us, "Some carers speak fluent [shared language] and it makes such a difference."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

●Care plans contained information about how people communicated their preferences. Information included, what language they spoke and understood, whether their hearing was good or if they used a hearing aid, and if they used glasses or equipment. This information supported care workers to communicate more effectively with people.

●People's care plans stated care staff should respect people's privacy and the person's preferred routines contained reminders for staff. For example, "Knock on the door and call out loudly so [person] could hear you," before entering. People and relatives confirmed staff treated them with dignity and respected their privacy. Care plans stated for staff to give people choices. For example, to ask the person to choose which outfit they would like to wear for the day.

●Care workers described how they worked with people to promote their independence and self- esteem. They gave examples of offering choices to people. These included, choices about food, clothes and their personal care preferences. One carer worker described, "I encourage them to do it on their own if they are able to. I give them a choice and offer help dependent on their capabilities."

Good

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

● The provider reviewed people's care plans on a regular basis to ensure they still met people's support needs. The registered manager reviewed people's care plans four weeks after the service commenced, then after three months and again yearly. If there had been a change of circumstances the provider was proactive in arranging a review with the placing authorities.

●People and relatives confirmed care was provided as they wanted it to be given. People's care plans were person centred and they detailed how people wanted their care to be provided and their preferences. There was a very good, "care plan synopsis" that gave care staff a quick reference of the person's preferred routine.

Meeting people's communication needs

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

●The registered manager had provided people and their relatives with clearly written information. This included relevant information such as how to complain and how to raise a safeguarding concern. There were also contact numbers of local authorities and health services for people's use. The registered managers also visited all people on a regular basis. They gave information and answered any questions and provided further information to assist people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

●Care plans stated what people liked to do and described where people required support to maintain their spiritual, religious and cultural practices. For example, one person enjoyed reading a holy book and their care plan reminded care staff to prompt them that they liked saying their prayers. Other people were supported to enjoy activities within their home. Care plans noted who visited the person and family members that where important in their life.

Improving care quality in response to complaints or concerns

●The provider gave people and relatives clear information informing them how to make a complaint. When the registered manager and office staff visited they ensured people understood how to do this. They had this year updated their complaint policy and procedure to include the details of another local authority where they had recently commenced a contract. The registered manager had an oversight of complaints to recognise trends in the service. There were two complaints recorded this year and the provider had acknowledged, investigated and apologised for each concern in line with their complaints' procedure.

●People and relatives told us that they knew how to complain and felt the matter would be dealt with efficiently and in an open and transparent manner. One relative told us, "Yes absolutely comfortable complaining." They described how their complaint was dealt with to their satisfaction by the provider. They said. "It was dealt with immediately…they are very approachable."

End of life care and support

● The registered manager described that currently they were not offering end of life care. However, they had supported people with end of life care needs in the recent past. They described that induction training covers end of life care planning and in the event of death what actions staff should take with respect to each person.

●The registered manager told us they had worked with a local hospice by asking them to review the provider's end of life procedures. This was to develop their understanding of end of life care practices. They worked in partnership with community health professionals when people were at the end of their life to offer a responsive service.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

●At the previous inspection we found a breach of Regulation 17 in relation to good governance. This was because the registered person had not established and did not operate systems and processes effectively to assess, monitor and improve the quality of the services provided. At this inspection we found there was one shortfall regarding checking gaps in people's employment robustly. Notwithstanding, this we found that previous concerns had been addressed and systems were thorough and effective.

●Unannounced spot checks took place to check staff were working to the providers expectations. We saw that during spot checks people were asked if they felt safe with staff and if there were any concerns. For example, we noted that daily notes had not been completed to an acceptable standard by some care workers. This was because they were repetitive and did not contain enough detail. This had been identified as a concern through quality checks and addressed. We noted that more recent notes had improved. There was an action plan that identified service deficiencies and measures were put in place to meet these short falls.

●There were well defined roles within the office team. One registered manager focussed on the day to day management of the business and the second registered manager undertook staff supervision and a care management role. They told us they had found both the established registered manager and director "Brilliant" and "Supportive."

●One registered manager explained that the director had, "come on board to be branch manager and to manage contracts and expansion." They had also recruited a human relations officer and a recruitment and training officer. The office team undertook checks of daily notes, MARs, monitored staff attendance and undertook quality assurance checks of peoples' care records. Care workers not logging in as expected had been addressed and support for staff who did not have 'smart' mobiles phones had been provided to address this concern.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Relatives told us how both the director and the registered managers acted in an open and transparent way whenever there had been a concern. For example, one relative described, "They responded well to a past complaint, came from the office to have a chat, it was addressed quickly and efficiently."

●The registered manager told us they tried to get to know people and families, so they could develop a positive working relationship with them. They said, "Once we start, we try to get to know them as much as we can, we call them back also, just to know if there is anything we can improve. We try and develop communication with the family." The registered manager and a member of the office team met with all people on a regular basis visiting them in their homes We saw that there were also recorded telephone calls to people to check care was being provided in an appropriate manner.

● The provider demonstrated a commitment to working in an open and transparent manner. Prior to the inspection the registered manager had kept CQC informed of any notifiable incidents. These are incidents that the provider is legally obliged to tell us. When we asked for further information this was readily provided.

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

● Staff spoke favourably about the registered managers and the office staff. For example, one care worker said, "Yes, the manager helps a lot and there is a wonderful support team." The provider promoted equality and asked staff to complete an equal- opportunities form to monitor they were meeting protected characteristics. The registered manager described the care team as "diverse" and said this was a positive factor in meeting people's diverse support needs.

●The provider recognised when staff had gone above and beyond what was expected and rewarded this with "The employee of the month" scheme. Staff were invited to a team meeting every two months. Relevant topics were discussed, and the provider listened and responded to staff views. There were also daily interactions via the phone APP to share information and to check staff well-being. The registered manager gave examples that they prompted staff to drink enough water in hot weather and to dress warmly in cold weather.

●People and relatives' feedback were very positive about the provider, their comments included, "They are excellent," and "The service is very good. I'm very pleased and happy. There have been no problems." Relatives told us they greatly appreciated the provider's "flexible" approach. They felt this demonstrated they understood that there were sometimes conflicting demands in both relatives and peoples' lives. They said for example, "I ring the office if I need to change a call time and they do this if they can."

Continuous learning and improving care

●Office staff attended training to support them to manage their individual roles. One of registered manager told us that they had attended all the training, approximately 22 topics, that the care workers attended to ensure they knew what care workers must know. They were also undertaking their level 5 in Health and Social Care. This is a recognised and relevant care management qualification. They told us they were doing this to learn practical theories and to keep up to date with best practice in care.

Working in partnership with others

●The provider worked in partnership with health and social care professionals to promote people's well-being. They were working across several local authorities and had met with representatives from the authorities to ensure they were meeting the needs of the people living in those communities.