

Excellent Care Ltd

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## Inspection report

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## 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?

Good ●

# Summary of findings

## Overall summary

Excellent Care is a domiciliary care agency providing personal care and support to people in their own homes, within the Caterham area. They also provide support to people with domestic tasks such as housework. At the time of our inspection the service was providing care and support to one person.

Excellent Care also run an employment agency where they provide staff to care homes. This is not regulated by CQC and was therefore not inspected.

The inspection took place on the 24 February 2017 and was announced.

The service had a registered manager who was in day to day charge of the service. 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. The staff we spoke with were able to demonstrate what they would do should they have any concern that abuse was taking place.

People had risk management plans in place. The person we spoke with were aware of the need for risk assessing and were happy with what was in place to support them. Staff were aware of risks associated with people and the guidance to minimise these.

There were enough staff deployed to meet the needs of the person. People told us staff always stay for the full length of the call.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

People were supported to receive their medicines when they needed them. We were told by the majority of people we spoke to they did not have any issues with medicines and that they received them when necessary.

Staff were well supported by the registered manager, and had regular one to one supervisions, and spot checks. The staff we spoke with were confident that the support they received enabled them to do their jobs effectively.

People's direct consent was gained before any care was provided and the requirements of the Mental

Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported them with this. If required, staff supported people to access health appointments. We saw that people had information about their likes and dislikes with food and drinks, and dietary requirements recorded within their files.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place, however no complaints had been received in the past year.

Feedback was sought by the management via surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon.

Quality monitoring systems were in place and when audits were being conducted there was evidence that actions were taken to address issues drive future improvement.

## 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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

The registered manager had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People were supported to receive their medicines when they needed them.

People were supported by enough staff to meet their needs. Staff were recruited safely.

### Is the service effective?

Good ●

The service was effective.

People's rights were protected in relation to making decisions about their care and treatment. Staff had an understanding of the Mental Capacity Act 2005 and acted accordingly.

Staff had the skills and knowledge to meet people's needs. Staff received regular training and supervision to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their home.

People had good access to health care professionals for routine check-ups, or if they felt unwell.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received

People's privacy and dignity were respected and their independence was promoted.

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

**Good** ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make complaints and that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

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

**Good** ●

The service was well led.

There was open communication within the staff team and staff felt comfortable discussing any concerns with their line manager.

People felt supported by the management team. People said that managers were approachable and helpful.

The management team carried out regular audits to monitor the quality of the service and make improvements.

# Excellent Care Ltd

## **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.

This inspection took place on 24 February 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. 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. We use the PIR to inform our judgment process.

We spoke with one person who used the service, three staff members, care coordinator and the registered manager. We reviewed one persons care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service, including quality audits and medicine administration records.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service. One person said "They always leave me with everything I need."

The person benefited from a safe service where staff understood their safeguarding responsibilities. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. One staff member told us "I'd have no hesitation raising the alarm, if I thought something was wrong."

Staff described the sequence of actions they would follow if they suspected abuse was taking place. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. During our inspection the care coordinator described an occasion where a person may have been at risk of harm, they explained how they had referred these concerns to the appropriate authority.

Risks to the person's safety had been assessed and plans were in place to minimise these risks. They had risk assessments in place that reflected their current need. We saw that these assessments were detailed and covered many areas of risk within a person's life such as environmental safety, continence and eating and drinking. The assessments we saw outlined what the various risks were, and gave actions for staff to respond to in certain situations.

Staff were aware of potential risk to people; one staff told us that "They would report to the office" if they felt any person was at risk. They told us that the care coordinator would then reassess the person's needs and notify staff of any changes. One staff member said "I always make sure the people I look after have their emergency pendant before I leave."

Incidents and accidents were reported appropriately and in a timely manner. The staff described to us the action they took to respond to each incident. The registered manager showed us examples of outcomes of investigations; this included an incident where a person had not been supported to take one of their medicines. The registered manager told us that external advice was called for, and no harm came to the person. The registered manager said "I have introduced competency assessments for staff."

People were supported by sufficient staff to meet their individual needs. There were enough staff working at the service to cover the shifts required. We discussed the rota with the care coordinator and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. We saw staffing rotas that showed the person had consistency with the staff that visited them. The person told us "They turn up on time, they have got used to me and I have got used to them." The provider had an out of hours emergency number for the person to contact should

they need to.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Recruitment procedures were robust to ensure that only suitable staff were employed. Records showed that staff had completed a full explanation as to their employment history on application forms. Written references from previous employers were robust. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had an interview, provided two references and had a DBS check done before starting work. The registered manager had ensured that only fit and proper staff were employed, they showed us the interview outcome form that stated why they made a decision to recruit new staff. All checks on eligibility to work in the UK had been undertaken appropriately.

The person was supported to receive their medicines in a safe and timely way "The staff support me my pills when I need them." We saw policies and procedures had been drawn up by the registered manager to ensure medicines were managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) and the process they would undertake. A staff member told us "I have had training in medicines." People's medicines were kept within their own homes.

## Is the service effective?

### Our findings

People's wishes and preferences had been followed in respect of their care. They said "The staff always ask what I want." And "Do what I ask them to do."

As this was a domiciliary care agency the Mental Capacity Act 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. The staff we spoke with all had an understanding of the MCA. We saw that staff had completed MCA training.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for a domiciliary care agency are called the Deprivation of Liberty Safeguards (DoLS) and applications are made by the funding authority to the Court of Protection.

Staff gained consent from the person before carrying out any tasks. One staff member said "I always ask the person before doing anything." We saw that consent forms had been signed within people's files that gave consent for support with aspect of care and sharing information.

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People we spoke with told us that they were mostly able to prepare food for themselves, but they had asked staff for assistance and knew that they could ask for support when required. The staff we spoke with confirmed that they mostly encouraged a healthy lifestyle and choices, and would sometimes help people to prepare food. One staff described to us how they supported a person with eating their breakfast.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One person said about their care staff "They know what they are doing."

Staff received an induction and regular training. We spoke with staff about their experiences of training. One staff member told us, "I have been on lots of training, dementia care, end of life care, medicines and moving and handling." Another staff member said "Yes, I received induction, I did my care certificate and other mandatory trainings including medication administration, moving and handling, safeguarding, health and safety etc. I regularly check for expiry dates and update them. We also have a continued follow-up from the agency for the same."

The registered manager said that all staff underwent the provider's training and induction. The induction and training included manual handling, medicines, dementia care, dealing with emergencies and safeguarding. As well as other aspects of care such as dignity, respect and nutrition.

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. The staff we spoke with were happy with the supervision and appraisal process. One staff member said, "I met with my manager regularly." The registered manager showed us the matrix for staff supervisions and appraisals which confirmed all staff had received support regularly.

People's changing needs were monitored to make sure their health needs were responded to promptly. All of the people we spoke with told us that family members usually supported them to health appointments, but the staff could help them if they needed to. The staff we spoke with confirmed that most people had family members to support them attend appointments, but they also helped people at times.

## Is the service caring?

### Our findings

People told us they were happy with the care they received. One person said "They (staff) are caring" and "They do their best for me."

People's likes, dislikes and preferences were recognised and respected. We saw that people had detailed care plans that reflected their personal choices as well as their preferred routines. They contained information about people's personality, and personal history, values and beliefs. A care plan we looked at stated the name the person preferred to be called by. Staff described to us how important this was to the person.

People received care and support from staff who had got to know them well. Staff we spoke to had a thorough insight into the person they were supporting. One staff member described the person likes and dislikes about their personal care and breakfast preferences.

People's care was not rushed enabling staff to spend quality time with them. One person said "They are never late." And "They sit and chat with me, it breaks the monotony of being alone."

People told us that they felt listened to by staff. They told us that the staff would explain things to them in an understandable way and involved them as much as possible in their day to day care.

People were involved in their own care planning. One person told us, "They come out and see me. and talk about my care." We looked at people's records and saw evidence to show people were involved in decision making processes, and that their care was reviewed regularly by the service.

People's privacy and dignity was both valued and respected by staff. One person told us "They do what I ask them to do." One staff member said, "We get training in privacy and dignity." And "it's important when we are going into someone's own home."

There were systems in place to ensure that information about people was treated confidentially. People's files and personal information were kept in a secure location in the office. The staff that we spoke with were aware of the confidentiality policy in place within the service and had a good understanding of keeping people's information confidential wherever possible.

## Is the service responsive?

### Our findings

People we spoke with told us that they knew how to make a complaint and that they had not needed to make a complaint. One person said "I haven't complained, I've no need to."

A complaints procedure was in place. The care coordinator stated that there had been no complaints in the last year. People were aware of the complaints procedure and who to contact should the need arise.

People had a needs assessment before receiving any care from the service. The registered manager told us that the pre assessment process involved them going out to visit any new people who want to receive a service. The assessment contained information about the person's choice of care; what they wanted and when they wanted it. We saw evidence that pre assessments and reviews had taken place within the persons file. The registered manager told us that they would like to develop relationships with external agencies such as GP's to ensure all the information is gathered about a person's health so that the care offered reflects all that is needed.

The person care plan detailed aspects of care they needed support with. Which included personal care, nutrition and medicines.

The service had an out of hours number that people and staff could call if there was an emergency or changes to the agreed level of care. People we spoke to confirmed they were aware of how to contact the office out of hours if needed.

People were encouraged and supported to develop and maintain relationships with people that matter to them. The people we spoke with told us that their friend was kept informed and involved in their care if they wished them to be.

People received personalised care for their needs. One care staff told us that they had concerns about person's medicines; they told us that the registered manager had "Looked into it straight away." And discussed their concerns with the person GP, friend and social worker with their permission.

## Is the service well-led?

### Our findings

The service had a registered manager in day to day charge who was also the provider.

The registered manager regularly worked alongside staff which gave them an insight into issues the staff may face on a day to day basis. The registered manager said "I am always available either in the office or on the phone." The registered manager told us they updated their own training and learning of best practice and had just completed their nursing revalidation (Revalidation is the process that all nurses and midwives in the UK will need to follow to maintain their registration with the NMC(Nursing and Midwifery Council). The care coordinator told us that they were undertaking their level 5 in Health and Social care (The Level 5 Diploma in Leadership for Health and Social Care is a qualification designed to give learners the opportunity to build both managerial and care skills.) and to maintain standards of good practice.

The staff were all positive about the support they received. One staff member said, "He is a good manager." Another staff member said, "The registered manager is very friendly and supportive." All the staff that we spoke with said they felt valued and supported in their roles and they had the opportunity to discuss any issues either directly with management or collectively within a team meeting environment.

We saw that the service had a staff structure that included the provider/ registered manager, care co coordinator, administration staff, and carers. All the staff we spoke with were aware of their responsibilities as well as the visions and values of the service, which were to demonstrate excellence. Office staff told us "There is an open door policy." During our inspection we saw staff come to the office for support and guidance, there was a relaxed atmosphere. Another staff member said "The vision and value of the service is to hold the client at the heart of care. Our efforts are always directed at giving the best possible care to our clients by way of staff and client engagement and by way of continuous learning, innovation and improvement."

Staff felt supported also through regular staff meetings. The registered manager told us issues discussed at these meetings helped improve the service; for example staff to read policies and procedures. Staff told us "I attend the staff meeting; we are good at team work."

Feedback was gathered from the people that used the service. We saw that questionnaires had taken place where people were asked to comment on the quality of the care they received. The information was recorded and evaluated to identify any areas for concern and or improvement. Comments on the forms included "Staff are very kind to me, I have warmed to them." We saw the outcomes analysis of the annual satisfaction survey, which showed everyone receiving care was happy with the service provided.

The registered manager had systems in place to monitor the quality and effectiveness of the service. The auditing process provided opportunities to measure the performance of the service. The registered manager undertook internal audits which measured the effectiveness of the service against a number of regulatory frameworks. The registered manager had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. The service also involved a 'spot check' quality

checking which was undertaken by the care coordinator and team leaders.

The registered manager had notified CQC about significant events and ensured all confidential records were stored securely.