

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

About the service

Excellent Care Limited is a domiciliary care service providing personal care to 3 people aged 65 and over at the time of the inspection.

People's experience of using this service and what we found

People received kind, compassionate care from well trained staff. Relatives told us staff had established positive relationships with their family members quickly and sensitively.

People were supported to stay safe from avoidable harm and risks. People were supported safely with their medicines.

People and their relatives were fully involved in assessing their needs and planning their care. Relatives told us the service was very flexible and responded promptly to any requests for change and feedback. Records showed people received their care as planned.

Staff told us they felt supported in their roles. Relatives told us their family members were supported by regular staff who knew them well. Staff had been recruited in a safe way and had received the training they needed to do their jobs.

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.

People were supported to maintain their relationships and with their social wellbeing. Relatives were confident any complaints would be responded to appropriately. There were systems in place to ensure people received appropriate end of life care if this became necessary.

Relatives and staff told us they felt the organisation was well run and managed. There were systems in place to monitor and improve the quality and safety of the service.

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 Good (published 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

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 Care Ltd

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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager 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

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 20 August 2019 and ended on 28 August 2019. We visited the office location on 20 August 2019.

What we did before the inspection

Before the inspection we reviewed the information we already held about the service in terms of notifications they had submitted to us. Notifications are information about events which providers are required by law to inform us about. We sought feedback from the local authority where the service is based.

The provider did not complete the Provider Information Return because they were not delivering any

regulated activities when this was requested. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

During the inspection we reviewed care files of two people who were receiving personal care, including care plans, risk assessments and records of care. We reviewed staff files including recruitment, training and supervision records. We also reviewed various meeting minutes, documents and policies relevant to the management of the service. We both with a manager and the registered manager.

After we had visited the office we spoke with relatives of two people who received a service. We also spoke with three care workers.

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 Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm because staff knew how to identify and respond to allegations of abuse.
- Relatives told us they were confident staff would take appropriate action to keep their relative safe. One relative said, "They [care workers] would absolutely keep [my relative] safe in emergencies. They are very diligent." The relative explained how staff had responded quickly and effectively to keep their family member safe when there had been an incident.
- There had not been any allegations of abuse made, but staff knew how to report concerns if they happened. Staff told us how they would escalate concerns if they were not happy with the response.

Assessing risk, safety monitoring and management

- Risks faced by people during care were identified as part of their needs assessments with plans in place to mitigate risks.
- Relatives told us they were confident care workers knew how to support people in a safe way, using their equipment and aids as directed by healthcare professionals.
- Information about how to mitigate risks was available to staff and records showed they followed risk assessments in relation to swallowing, mobility and pressure area care.

Staffing and recruitment

- Staff were recruited in a way that ensured they were suitable to work in a care setting.
- Relatives told us they were happy with the consistency of the staff team working with their family members. One relative said, "There's maybe three or four who come, two main ones and an extra. There's always one that [my relative] knows well. [My relative] knows them by name now and they have built up a rapport."
- Another relative said this was also their experience. They said, "There's about five care workers they have seen in total, but a main team of three. [My relative] gives a big smile when he recognises them."

Using medicines safely

- People were supported to take medicines in a safe way by trained staff.
- There was detailed information about people's medicines within their files available to staff.
- Staff maintained clear records which showed people were supported to take their medicines.
- There were systems in place for the management team to check that people had been supported to take their medicines as prescribed.

Preventing and controlling infection

- Systems were in place to ensure the risks of infection were controlled.
- Staff had personal protective equipment available to them and understood good infection control practice when providing care.

Learning lessons when things go wrong

- Records showed the provider had responded appropriately to minor incidents that had occurred and had systems in place to ensure lessons were learned.
- When staff had seen incidents or issues of concern they had recorded these clearly and shared their concerns appropriately with their managers and people's relatives. Where necessary changes had been made to people's care arrangements to ensure incidents did not recur.

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 Good. 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

- People's needs were assessed through a comprehensive needs assessment which focussed on the desired outcomes of care.
- Relatives told us they and their family members were fully involved in the assessment process. Both the relatives we spoke with emphasised how accommodating and flexible the provider had been during the assessment process as circumstances had changed rapidly.
- The desired outcome of care was clearly captured within the care plan and people's preferences were clearly recorded. There were clear directions for staff to follow to ensure that people's choices and preferences were being respected

Staff support: induction, training, skills and experience

- Staff had received the training they needed to perform their roles.
- Records showed staff had received training in areas relevant to their roles, including specialist areas where this was needed. For example, staff had received dementia and medicines training.
- Staff told us they felt supported by the management team and that they could ask for help and support.
- Relatives told us they were confident staff were competent to perform their roles. One relative said, "They [care workers] are skilled and knowledgeable"
- The registered manager had a schedule in place for staff supervisions. As they had been providing regulated activities for less than a month staff had not yet had formal supervision meetings.

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

- People were supported to eat and drink in line with their needs and preferences.
- Where staff supported people with meal preparation and eating this was clearly captured in their care plans. People's families were closely involved in helping to prepare meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with referral agencies, and people's previous care providers to ensure people received consistent and timely care.
- Relatives told us the provider had worked flexibly with the services that had been supporting their relatives to ensure a smooth transition and had made changes quickly when the previous providers had changed their position on matters.
- We saw communication between the service and people's relatives was clear and timely. Relatives told us

they were confident the care workers would raise any concerns about their family member's health so they could facilitate access to healthcare services. Relatives were also confident that staff would act appropriately in a health-related emergency to ensure people got the support they needed.

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.

We checked whether the service was working within the principles of the MCA

- People's capacity to consent to their care was considered as part of the assessment process. Where people lacked capacity to consent to their care, relatives were consulted as part of the best interests decision making process around putting in the package of care.
- Records showed staff offered and respected choices in areas where people had capacity to make decisions.
- Staff described how they respected people's choices and decisions. One care worker said, "We always follow what they ask us to do."

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 Good. 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 were treated with respect by kind and compassionate staff.
- Relatives told us care workers were kind and thoughtful when supporting their family members.
- One relative explained how staff used touch and gesture to engage with their family member in a way that offered them comfort and reassurance.
- Care plans included outcomes related to social and emotional wellbeing. Staff were encouraged to talk to people about their lives and interests. Records showed they were doing this, and captured details of people's individual life experiences and memories.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans reflected their individual views and preferences.
- Records of care showed staff respected people's choices and encouraged people to make their own decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a respectful manner that promoted their dignity and independence.
- Staff described the steps they took to ensure people felt their dignity was upheld. Care plans included details of what tasks people could do for themselves so their independence was maintained.
- Relatives told us they had found the support of care workers had improved the skills and wellbeing of their family members. They said, "[My relative] is really bouncing back to being her old self. They are very good natured and genuinely very kind."

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 Good. At this inspection the rating has remained 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

- Care plans were personalised and records showed people received care that met their needs and preferences.
- Staff spoke about how they offered people choices and ensured they supported them how they wanted. They told us the provider gave them a good level of information before they started to work with people which ensured they knew how to support them.
- Records showed staff supported people to have their needs met. This included their social and emotional needs. We saw staff had recorded when they had supported people with different activities in their homes to improve their sense of wellbeing.
- Relatives told us they were confident their family members needs were met. They told us they were able to make changes to planned care and the provider responded quickly to their requests.

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.

- Relatives described how staff communicated well with their relatives, in a meaningful way that supported their wellbeing.
- Relatives confirmed that people's care files were fully accessible to their family members.
- We saw information about complaints, and the way the service works was provided to all people and relatives as a copy of the statement of purpose. This was written in plain English and was available in alternative formats on request.

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

- Supporting people to maintain their emotional and social wellbeing was included as an outcome for both of the people whose care files we looked at.
- Both people were very close to their families, and their continuing involvement and support was clear both in the care plans and records of care.
- Relatives told us that the involvement of care workers had helped restore their relationships as families, rather than carers and this had been beneficial to them. One relative said, "It's really nice for [my relative] to have someone that isn't me. They're all singing nursery rhymes this morning. It was lovely as it really bought [my relative] out of them self in a way that I just wouldn't do. I get to come back to having our family

relationship. It's nice for [my relative] to have different faces and it is restoring our relationship."

Improving care quality in response to complaints or concerns

- The provider had a clear system in place to respond to complaints and concerns.
- Relatives told us they were confident that the provider would respond appropriately if they raised any concerns.

End of life care and support

- At the time of the inspection the provider was not supporting anyone at the last stages of their life.
- The provider had a clear framework for supporting people at the end of their lives which reflected current best practice arrangements.

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 as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clear statement of purpose and business plan based on the organisation's values. These focussed on a commitment to user involvement and high quality care.
- A relative told us, "They certainly live up to their name, they are called excellent care, and it really is."
- Staff of all grades, including the management team spoke positively about providing person centre care and their drive to deliver a high quality service. A relative commented that they felt it helped that all the staff working in the office had a background in care, and also worked as care workers.

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

- The registered manager was able to explain what notifications were required to be made to CQC. Notifications are information about events which providers are required to tell us about by law. There had not been any notifiable incidents.
- Relatives told us they felt the office staff worked in a clear and transparent way.
- When incidents had occurred the provider had communicated clearly with relatives to make sure they knew what was happening.

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

- The organisation was small, with a clear structure in place. The provider all worked as a staffing agency which meant staff had dual roles across both sides of the business.
- Since the last inspection in February 2017 the provider had a period of time when they were not delivering any regulated activities. The people who were receiving care at this inspection in August 2019 had been receiving a service for less than a month. This meant while the systems in place for monitoring the quality and safety of the service were in place, they had not yet been used. The registered manager described how they would audit care files and records of care to ensure people were receiving high quality care.
- Relatives told us they felt assured that the organisation was well run. They told us how staff responded promptly if they contacted them, and they felt the registered manager understood the quality of the service delivered.

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

- At the time of the inspection in August 2019 there were only three people receiving regulated activity. The relatives and staff we spoke with told us they felt the provider engaged with them well.
- User involvement was central to the values and business plan of the service. The registered manager showed us their plans for evaluating and developing the service which included engagement activities such as meetings and surveys with people, relatives and staff.

Continuous learning and improving care; working in partnership with others

- The registered manager stayed up to date with best practice in the field of domiciliary care by being part of local networks and having subscriptions to services that provided advice and guidance.
- As the provider was also an agency providing staff to local care services, the provider had established links with other local care services.
- Records showed the provider worked with other agencies to ensure positive outcomes for people.