

Excel Care Services Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
9 September 2024

Service provided by:
Excel Care PVT Ltd

Service provider number:
SP2021000027

Service no:
CS2021000050

About the service

Excel Care services provide support to people in their own homes and in the community. They were based in Fife and covered Fife and Edinburgh areas at the time of inspection. Staff provided support with personal care and housing support tasks, including overnight support.

About the inspection

This was a short notice announced inspection which took place on 4, 5, 6 and 9 September 2024. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 11 people using the service and seven of their relatives
- spoke with nine staff and management
- observed practice
- reviewed documents
- spoke with external professionals

Key messages

People were happy with the care they received

Managers demonstrated a commitment towards ongoing improvement

Care was provided by small staff teams

Support plans were person centred

As part of this inspection, we assessed the service's self-evaluation of key areas.

We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as 'very good' where there are major strengths which have a positive impact on people's outcomes.

People should expect their health and wellbeing to benefit from their support. People and relatives all told us they were happy with the support being provided. Comments from people included 'it's working well' and 'we are more than happy with them'.

External professionals told us they had confidence in the provider. Feedback included 'the care is delivered with kindness and compassion' and 'could not speak highly enough of the level of care'.

We spent time observing staff in practice. All interactions we observed were warm and demonstrated respectful, person-centred care. Staff took the time to listen to people, provide choices and allow individuals to lead their support visits. We observed some support visits with people who experienced advanced cognitive impairments and were at times reluctant to engage. During these visits staff were skilful in their approach, providing sensitive encouragement in a way people responded well to. It was clear staff knew people and their support needs well.

Staff had ample access to personal protective equipment (PPE) and used this appropriately throughout visits. Staff were observed adhering to infection prevention control measures and washing their hands regularly. As a result, people could be confident the risk of infection was being minimised.

People received support from a consistent and reliable staff team. Comments included staff are 'bang on time' and 'it's more consistent'. People benefited from support provided by small staff teams. This allowed staff and people to get to know each other well. As a result, people felt confident they knew who was visiting them and when.

Relatives told us they had confidence staff would recognise any changes to their relative's health and wellbeing. They had confidence staff would raise any concerns with the management team who would then get in touch with them or other health professionals as required. Relatives were able to give us examples where the service had made prompt referrals or signposted them to other professionals for advice. As a result, people could be reassured the service would act upon any changes to their health and wellbeing.

How good is our leadership?

3 - Adequate

We evaluated this key question as 'adequate'. Where there were some strengths, but these were compromised by weaknesses.

Quality assurance and improvement should be well led. People should expect services to demonstrate a proactive approach towards ongoing improvement. Managers were receptive and demonstrated a commitment towards ongoing improvement throughout the inspection process.

External professionals provided feedback about a 'strong' management team who demonstrated a consistent and responsive approach. Comments included 'they are a pleasure to work with'. Staff told us they were well supported by the management team and senior staff. Comments included '11/10, they treat us like a family' and 'supported in every aspect'.

People and their relatives told us they had confidence in the management team. They felt any changes to care and support needs would be implemented promptly. People could therefore have confidence they would be listened to, and steps would be taken to improve their experiences.

Whilst we recognised stakeholders felt complaints would be well managed in practice, records we sampled were incomplete. We suggested the service improve the recording of complaints and actions taken as a result. This would support management oversight of themes and encourage reflection to reduce the risk of reoccurrence. As a result, we made an area for improvement (**see area for improvement 1**).

The provider had quality assurance systems in place to support oversight of key aspects of the service. We sampled these and found systems were being implemented effectively, allowing managers to identify where actions were required. Systems provided a clear overview of when staff training, staff supervisions and care plan reviews were due. Systems allowed managers to plan care rotas, ensuring staff were working with people they were familiar with. People could be confident these systems supported managers to identify required actions promptly, ensuring they had minimal, if any impact on their care and support.

The service had developed policies and procedures to guide practice in key areas of service delivery. We sampled policies and found some which were generic and not always relevant to the service type or followed in practice. Managers recognised this as an ongoing area for improvement. We suggested the service specifically review their policy and procedure covering people's finances. Without clear guidance for people and staff there is an increased risk of inconsistent and unsafe practice. Guidance is necessary to ensure staff are clear about their role and responsibilities and people are safeguarded from financial harm. We found some examples where staff had not followed best practice guidance around safe management of finances. As a result, we made a requirement (**see requirement 1**).

We sampled records of staff supervision and observations of staff practice. The service had a template in place to support good conversations between staff and management. There was evidence of supportive conversations taking place, highlighting areas for development as well as recognising good practice.

Observations of practice were also being undertaken periodically. We sampled records and found good examples of observations being used to promote best practice. Feedback was given to staff at the time of the observation and signed and agreed by staff. We suggested the frequency of observations could be increased to ensure timely identification of practice areas which may require development. This supports ongoing improvement and reduces the risk of falling standards.

The service is required to submit notifications to regulatory bodies, including the Care Inspectorate. Records demonstrated the service had submitted referrals to the Local Authority however had failed to submit required notifications to the Care Inspectorate. Services are asked to submit notifications to all relevant regulatory bodies within 48 hours of a notifiable event occurring. Due to a significant lack of reporting, we could not be confident the service had always acted appropriately to protect and safeguard people. We were left feeling concerned about managers lack of awareness of their legal responsibilities. As a result, we made a requirement (**see requirement 2**).

The service had an active improvement plan in place. This outlined targets, when they should be achieved, by when and progress made to date. The service improvement plan was task focused and did not demonstrate how it was informed by feedback from people. We asked the service to consider developing their improvement plan to incorporate feedback from people, as well as identifying how they'll know if changes have improved outcomes for people.

Requirements

1. By 11 November 2024 the provider must ensure that they have clear, legible policies and procedures in place which are informed by best practice guidance and relevant legislation. The provider must familiarise themselves with these policies and ensure they are consistently implemented in practice. The provider should pay particular attention to their financial policy and practices.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 9(1)(Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. By 11 November 2024, the provider must ensure they understand their roles and responsibilities in making required notifications to relevant bodies. This must include but is not limited to:

a) ensuring appropriate and timely referrals and notifications are made to relevant agencies and individuals. This must include, but not be limited to, adult protection referrals, health and social care partnership, police, and Care Inspectorate.

b) a clear system to ensure notifications are submitted within timescales, when the registered managed is not present and or during out of hours.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 15(b)(i)(Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. In order to ensure ongoing improvement and development complaints should be recognised and logged. This should be standard practice which is regularly reviewed by management to help them measure outcomes for people.

This is order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as 'good' where there were a number of strengths which clearly outweighed areas for improvement.

We sampled staff recruitment files. We found that staff did not start without the necessary pre employment checks. Where staff had been recruited from overseas the service took some steps to ensure people were being recruited safely. Although all staff had two references in place, these did not always include a reference from their most recent employer. Whilst we recognise the challenges associated with sourcing references for staff from overseas, we asked the service to develop plans to manage risk in these circumstances. As a result we made an area for improvement (**See area for improvement 1**).

We spoke with people, relatives and external professionals who were all of the view staff were knowledgeable and skilled. Comments from people included 'they are on the ball' and 'they know me'. People felt confident staff had the correct skills and knowledge to support them.

Staff completed training that was relevant to their roles. This included training that was specific to understanding the needs of people being supported and cared for. Staff spoke favourably about the induction processes they had completed. Training records were kept which evidenced that training was up-to-date. People experienced care and support from well trained staff who were knowledgeable about their care needs. Staff carried out their duties in a way that demonstrated an understanding of the training they had received. Where learning needs were identified with staff they undertook work to reflect upon their practice. We sampled records which demonstrated staff recognised where practice could be improved. Conversations with staff evidenced their knowledge in supporting and caring for people. Staff spoke positively of their work and told us they were proud to work in the service. This demonstrated a commitment to both the service and the people they were supporting and caring for.

As part of their role staff are required to register with the Scottish Social Services Council (SSSC) within 6 months of taking up employment. We sampled records which demonstrated most staff were appropriately registered. However, there were a small number of staff who were not registered or who had registered after the expected timescale. We asked the management team to ensure staff are informed of their responsibility to register and maintain this registration. We also asked the service improve their oversight of SSSC registrations allowing them to prompt and support staff where necessary. The service began to review SSSC registrations and improve oversight during the inspection. As a result we did not make an area for improvement.

Staff were allocated into teams, generally covering specific geographical areas. Staff were communicating regularly with each other about the support needs of people. Staff were also supported to come together as a whole staff team via technology and in person. During meetings staff were encouraged to work together by sharing information, supporting each other and developing supportive relationships. The majority of staff employed by Excel Care Services had been recruited from overseas and the management team recognised the importance for staff wellbeing of coming together to form these connections. People could be confident staff were encouraged to form positive working relationships in order to support their overall wellbeing.

Areas for improvement

1. To protect people from potential harm, the provider should demonstrate they have followed good practice guidance for safe recruitment at all times.

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good' where strengths clearly outweighed areas for improvement.

We sampled care plans which included person centred, detailed information about individual preferences and care and support needs. It was clear from care plans that they were written by staff who knew people well. Plans included peoples desired outcomes which were clearly personal to them and their circumstance. People could be confident their care plans were personal to them.

Information provided to guide care was clear. Where actions were task focused step by step guidance was in place. Staff told us they felt care plans provided sufficient detail to allow them to support people in a way that suited them. As a result, people could feel confident staff were aware of their preferences and care needs.

The service had developed separate moving and handling plans which provided sufficient detail to staff about individuals' support needs in this area. Care plans associated with skin integrity and specifically the application of creams could be improved. We suggested the service improve recording to ensure staff know where on the body creams should be applied. As a result, we made an area for improvement (**see area for improvement 1**).

Areas for improvement

1. To support people's wellbeing, the provider should ensure support plans contain accurate information on the application of topical preparations including the name of preparation and the exact body part it is to be applied to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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