

Excel Care (UK) Limited

# Excel Care (UK) Ltd

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

We undertook this inspection of Excel Care (UK) Limited on 1 November 2016. The inspection was unannounced which meant the provider did not know we were coming.

Excel Care (UK) Limited is a domiciliary care agency which works from an office in Moston. It is a ground floor office and accessible to the public. On our visit the agency office was closed. We rang the office telephone number and this was answered by the provider who came to open the office.

The provider of this service was also the registered manager. 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.

The previous inspection took place in May 2016 where six breaches of the Health and Social Care Act 2008 were identified. The provider was placed into special measures by CQC. We took enforcement action and issued a Notice of Proposal (NoP) to cancel the provider's registration. The provider made representations to the Commission (CQC) in respect of the NoP. This inspection was carried out to check on the improvement actions identified in the provider's representations.

This inspection found that there was not enough improvement to take the provider out of special measures. CQC is now considering the appropriate regulatory response to resolve the problems we found.

People felt safe supported by Excel Care. Staff knew people's needs and there were enough staff to support them effectively.

Medicines were administered by staff. However they had not received appropriate training and did not record the medicines administered. The provider manager said staff only prompted people with their medicines; however this was not the case. This had been highlighted in our last inspection report.

A new recruitment procedure had been written which should help to ensure all the relevant pre-employment checks were made. No new staff had been recruited since our last inspection and we will check how the procedure has been used at our next inspection.

The provider manager clearly explained how they would investigate any safeguarding concern or complaint. However the safeguarding management system and complaints procedure the provider manager said were in place in their representations to CQC's NoP were still being written.

Staff sought consent from people before providing care or support. People thought not to have capacity to consent to their care and support had been referred to the local authority by the provider manager for a capacity assessment to be completed. However not all care staff understood the requirements of the Mental Capacity Act (MCA) as they told us that everyone they supported had capacity. People had not signed their care and support plans to show they agreed with them. We have made a recommendation about following best practice guidelines to ensure people or their legally authorised representatives sign the care plans.

The service used a new computer based system, called PASS, to record care plans. Risk assessments had improved and were personalised to each individual the service supported.

We found care plans were not up to date. Some included information that was no longer relevant and tasks for staff to complete that were no longer needed. People and relatives told us of information that had not been included in the care plans. There was no evidence that the care plans had been reviewed with people or their relatives to ensure they were an accurate reflection of people's needs and the tasks staff were to undertake.

Staff recorded daily notes and a record of the tasks they had undertaken directly into the PASS computer system via their mobile phones. However the system only updated when the staff mobile phones were connected to the internet. Staff used their own mobile phones and some staff members did not have roaming access to the internet and were only connected when they had a Wi-Fi internet access. This meant the records may not have been updated when the afternoon visits were made and so staff would not know what had been completed in the morning visits.

Staff received other training appropriate to their role and said they felt well supported by the provider manager. Spot checks were completed to observe staff providing support.

Quality audits for care plans, medicines, risk assessments and daily logs were not completed by the provider manager. This meant any issues were not being identified and so actions to make improvements could not be implemented.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two of the breaches were continued breaches from the previous inspection in May 2016. You can see what action we have taken at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was not always safe.

Staff continued to administer medicines. They had not received appropriate training. Staff were not always recording when medicines had been taken. This had been identified at our last inspection.

Risk assessments were more detailed and personalised to each individual.

A new staff recruitment process had been written which would ensure all checks were completed before a new staff member started work. No staff had been recruited since our last inspection.

The provider manager explained the process they would use to investigate any safeguarding concerns. A new safeguarding management system was being written.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The provider manager had referred people considered as not having capacity to the local authority for a capacity assessment to be completed. However not all staff understood the Mental Capacity Act and how it impacted on the care they provided.

The care plans had not been signed by the people who used the service or their legal representative (where appropriate) to show they consented to the support being provided.

Staff received training to support them in their role; apart from medicines administration. Staff received regular supervision and observations and felt supported by the provider.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People who used the service and their relatives, told us staff were kind and caring in their approach.

Care staff understood how to maintain people's privacy and dignity.

People's confidential information was securely stored on the computer system with the use of passwords. People and one relative were not aware of the potential use of a barcode system to access people's files and how this was secure.

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

The service was not always responsive.

Care plans on the new PASS computer system contained out of date information. They had not been checked and reviewed with people or their relatives. People's preferences were noted in the care plans.

The provider manager explained the procedure they would follow in the event of a complaint being made. However the new complaints policy was still being written.

Daily notes and the tasks completed by staff were recorded on the PASS computer system. However information was only updated when the staff mobile phones were connected to the internet. Staff completing the tea and evening visits may not have the notes from the morning visits if they had not always been downloaded to the PASS system.

**Requires Improvement** ●

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

The service was not always well-led.

There were no formal quality assurance checks being completed, therefore improvements were not identified or implemented. Action had not been taken with regard to staff administering medicines following our last inspection.

Staff felt supported by the provider and they felt listened to.

A system of forwarding the office telephone to the provider manager's mobile phone meant the service was contactable up until the agreed time of 10pm even when the office was not open.

**Inadequate** ●

# Excel Care (UK) 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 1 November 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. 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 reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning team for their views about the service.

During our inspection we spoke with three people who used the service, one member of staff, three relatives of people who used the service, one local authority social worker and the registered manager, who was also the registered provider. Following the inspection we also spoke with two members of staff by telephone.

We looked at records relating to the service including three care records, four staff recruitment and supervision records, daily record notes and quality assurance records.

### Our findings

People and their relatives we spoke with said they felt safe supported by Excel Care staff. One person said, "I feel very comfortable with them (the staff)."

At our last inspection in May 2016 we found a breach of the Health and Social Care Act 2008 regulations (Regulations) because risk assessments had not been fully completed. At this inspection we found improvements had been made. A new computer system called PASS was now used to record relevant risk assessments such as moving and handling and environmental risk assessments. These assessments included the potential risks for the people who used the service and staff. The risk assessments were personalised for each individual and provided guidance for staff to follow to minimise any risks identified.

At our last inspection in May 2016 we found a breach of the Regulations because staff were not administering medicines safely. At this inspection people told us they received their medicines as prescribed.

All the staff told us they only prompted people to take their medicines and did not 'pop' any tablets out of the blister packs for people. Prompting people with medicines involves reminding the person of the time and asking if they have had, or are about to have, their medicines. The person remains in control of their medicines when prompting occurs.

One staff member told us they took the medicines blister pack to the person and put the person's finger over the correct day so they could 'pop' the tablets out themselves. Another staff said they gave the blister pack to the person so they could 'pop' out their tablets. We asked how they knew which blister pack to give to the person and we were told that the staff member would check that the blister pack was the right one; for example the correct tablet, day and time. This meant staff were administering medicines as they were deciding which medicines to give to the person and guiding them as to which ones to 'pop' out of the blister pack. A relative we spoke with said the staff administered the medicines for their loved one as they were not able to do this for themselves.

Staff had received training in how to prompt people with their medicines but had not been trained in the administration of medicines. The representations made by the provider following the Notice of Proposal (NoP) to cancel their registration said a new self-medicating assessment was being used to clearly identify the support each person required with their medicines. This was not yet in place. The PASS computer system had a medicines assessment. We saw this detailed that staff were to prompt people in accordance

with the prescribed instructions.

We raised medicines administration with the provider manager. They said that staff do not 'pop' any tablets and therefore only prompt people. We had advised the provider manager that staff were administering medication at our last inspection. We found staff continued to administer medicines for people as they were 'in control' of which blister pack to give to people and placing people's fingers over the correct day to 'pop' out. The provider manager had not acted on our guidance at the last inspection that staff were administering medicines rather than prompting people.

A record must be kept of all medicines administered to the person the service is supporting. Staff did not use a medicines administration record (MAR). They noted on the PASS system that they had completed the medicines task as detailed in the visit task list. However the PASS system could only update when the staff member had access to the internet. Therefore on the day of our inspection the details of the morning and lunchtime visits for one person had yet to be uploaded to the PASS system. This meant if a different member of staff completed the tea time visit they would not be aware whether the medicines had been taken correctly during the earlier staff visits made that day, if the PASS system had not updated. They therefore could potentially administer medicines incorrectly, which may cause harm to the person.

We also saw staff applied prescribed creams for people. The care plan detailed where the cream needed to be applied. The application of creams is part of administering medicines and was recorded by staff stating they had completed the task on the PASS system.

The provider manager told us training in the administering of medicines was being arranged for November 2016. Training records showed that currently staff currently had received training on the company's policies around prompting medicines only.

Failure to administer medicines safely was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us how they kept people safe by ensuring doors were locked when they left people's homes and placed keys securely in key safes provided.

At our last inspection in May 2016 we found a breach of the Regulations because the required checks on staff had not been completed to reduce the risk of unsuitable people being employed by the service. Two specific issues identified at the last inspection had been rectified and we saw information had been added to staff members' personnel files with regard to references, suitability for the role and eligibility to work in the UK.

We saw that Disclosure and Barring Service (DBS) checks had been completed. DBS checks are carried out to ensure staff are suitable to work with vulnerable people. A risk assessment for issues identified on one person's DBS check had been completed.

A new recruitment procedure had been written by the provider manager which, if followed, would address the concerns about new staff having verified references and a full employment history recorded. The service had not recruited any new staff since our last inspection so we could not check if the procedure had been followed. We will look at this at our next inspection.

People who used the service, their relatives and the staff told us there were enough staff to meet people's needs at each visit. People said staff were generally on time and if they were running late would phone them to let them know. The staff had to log in and out of each call. The logs we saw showed staff stayed for the

allotted amount of time with each person they supported. The staff team was stable and a relative commented, "We have the same girls supporting [Name]." Any cover required for annual leave or sickness was covered from within the team or by the provider manager.

At our last inspection in May 2016 we found a breach of the Regulations because the provider manager had not fully investigated a safeguarding concern that had been raised and we had seen an unknown person accompanying a staff member when undertaking a visit to support one person who used the service. The provider manager gave further details on the issues identified at our last inspection, with two staff members completing a visit only with the person who used the service's permission and when it is necessary for training purposes.

The representations made by the provider to the NoP said a new safeguarding management system was in place. We found this was not correct; the provider manager had retained a consultant who was due to write this by the end of November 2016. The provider manager explained to us the step by step approach they would take when investigating any allegation of abuse or complaint made and recognised that all statements made during an investigation needed to be signed by the person giving the statement. Staff were now able to write their account of any suspected abuse directly into the PASS computer system at the time of the incident when it was still fresh in their minds. This meant that whilst the new safeguarding management system had not been written the provider manager knew the process they had to follow if a safeguarding concern was raised.

Staff said they had received training in safeguarding vulnerable adults and records confirmed this. Staff were able to describe what they would do if they suspected abuse was taking place. They were confident the provider manager would act on their concerns. We were told by the provider manager that there had been no safeguarding concerns raised since our last inspection. We had received no safeguarding concerns about Excel Care from the local authority since our last inspection.

We saw personal protective equipment (PPE) such as gloves and aprons were available in the office for staff to collect and use when supporting people with personal care. Staff had received training in infection control. This meant staff were aware of the need for infection control and took steps to prevent cross infection.

The PASS computer system was an internet based system and as such was accessible from any computer with the required passwords. This meant the provider manager would be able to work remotely and the service would continue to operate in the event of the office itself being closed for any emergency event such as fire or utility failure. Staff provided support in people's own homes and paper copies of care plans and risk assessments were maintained at each person's home. They would not be affected by an emergency events at the Excel office.



## Our findings

People and their relatives we spoke with said the support provided by Excel Care was effective. One relative said, "They have never let us down once." The local authority social worker we spoke with told us, "Excel Care are a very reliable service."

At the last inspection we found a breach of the Regulations due to a failure to follow the Mental Capacity Act (2005), the Deprivation of Liberty Safeguards and obtain appropriate consent for the support being provided by staff.

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 so they can receive care and treatment when it is the person's best interest and it has been legally authorised under the MCA. The provider manager would need to request that the local authority applied to the Court of Protection for authorisation of the Deprivation of Liberty Safeguards if they think the person's liberty must be deprived to keep them safe.

The PASS computer system had a brief guide to who was able to consent to the care and support and prompted the assessor to hold a best interest meeting if there were concerns that the person did not have the capacity to agree to the care and support being provided. Details of any people who held Power of Attorney for people's affairs were also noted. A Power of Attorney is authorised by the Court of Protection to allow another person to make decisions in a person's best interest if they are unable to make their own decisions. The PASS computer system allows for people to sign their care plans on the computer screen. However we saw that this section had not been signed by the person using the service or their representative (if applicable).

The provider manager showed us the list of people supported by Excel Care and who had been referred to the local authority for a formal mental capacity assessment to be completed. This is an assessment as to whether the person has capacity to consent to a specific decision, such as their care and support. At the time of our inspection the assessments had not been completed by the local authority.

Staff told us they had received training in the MCA and records confirmed this. However one staff member told us that everyone they supported had the capacity to give consent, whereas the provider manager had referred people to the local authority for an assessment of their capacity to be completed. This meant the staff did not fully understand the training they had received.

Where the service started to provide support to a new person and this was funded by the local authority, the local authority initial assessment of need would identify if the person was able to consent to their care and support. Any best interest meetings and capacity assessments would be completed before the service began providing support.

We also saw that people had not signed their care and support plans when they had been written. This meant there was no evidence that people had consented to their care and support when they had the capacity to do so.

We recommend that the service follows best practice guidelines to ensure all people who use the service and have capacity, or their legal representatives, sign their care and support plans.

We looked at the staff training records for the service. This showed staff had completed on line training courses for areas such as health and safety, infection control and fire awareness. Practical training was also completed in areas such as manual handling. We saw six out of the seven staff were enrolled on a nationally recognised qualification in health and social care. The service had not recruited any new staff since the last inspection. The provider manager told us new staff would complete the Care Certificate during their induction with Excel Care. The care certificate provides training for people who are new to a caring role in order to meet the fundamental standards of care. We will check this at our next inspection.

Staff told us they were able to read the care plan for new people joining the service before they went on their first support visit. They all had identity badges and would introduce themselves to the person they were to support.

Staff received one formal supervision annually and had regular telephone contact with staff. The provider manager completed spot checks on staff practice every three months. In the staff files we saw these had last been completed in June 2016 and therefore were the next observations were overdue. The provider manager told us they were due to complete the spot checks. Written records were kept of the observations completed. Staff said they felt well supported by the provider manager and could contact them whenever they needed to.

This meant the staff had the knowledge and support to meet the needs of the people who used the service.

Some people were supported with their nutritional needs by staff preparing meals for them. We were told staff asked people what they wanted to eat and gave them a choice of main meals. Staff had to state on the PASS computer system when they had completed the set tasks. This meant it was recorded that people had received the support they required to have a meal and that drinks had been provided as appropriate. However it was not always noted in the daily notes written by staff what meal had been prepared and how much of the meal had actually been eaten or how much fluid had been drunk.

We were told that people made their own arrangements for health appointments. We also saw staff had called the ambulance for one person who was unwell. They had stayed with the person until the ambulance had arrived.



## Our findings

All the people and relatives we spoke with said that the Excel Care staff were kind and caring. One person said, "The staff are very kind; they keep me happy, I look forward to them coming to see me." A relative told us, "The staff are superb; they have never let us down once." Another relative said, "All the staff have been respectful and kind."

The local authority social worker told us how on one occasion staff had stayed longer than their scheduled visit time to keep one person company as they had just been discharged from hospital. This showed staff cared about the people they supported.

The PASS computer system contained information about what is important to people and what they wanted to achieve from the support provided by Excel Care. This included sections about people's life history and social activities they enjoyed. This meant staff had appropriate information to be able to build relationships with the people they supported.

The PASS computer system required staff to enter a password to be able to access it. This meant that people's personal details were kept confidential. We were told people's relatives could apply for their own password to access their loved ones care plans and daily notes. This had to be authorised by the provider manager. This could be useful if the relative did not live locally but wanted to be aware of the details of the support being provided. We were told that so far no one had asked for access in this way.

We saw the care plan in people's homes had a unique printed 'quick response barcode'. This enabled visiting family or social workers to scan the code using their mobile phones and gain access to the individual's care plans, medicines information and daily logs for a period of 30 minutes. We were told that the barcode would only work when scanned in the person's own home as it contained details of the postcode where the care plan was kept. If the care plan was taken from the property the barcode would not give access to people's personal confidential information.

The provider manager said people's relatives were aware of the new computer system. However one relative we spoke with said that they did not know about it and had some concerns about the safety of their loved ones confidential personal information. They were not aware that the barcode would not work away from their loved ones property. This meant the service had not ensured they had communicated effectively with people and their relatives about the new computer system and the security of people's personal information.

Staff were able to clearly describe to us how they maintained people's privacy and dignity when providing support. This included announcing their arrival if they used a key from a key safe to gain access to the property and talking to people about the support that was being provided. People told us staff asked them what they wanted to eat and would respect their decisions. Staff confirmed this; they told us they asked what people wanted them to do, including any general tasks around the house.



## Our findings

At our last inspection in May 2016 we found a breach of the Regulations because the provider manager had not taken appropriate action following a complaint. The representations made against the Notice of Proposal (NoP) stated that the service had implemented a new concerns and complaints policy and procedure. The provider manager told us the process they would follow in the event of a complaint being made, including an investigation, signed statements from all relevant parties and the recording and communication of any actions resulting from the complaint. However the actual formal complaints policy was still being amended by the service and was due to be completed by the end of November 2016. We were told the service had not received any complaints since our last inspection. The people and relatives we spoke with said they would contact the provider manager if they had any concerns or complaints. They felt confident the provider manager would resolve any issue they raised. We will look at this again at our next inspection.

People told us they received the care and support to meet their needs. We looked at people's care plans held at the office and in people's homes. The service used a new computer based system to record care plans called PASS. A copy of the care plan was then printed and kept at the person's home.

At the last inspection we found that the care plans did not contain sufficient detail and had not been reviewed.

The PASS assessment included information about the support people required, the tasks to be completed at each visit, the support needed for moving and handling, any hazards identified and the support people required to be able to communicate effectively.

The details were brief but provided the staff with guidance as to the support they were to provide. However on speaking with people who used the service and relatives we found the care plans were not up to date. For example one care plan we looked at gave guidance for catheter care. The person had not required a catheter for over a year. Another person told us about previous medical issues they had had which were not recorded in their care plan. A relative told us staff administered medicines for their loved one, but the care plan stated that staff were to prompt them to take their tablets. They also said their loved one was living with dementia, however there were no details of how staff should support them with their dementia in the care plan. This showed information had been input to the PASS computer system without reviewing and checking its continued accuracy with the person who used the service or their relatives where appropriate. The provider manager told us the care plans were reviewed every three to four months. At another point of

our inspection we were told by the provider manager care plans were reviewed annually. However we did not see any evidence that reviews had taken place. One relative told us they had not been involved in reviewing their loved one's care plan.

Staff used the PASS system to record their daily notes and confirm they had completed the agreed tasks for each visit. If a task had not been completed it was clearly identified in red with an explanation from the staff as to why it had not been done. We saw for one person the medicines task was not completed at lunch and tea time visits. The staff daily notes on the PASS system stated that medicines were no longer required at these visits. This showed the provider manager had not audited the PASS system to check that all tasks were being completed as per the care plan and then updated the care plan and tasks required for each visit as necessary.

The care plan for one person who had recently started to use the service was up to date and included sufficient details for staff to follow. However for people who had been using the service for a period of time the PASS system was not always accurate or up to date.

The out of date information in people's care plans and the lack of reviews of the care plans were a breach of Regulation 9 (1) with reference to 3(a) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We saw some staff gave details in their daily notes of the support they had provided during the visit. However other staff simply stated 'all ok' or 'all tasks completed'. This did not provide meaningful details of the support that had been provided for the next staff member visiting the person or for audit purposes.

We were told the PASS computer system would update with the staff entries made at each visit when the staff mobile phones were connected to the internet. As previously mentioned in this report we found that when we visited one person, the morning and lunchtime visit information had not been updated on the computer system as the morning staff's phone had not yet been connected to the internet. Staff used their own mobile phones and some staff members did not have roaming access to the internet and were only connected when they had a Wi-Fi internet access. This meant that if a different member of staff visited the person in the afternoon they would not know if the morning staff had completed all the required tasks if the information had not uploaded to the PASS computer system. One staff member told us they would telephone their colleagues if they had a query about previous support and the computer system had not updated the notes. The provider manager told us they were looking to provide staff with an allocation of mobile data so the PASS records would updated immediately.



## Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was also the registered provider.

People and relatives we spoke with all said the provider manager was approachable. If they had any concerns or wanted their support changed they would phone the provider manager and they would then sort it out.

The local authority social worker we spoke with said, "[Provider Manager] is always contactable and will take on support packages at the last minute if needed."

The staff we spoke with said they felt well supported by the provider manager. One said, "They are a good company to work for."

We also spoke to the local authority commissioning team about the service. They continued to have concerns about the service's recruitment and complaints process, the lack of detailed information in people's care plans, a lack of information in the daily logs and a lack of auditing of the daily logs.

We asked the provider manager how they audited the quality of the service. We were told unannounced spot checks of staff were undertaken every three months; however these had last been completed in June 2016. We saw evidence that these had taken place and had been recorded. The provider manager also said they regularly contacted the people who used the service, either by telephone or visiting them in person, to ask about the support they receive. We were told these had not been recorded. This meant there was no effective analysis and learning from the feedback given to the provider manager by people and their relatives. However one relative we spoke with said they had not been asked to provide any feedback about the service their loved one was getting.

We found no evidence of audits being completed for care plans, daily records, risk assessments or medicines. This meant any issues were not being identified and so actions to make improvements could not be implemented.

As stated previously in this report the care plans contained out of date information and some contained tasks to be completed during a visit that were no longer required. Also as previously stated the provider manager had been advised at our last inspection staff were administering medicines for people. However

they had not provided training for staff in the administering of medicines and the medicines administered were not recorded.

The action plan submitted by the provider after the last inspection detailed the actions they were going to take to meet the Regulations. We saw that some of these actions had been completed, for example a new recruitment procedure had been written and risk assessments had been improved. However other areas of the action plan had not been completed in the timescales given by the provider. For example the safeguarding management system and complaints procedure had not been written and monthly audits had not been implemented.

The continued failure to monitor and assess the quality of the service was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Since the last inspection we saw a file for incidents, complaints and safeguarding concerns had been set up, with details of previous concerns stored. However we were told no complaints or safeguarding concerns had been raised since our last inspection.

At the last inspection we had not been able to gain access to the Excel office or contact the provider manager via the office telephone. At this inspection we phoned the provider manager on our arrival at the office and were able to contact them straight away. We were told the office phone is forwarded to the provider manager's mobile phone out of office hours and they were on call until 10pm. After this time, people were aware they would need to contact the emergency services if they had a medical issue. This meant the provider manager was now contactable for staff and people who used the service when needed.

We saw the provider had bought a set of policies and procedures following our last inspection. These were being personalised to the service by the consultant retained by the service.