

Guarantee Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Guarantee Care Services Ltd is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service began operating at the end of July 2019. At the time of our inspection there were five people using the service.

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

People received care and support that had been planned and agreed with them. Their choices for how this was provided were respected and staff delivered this in line with their wishes. Staff knew people well and supported them in a dignified, respectful way which maintained their privacy and independence. People received support from the same staff so that this was consistent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were trained to safeguard people from abuse and to report any concerns they had to the appropriate person and agencies. Staff were provided information about how to manage and minimise identified risks to people's safety and wellbeing. They followed good practice when providing personal care and when preparing and handling food which reduced hygiene risks.

There were enough staff to meet people's needs. The provider made sure staff were suitable and fit to support people through their recruitment checks. Staff received relevant training and support from the registered manager who made sure they were clear about their duties and responsibilities when providing care and support.

Where staff were responsible for this they helped people to eat and drink enough to meet their needs and take their prescribed medicines. Records maintained by staff helped keep others involved in people's care well informed about their health and wellbeing. Staff understood people's healthcare needs and how they should be supported with these in a timely and appropriate way.

People were informed about the quality of care and support they should expect to receive. The registered manager checked with people that the care and support provided was meeting their needs. They sought people's views about how the service could improve. There were arrangements in place to make sure any accidents, incidents and complaints would be fully investigated and people would be involved and informed of the outcome. The provider worked with others to develop and improve the care and support provided to people.

People were satisfied with the care and support received from staff and had positive things to say about the management of the service. However, as the service had only been operating for nine weeks at the time of

this inspection, we were unable to obtain sufficient information and evidence of consistent good practice to rate the service at this time.

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

Rating at last inspection

This service was registered with us on 04/10/2018. The service was initially located in the London Borough of Croydon. In September 2019 the provider moved the service to the current location based in Epsom, Surrey. This is the first inspection of the service since registration.

Why we inspected

We normally inspect new services within 12 months of them registering with CQC. We scheduled a comprehensive inspection to check the safety and quality of care people received.

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?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our effective findings below.

Inspected but not rated

Is the service caring?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our well-led findings below.

Inspected but not rated

Guarantee Care Services 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

This inspection was undertaken 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

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

What we did before the inspection

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke to the registered manager. We reviewed a range of records. This included the care records of three people using the service, medicines administration record (MAR) for one person using the service, two staff files and other records relating to the management of the service.

After the inspection

We spoke to three people's relatives and asked them to give us feedback about their experiences of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has not been rated because there was not enough information and evidence to rate the service at this time.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe with staff. A relative told us, "I have always felt so comfortable and safe with [staff member] in our home...I can leave them with [family member] and they will take care of everything so well."
- Staff had received training in how to safeguard people from abuse. The service had a policy and procedure for reporting a safeguarding concern about an individual to the appropriate person or agency, so that they could investigate this.
- At the time of this inspection, there were no safeguarding concerns about people using the service. The registered manager was aware of their responsibility to liaise with the local authority if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- The registered manager had assessed and identified risks posed to people using the service from their specific healthcare conditions and by their home environment.
- People's care records contained information about these identified risks along with guidance for staff about how they should be managed to keep people safe.

Staffing and recruitment

- There were sufficient numbers of staff to support people and meet their needs safely.
- The provider undertook appropriate checks on staff that applied to work at the service. Staff also completed health questionnaires prior to starting work. These checks helped the provider make sure staff were suitable and fit to support people.

Using medicines safely

- Where staff were responsible for this, they supported people to take their prescribed medicines. Staff had received training in medicines administration. There was information on people's records about their prescribed medicines and how they should be supported with these.
- Staff recorded the medicines people were given and when. The registered manager reviewed these records to check medicines had been administered appropriately and safely by staff.

Preventing and controlling infection

- Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce infection risks associated with poor cleanliness and hygiene.
- Staff were also trained in basic food hygiene and understood the procedures that needed to be followed

to prepare and store food safely.

Learning lessons when things go wrong

- At the time of this inspection there had been no accidents or incidents involving people using the service. There were arrangements in place to record and investigate these if they should occur and to share any learning with staff to help them improve the quality and safety of the support provided.

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.

This is the first inspection for this newly registered service. This key question has not been rated because there was not enough information and evidence to rate the service at this time.

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

- Records showed that people and their representatives had been involved in assessments of their needs prior to them using the service, to help the provider identify the support they required.
- The provider had used the information from these assessments to develop an individualised care plan for people. People's choices for how, when and from whom they received their care were noted in their care plan so staff knew what support to provide.

Staff support: induction, training, skills and experience

- People said staff were meeting their needs. A relative said, "[Staff member] is so competent at what they do and very professional."
- Staff received relevant training to help them meet the range of people's needs.
- The provider had a programme of one to one meetings planned for staff so that they had regular opportunities to discuss and review their work and any further training or learning they needed to help them provide support to people.
- The registered manager was in daily contact with staff providing support and advice when this was needed.

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

- Where people needed support with their meals, there was information for staff in people's care plans about their preferences for this. This helped to ensure staff provided people with food and drink of their choice.
- Staff recorded what they had prepared and provided at mealtimes. The registered manager monitored this information to check people were eating and drinking enough to meet their needs.

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

- Staff were observant and alert to any changes in people's health and wellbeing. A relative told us, "[Registered manager] is very aware of [family member's] needs and will make recommendations and suggestions." Another relative said, "When [family member] became unwell, [staff member] didn't hesitate and called for the paramedics straight away as they recognised the seriousness of the situation."
- Staff recorded the support provided to people at each visit which helped to keep others involved in people's care informed about their current health and wellbeing.
- Staff shared information with other healthcare professionals such as the GP and district nurses when needed to make sure people experienced a consistent, joined up approach in the support they received.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Staff had received training in the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the registered manager would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

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.

This is the first inspection for this newly registered service. This key question has not been rated because there was not enough information and evidence to rate the service at this time.

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

- People told us staff were caring and kind. One relative said, "I can't rate them highly enough. They are so good. They are patient and so kind. They talk to [family member]. They are very caring." Another relative told us, "They are very good. Very caring. [Registered manager] has been very kind and has such a lovely way about her."
- People received support from the same staff so the care they received was consistent. A relative told us, "[Staff member] looks after [family member] really well. [Family member] didn't want people washing them to start with but [staff member] won them around and built up their confidence and trust."
- People had a say in who they received their support from and the registered manager made sure people's wishes about this were respected.
- People's wishes in relation to how their social, cultural and spiritual needs should be met were noted in their records so that staff had access to information about how people should be supported with these.
- The provider made sure staff understood how people identified in terms of gender so that they could be supported with this appropriately, for example when choosing what to wear for the day.
- Staff received 'equality and inclusion' training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People and their representatives were involved in making decisions about their care. They were asked for their views and choices prior to using the service.
- Once people started using the service, the registered manager planned review meetings with them and their representatives at regular intervals, so that they could continue to express their views and be involved in making decisions. This helped to ensure the support provided to people met their specific preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful when providing support. A relative said, "They are so good with [family member] and respectful of their privacy. They make sure it's all done in a dignified way."
- People's care plans prompted staff to seek their consent before providing any support. Staff were encouraged to offer people choice, respect their privacy and dignity and give them enough time to do things at their own pace. This helped to ensure staff would be sensitive to people's needs and discreet when providing care and support.
- People were supported to be as independent as they could be. Staff were encouraged to prompt people

to do as much for themselves as they could to help them retain control and independence over their lives.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has not been rated because there was not enough information and evidence to rate the service at this time.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People and their representatives contributed to the planning of their care and support. People's care records contained information for staff about their preferences and choices for how care and support for their needs should be provided. This helped to ensure people received personalised care and support from staff.
- The registered manager, who was one of the staff members that regularly supported people, knew people well and understood their needs, preferences and choices.
- People using the service at the time of this inspection did not receive end of life care and support. The provider had established relationships with the relevant healthcare professionals that would need to be involved if this need was identified in the future.

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.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

Improving care quality in response to complaints or concerns

- People were satisfied with the care and support received from staff. A relative told us, "I am very happy with the ways things are." Another relative said, "They are absolutely excellent." And another relative said, "I'm just really happy with them and just so grateful to have them. Nothing is rushed and they take their time. They are brilliant."
- There were arrangements in place to deal with people's complaints if they were unhappy with any aspect of the support provided. People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- The provider had not received any formal complaints from people about the service since they started operating.

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.

This is the first inspection for this newly registered service. This key question has not been rated because there was not enough information and evidence to rate the service at this time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had clear expectations about the quality of care and support people should receive from the service. These were communicated to people through 'service user guides' and informed people of the standard of service they should expect to receive from staff.
- Although the service had only been operating for a short time, the registered manager was meeting with the people and their relatives regularly to check that the support being provided was meeting their needs.
- The registered manager acted in a timely way when any suggestions for improvements were made. A relative said about the registered manager, "She is very good at listening and taking on board our suggestions."

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

- People had positive things to say about the management of the service. A relative said, "We feel in control and they are flexible with us about how we want things done."
- The registered manager and staff had clearly defined roles, responsibilities and duties. The registered manager checked that staff were up to date in their knowledge of the care and support needs of people using the service and informed about any changes to the service's policies and procedures.
- The registered manager understood their legal responsibilities and when to submit statutory notifications about key events that occurred at the service as required. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

Continuous learning and improving care

- The provider had systems in place to monitor and review the quality of service that people experienced. This included regular reviews of people's care and support once they started to use the service and a rolling programme of unannounced spot checks on staff to review their working practices and competency when undertaking their duties.

Working in partnership with others

- The registered manager worked closely with other agencies including the local authority and healthcare

professionals. They made sure recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.