Gozone Care Limited

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Inspection report

87 High Street
Billingshurst
West Sussex
RH14 9QX

Tel: 01403783582
Website: www.gozonecare.com

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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

Gozone Care Ltd is domiciliary care service that provides support to people in their own homes. The service operates in West Sussex. The agency supports older people, people living with dementia, people with a physical, learning or sensory impairment and those with mental health conditions. They also provide palliative care. At the time of the inspection the service provided care to 147 people.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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.

This was our first inspection to the service since it was registered in June 2016.

People were happy with the service provided to them and said they felt safe. There were policies and procedures with regard to safeguarding. Staff were aware about how to report any concerns. There were risk assessments in place which were regularly reviewed to help ensure people received a safe service. People received their medicines safely.

Staffing numbers were sufficient to meet people's needs and thorough recruitment processes were conducted to check that any newly appointed staff were suitable to work with people.

Each person had a care plan and a copy of this was at their home. These gave staff the information about people's care and support needs. An information pack was also provided which contained contact details for any relevant people. People also received a copy of the service users guide so people knew what they could expect from the service.

The agency provided staff with suitable training. Staff told us that training was readily available and the induction, which included a number of shadowing shifts gave them the confidence to work on their own. The registered manager told us staff had received training in the Mental Capacity Act (MCA) 2005. Staff confirmed they had training and understood the basic principle of the legislation. This helped to protect people's rights.

People's care plans had information should anyone need support with eating and drinking and the care plan provided staff with details of how they should support people to ensure adequate food and fluid intake. People's healthcare needs were monitored by staff and any concerns were reported to the office so that appropriate action could be taken.

People were positive about the staff who supported them. They said staff were respectful and polite and they were always treated with dignity and respect. Staff told us that they respected people's decisions and said they encouraged people to be as independent as possible.

People told us that they received regular care visits but the only problems they experienced was the timings of some care calls which were early or late. However they said this did not impact on the care they received. The provider recognised this as an area for improvement. People and records confirmed that care staff stayed for the full allocated time. Staff said they were given time to travel between care calls. They also told us that they were able to carry out care tasks within the time allocated to them for each visit.

People told us they were provided with contact details of how to contact the main office if they had any concerns. They also knew how to contact the office out of working hours. Each person had a copy of the agency's complaints procedure in their care plan files which was kept at their home.

Gozone Care Ltd had a policy and procedure for quality assurance. There were a range of audits and checks carried out each month. These checks and audits helped the provider and registered manager to monitor how the agency was meeting people's needs and how they could improve the service on offer. The registered manager told us they were always open to suggestions on how they service provided to people could be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe. Staff had training with regard to safeguarding people and knew how to report any concerns.

Risks assessments included information for staff on how risks could be reduced.

Staffing levels were sufficient to cover care hours which helped to ensure people received a reliable service.

Suitable procedures were in place so that people received their medicines safely.

Is the service effective?

Good

The service was effective.

Suitable training was provided to staff.

There were policies and procedures regarding the Mental Capacity Act 2005 and staff obtained people's consent before giving any care.

When needed people were supported with food and drink, which met their needs.

Staff monitored people's health needs and provided assistance if required.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff..

People were consulted about how their care would be delivered and were involved in the assessment of their care and support needs.

People's dignity was maintained by staff who promoted people's

privacy

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed. Care plans were person centred and individual to the person concerned.

Staff understood how to support people. Care plans contained information so appropriate support could be provided to people.

The agency sought people's views on the service and had a clear accessible complaints procedure.

Is the service well-led?

Good

The service was well-led.

The agency had a quality assurance system to check on the quality of the service.

Regular spot checks were carried out to monitor staff performance and to check with people about the service they received.

The provider and registered manager told us they operated an open door policy and welcomed any feedback on the service they provided to people.

Gozone Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience at this inspection had experience in caring for older people including those living with dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They returned the PIR in good time and we used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection. This also included any statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law

Prior to the inspection visit we sent out 50 questionnaires to people who used the service and received back 24 responses. Fifty questionnaires were also sent out to relatives and we received back five responses.

We visited the registered office where we met with the company's managing director, the registered manager, the deputy manager, the health and safety advisor, the scheduling manager and care co-ordinator. We looked at care records for four people and recruitment records for four members of staff. We also looked at policies and procedures, Medicine Administration Records (MAR), visit record sheets, training and supervision records, minutes of meetings, staff rotas and complaints and compliments received by the service.

Following the inspection we spoke with 10 people or relatives and we also spoke with four members of staff to obtain their views on the service provided to people.

This was the first inspection of the service at this location since it was registered in June 2016.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff. People referred to feeling safe when staff supported them. Staff knew how to gain entry to people's homes and made sure their home was secure when they left. When asked if they felt safe with the staff who supported them we received positive responses such as, "Yes perfectly happy-no concerns whatsoever," "They are very good- I feel quite safe,"and, "Most certainly- You can't beat them they are magnificent". A relative said, "Yes (named person) s quite happy with them".

Staff were aware of the procedures to follow if they had any concerns about people's safety. We looked at the service's policies and procedures regarding the safeguarding of people and these included guidance for staff on the signs of possible abuse and the different forms abuse may take. The service's safeguarding policy worked in conjunction with the local authorities safeguarding procedures. Staff confirmed they had received training in the safeguarding of vulnerable adults procedures and knew they could report any concerns to the local authority safeguarding team or to CQC.

Risks to people were assessed and recorded. We looked at risks assessments for people. These were kept in people's care plan files. We saw risk assessments in place, including those for wheelchair safety, slips, trips and falls, bed rails, and moving and handling. We saw a risk assessment for one person which informed staff that two care staff were required at each visit because the person needed to be hoisted using an overhead hoist. The risk assessment gave specific instructions on the use of the person's sling. The risk assessment went on to inform staff to ensure hoist was back in storage position after use. We also saw environmental risk assessments for people's homes which included information regarding gaining access to people's homes and what action they should take if they were unable to gain access for any reason. Care plans also gave information about securing people's property on leaving. The registered manager said if staff were unsure about anything they could contact the office at any time for advice and support. Risk assessments provided information so staff knew about risks and the action they should take to keep people and themselves safe

The manager told us that all staff on commencing employment received a staff handbook which included information about policies and procedures, health and safety issues, personal protective equipment, lone working and whistle blowing procedures.

There were enough staff employed to cover people's care calls. The agency employed a total of 44 care staff who worked flexibly both full and part time and they supported 147 people with care and support at various days and times of the week. For the week of our visit the agency was committed to provide 994 hours of care to people. There was capacity for staff to provide 1074 hours of care. This meant that there was enough staff available sufficient cover all care calls. The registered manager told us they were able to cover additional care calls if needed and said "We have a good staff team who will always help out to ensure our calls are always covered. If necessary all the office staff can go out to provide support to people if needed.

The registered manager told us staffing was arranged two weeks in advance. Each staff member's roster of

care appointments was provided to them in advance and a copy of a care rota was also sent out to each person to say which staff would be visiting them and at what times. Staff and people confirmed this and said if there were any problems with the care rota the office would sort this out. However there were some people who voiced concerns to us regarding the timings of care calls and although this did not impact on people directly the provider should consider the accuracy of care call timings when sending out rosters to people.

Safe staff recruitment practices were in place. The registered manager said that full recruitment checks were carried out before any new members of staff were allowed to start work. These included obtaining two references, completing an application form and checking with the Disclosure and Barring Service (DBS) The DBS provides criminal records checks and helps employers make safer recruitment decisions. These measures helped to ensure that new staff were safe to work with potentially vulnerable people. Staff said they attended an interview and had to wait for all recruitment checks to be completed before they could start work. Records seen contained all the necessary information.

Details of the support people required with their medicines were contained in each person's care plan. Staff confirmed they had received training with regard to medicines and that they had to complete a competency assessment before they were allowed to support anyone with their medicines. Training records showed this was completed as part of the staff induction. There were policies and procedures for the management of medicines including controlled drugs. We asked people who were supported with medicines if they were satisfied. Comments included "Yes - they put it in a cup and fill in a chart-very competent" and "I have a dossett box- they don't handle my medication just hand it to me in a small plastic cup-yes they make sure I take the medicines".

The registered manager told us that if a person needed support to take their medicines, a Medicines Administration Record (MAR) was kept at the person's home and this gave staff the information on the time medicines should be given. The registered manager told us that if staff found that any medicines had not been signed for or given, this was reported to the office so this could be investigated and followed up. MARs were returned to the office for audit each month. The MARs we looked at were up to date with no omissions. This meant that medicines had been administered as prescribed.

Good

Is the service effective?

Our findings

People were happy with the care they received. We asked people if care workers understood their needs, and if they felt they were well trained. Responses from people included: "I think so, they certainly seem to be, I have one male carer who is incredible," "Yes, as far as I am concerned they are well trained,". "They are lovely ladies, Marvellous " and "They will do anything I ask-go beyond the call of duty". A relative said, "Yes I believe they have a good understanding and are very patient with (relative). Yes well trained".

Records showed staff had received appropriate training. The registered manager told us about the training provided. This was provided by in house staff who had suitable qualifications. Training included, moving and handling, medication, dementia, safeguarding, fire, health safety, infection control, food hygiene, basic first aid, person centred care, understanding your role, Mental Capacity Act 2005 (MCA), epilepsy, catheter care, equality and diversity, handling information and managing behaviour.

The registered manager also told us that if they supported anyone who had specific care needs the training would be provided by an accredited trainer such as community nurses or through a training company. This ensured staff had the skills required to provide effective support. Training records for all staff were kept on the computer system and these showed when training had been completed and when any refresher training was needed. Training certificates were also kept in staff files. Records showed staff were up to date with training.

We spoke to the registered manager and staff about the induction of new staff. The registered manager told us that induction process included mandatory training and shadowing experienced care staff. The registered manager said the number of shadowing shifts was dependant on the staff member and could continue until the member of staff felt confident to provide support on their own. As part of the shadowing process the new staff member's performance was assessed by a senior carer and they reported back to the office. The registered manager said that only after successfully completing their induction would staff be allowed to go out into the community alone to provide support to people. Staff confirmed this and said their induction was thorough and prepared them for the role they were employed to undertake.

New staff were expected to undertake the care certificate during the first three months of employment. This is a nationally recognised qualification covering 15 standards of health and social care. Staff were also supported to undertake additional qualifications. The agency employed 44 care staff and 17 had achieved a minimum of NVQ level II or equivalent. The deputy manager was currently enrolled on a level five diploma course in care management.

Staff received regular supervision and support. Supervision was carried out every three months and this was either one to one with their line manager or as a spot check where they were observed providing support to people. Staff confirmed this. The PIR told us 'New staff have a three month probation period where they will have regular spot-checks and supervisions. Doing this we feel helps to make sure that the staff members we employ are suitable for the job and able to provide a safe service to our service users'.

Staff confirmed they received regular supervision.

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that before care was provided people had an assessment of their needs carried out at their home. This was carried out with the person concerned and anyone else the person wanted to be present. This assessment included information about the support needed, how people wanted this support to be given, details about how to gain entry, relevant contact details of next of kin and family members and all other relevant information. The assessment was then signed by the person concerned or by a relevant person to agree to its contents. The assessment was then used to formulate the person's care plan which was also signed by the person concerned.. The registered manager said that where people lacked capacity to consent to the planned care, relatives, friends or health and social care professionals had been involved in care planning. Staff understood the basic principles that people should be assumed to have capacity unless it had been established they did not.

People and relatives we spoke with told us they were consulted about their care and we asked people if they knew they had a care plan. People said. "Yes I have a folder with all the information in". Another person said, "I have a folder - it was all discussed". A relative said "I was involved with the support of my daughter. She doesn't have high needs."

We saw that there was guidance for staff regarding gaining the consent of people before care was provided. Staff told us they always consulted with people and gained their consent before providing any care. One staff member said "I talk to people all the time and explain what I am doing and why". Another said "If anyone refuses care I will ask why and try to explain the benefits and consequences of not receiving the care. If they still refuse I will respect their decision, do as much as I can for them and then record this in the care notes".

Staff supported people with meals and drinks as required. If needed, care plans contained information for staff on what support people needed. For example in one person's care plan it stated, 'Prepare breakfast, porridge and tea, with no sugar. Sometimes prefers toast' and prompted staff to ask the person about their preferences. We asked people about the support staff provided around eating and drinking. Those who were supported were all positive and comments included: "If required yes, but not every day," "Yes they always ask what I would like" and "That's the reason they come in, to help me with my meals". This showed that people were consulted, had choice and were supported to have sufficient to eat and drink.

People were supported to maintain good health and staff supported people with their health needs. We saw that one person's care calls were arranged so the person could go to see the physiotherapist each week. Staff supported the person to do this although they were not involved in the physio session.

The manager told us that if staff felt anyone was unwell or needed support from a health care professional they would contact the office who would then contact relatives or arrange a suitable appointment. Alternatively if staff felt that this was an emergency they would call 999 and then report to the office. The registered manager said it was company policy not to leave anyone who was ill without adequate support. Staff said if they had to call an ambulance or felt seriously concerned they would contact the office and then

wait with the person until additional help arrived.

Good

Is the service caring?

Our findings

People told us care staff treated them well. We asked people if care staff respected their privacy and dignity when providing care or treatment. We received positive responses from people and comments included: "100%- we chat as if I've known them for years,". "They are very respectful and polite" and "Yes- they close the doors and curtains."

The PIR submitted to us by the provider told us about how they provided a caring service to people. We asked people about whether they had regular carers that understood their needs. We were told by people that they had regular staff who provided care. One person said "I've met most of them- we do have a rota so I know who is coming". Another said "Yes they are fairly regular carers- I have a rota so I know more or less" and "They are all very nice- I look forward to them coming".

We asked staff how they respected people's privacy and dignity. They told us that personal care was always given in private. Some examples staff gave were, "I always explain what I am going to do before I do it and if they have any objections I will talk to people and explain that I am here to help". Another said, "I make sure the door is closed, private areas are covered and make sure you keep talking to people". A third said, "I always use the name people prefer, when I arrive I shout out so they know who is coming in". Questionnaires we sent out to people asked 'My care and support workers always treat me with respect and dignity' and 100% of people said this was the case.

Before people received support from Gozone Care Ltd, their care needs were assessed. This involved a senior member of staff visiting the person in their own home and discussing their support needs with them and any other interested parties. People were given the opportunity to be involved in how their care and support needs were planned and were able to make decisions, such as whether they had a male of female carer, the timings of care calls, the duration of each visit and how often they would like carers to call to provide support.

Care plans had information for staff on what people could do for themselves. For example one care plan said 'person will normally be up and dressed when carers arrive, however may need help with socks or tights. Person will tell staff what help they need.' This showed people could do certain tasks for themselves but needed staff support in other areas. This helped to encourage the person's independence.

Staff knew the importance of maintaining confidentiality. One staff member said, "If it's private it's private". We saw that there were policies and procedures in place regarding confidentiality, treating people with dignity and for respecting people's privacy

One person had a sitting service in addition to certain care tasks. During this period staff are directed by the person concerned, they dictate if they would like to go out or just sit in the garden. The session was controlled by the person concerned and reflected the persons own choices on what they would like to do. This empowered the person to be in charge of what was going on and enabled them to have as much choice as possible over the care and support they needed. There were no specific care tasks but staff were

expected to provide support as required, this could be with personal care tasks or other help and support they may need. This support gave the person flexibility with the added peace of mind knowing that if they needed support then this was readily available.

Good

Is the service responsive?

Our findings

When asked in questionnaires, 100% people agreed or strongly agreed with the statement 'I am happy with the care and support I receive from this service.' We asked people whether their care plans met their needs. Responses included: "At present yes," "Definitely," "Yes it does" and, "I think so".

From surveys received back and from talking with people and relatives one area for improvement was the timing of care calls. When asked 'Does your carer arrive on time?' people responded: "Not always," "Mostly yes but they can be late at times," and "There are a few problems at weekends." 20% of people who responded to our questionnaire said that care and support workers did not arrive on time.

We spoke to the registered manager about the concerns raised by people regarding the timing of care calls. The registered manager told us that there was a 30 minute window either side of care calls and staff arrived within the agree time limits. They said this was always a problem especially if people wanted their care provided at the same time as others. The call logging system recorded the time staff arrived and the time staff left. She went on to say that if they received any concerns they could check on the system to see how early or late staff had been. The registered manager said that if a staff member was running very late it was their responsibility to phone the client and let them know; they should also phone the office so they were aware. The registered manager said she was aware there were some issues but the timings of care calls were agreed at the initial assessment. People were also reminded of the time staff would be arriving when they were sent their care rota each fortnight. The registered manager acknowledged that this was an area for improvement and was constantly looking at ways to improve the situation.

Care planning and scheduling software used by the service works with an application on staff members' mobile phones. This is automatically updated when any changes are made on the system at the office. This means care staff had access to the most up to date information possible. The application allows the carer to see their schedules, client address, key safe number, full care plan, medication list and next of kin details. Care staff can then be responsive to the people's changing needs as they have immediate access to all the information they need to provide the best possible care to their clients.

Care plans were person centred and provided information for staff on the tasks to be carried out at each visit. One person's care plan said 'Care team to be kept to a minimum core few, so person can feel confident with carers and be more confident to do things for themselves'. The care plan went on to give specific instructions about how the person liked their personal care to be delivered. Staff told us the care plans gave them the information needed. One staff member said. "Although there is information in the care plan I always speak with the person to see what support they want".

The registered manager told us that an initial review was carried out in the first 3-4 weeks to check that everything was working as planned. Care plans were then reviewed every six months or earlier if required. The registered manager and staff told us if any changes were noticed staff would contact the office who would then arrange for a senior care staff member to visit and review the person's care needs. Any changes

were then updated on the computer system. People confirmed that reviews took place. One person said, "Yes, officially its every six months. Last time they changed the meal plan". Another said "It was reviewed two months ago. Quite regular". Another person confirmed, "Yes someone from the office has been in".

We looked at how staff recorded their care visits. The computer system used by the agency does not yet allow for staff to record the care tasks carried out. Recording was carried out on a care records sheet kept at the person's home. Each month recording sheets were taken back to the office for review and storage. Records we saw had information on the care and support people had been given as well as containing information on how the person had been during the visit. Records provided evidence that care needs had been met.

Staff told us they were always willing to help with additional tasks if time allowed. This was confirmed by people we spoke with. One person told us "Yes –they do all I need and more".

When we asked people in our questionnaires if they knew how to make a complaint 83% who responded said they did. The expert by experience asked people, 'Do you know how to make a complaint. Are you confident that if you did it would be dealt with appropriately'? Responses included,We asked people whether they knew how to make a complaint and their confidence in complaints being dealt with appropriately. People told us: "Yes- very confident it would be dealt with," "Yes- We had one carer who we just couldn't get on with- it was resolved quickly- I have no doubt that any issue would be resolved appropriately", and, "Been no need [to complain]".

The manager told us that the complaints policy was included in each person's file that was held at their home. The manager said any concern raised was recorded on the agency's computer system together with information on how the agency had responded. The complaints file showed there had been one formal complaint and this had been appropriately addressed in line with the provider's complaints procedures

Good

Is the service well-led?

Our findings

People told us they felt able to contact the management of the service. In response to our questionnaire 92% of people said they knew who to contact at the care agency if they needed to. People confirmed the information they received from the service was clear and easy to understand. Comments from staff included: "The office staff are helpful, you can phone them or just call in, they will help you if they can," "The office staff are pretty good" and "All the office staff are approachable".

Out of hours, the service operated an on- call system. The registered manager told us outside of office hours there was an answer machine which directed people to the on- call phone number. The on- call phone was held by a senior carer who had full access to the computer system so they could access details of all clients and staff. This ensured that people and staff could contact someone in the event of an emergency or urgent query.

The registered manager said she kept her own skills up to date by attending any training organised by the local authority. She had a degree in health and social care and told us she regularly monitored professional websites to keep up to date with best practice.

The registered manager told us that she held a staff meeting twice a year. She said in order to allow as many staff as possible to be involved in the staff meeting, it was held over two days and staff could call in and be involved. This gave staff the opportunity to talk to the registered manager and office staff about any aspect of the service and to provide feedback on the service provided. The registered manager explained that if staff did not make the staff meeting her door was always open and they could come in and speak with her at any time. We asked people if they could speak with the registered manager. Comments from people about the registered manager included: "She has said if there is a problem just to ring," "Yes we get on very well." "Very accessible" and "You only have to phone".

Regular spot checks were carried out to observe care staff practice. The registered manager told us senior carers conducted these and completed a competency report. A copy of the report was given to the staff member concerned and a copy was kept in their staff file at the agency's office. Staff we spoke with confirmed that these took place about every three months. The staff also told us they had an annual appraisal each year.

The provider had a policy for quality assurance to monitor the quality of service provided to people and to drive improvements in the service. Quality assurance questionnaires were sent out each year to staff and people who used the service to get their views on the service provided. Questionnaire to people and relatives were sent out in May 2017. One hundred and seventy questionnaires were sent out and there were 65 responses. The quality assurance manager told us they had briefly looked through the responses and there were no major concerns or issues raised. They said they would be analysing all responses to see if there were any trends and if any were identified action would be taken to try to resolve any issues raised. We were told questionnaires to staff were due to be sent out at the end of June 2017 and the same

procedure would be followed. A number of monthly and quarterly audits were undertaken by the manager and office staff to monitor service provision. These included audits of care plans, health and safety, checks on staff files, visit records, spot checks, training, medicines, concerns, complaints and compliments. We asked people whether they had been asked about their views on quality and their satisfaction with their care. People responded "Yes by phone". "Yes she did ask when she came in" and "We frequently talk on the phone". However one person said "I can't recall having a questionnaire".

The registered manager showed us a book of compliments the service has received. These included such comments as: 'I just wanted to pass on my appreciation for the care you have been providing to my wife – you have a knack of making her co-operate and smile,' 'A big thank you to all for the love you gave to (named person)' and 'Thanks for your continued help looking after (named person)'s medicines and general care needs'.

Records were kept securely. All records kept on the computer were backed up and password protected. Throughout the inspection visit the registered manager was able to locate records we asked for quickly these were accurate and up to date.