

## Gee Professional Services Limited

# Gee Professional Services

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 06 July 2017 and was announced. Gee Professional Services provides personal care to older people and people with learning and physical disabilities in their own homes. At the time of the inspection there were 10 people receiving support from the service. This was the agency's first inspection since registration.

There was a registered manager in post at the time of the inspection, who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (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.

Risks were not always effectively managed. Improvements to the provider's recruitment systems were required to ensure people were protected from the risk of receiving support from unsuitable staff.

The provider had failed to notify us of events as required by law. There were systems in place to monitor the quality of care people received; however these needed to be further developed to ensure they were effective in identifying patterns and trends and driving improvement. People and their relatives were happy with the service they received. People and staff felt the service was well managed. Staff received support from the provider which helped them in their role. People and their relative were asked for their views on the service they received.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe. Staff had a good understanding of how to protect people from harm and knew how to report any concerns about people's safety and well-being. People received support from a consistent staff team. There were systems in place to ensure people received their medicines as prescribed. The provider conducted regular spot checks and audits to ensure medicines were managed safely.

People were supported by staff who had the skills and knowledge required to meet their needs. Staff felt supported by the provider and were clear about their expectations. People were asked for their consent before care was provided and were supported to make their own decisions. Information about people's needs in relation to food and drink was available to staff and people were supported to access healthcare services when required.

People were supported by staff who were kind and caring. People were supported to make their own decisions and staff encouraged people to maintain their independence. Staff supported people in a dignified way, by respecting their wishes and maintaining their privacy.

People and their relatives had contributed to the assessment, planning and review of their care. People received care that met their individual needs and preference and staff had a good knowledge of their likes and dislikes. People knew who to contact if they were unhappy about the service they received and the provider had systems in place to encourage feedback and manage complaints.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Risks to people had not always been consistently assessed, managed and reviewed to protect people from avoidable harm.

People received support from staff who understood their responsibilities in keeping people safe from harm and knew how to report any concerns.

People received support from a consistent, reliable staff team.

There were systems in place to ensure people were supported safely with their medicines and received them as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People received support from staff who had the skills and knowledge required to care for them.

People were asked for their consent before care was provided and staff supported people to make their own decisions where possible.

People received appropriate support with the food and drink and staff knew how to respond to people's health care needs.

**Good** ●

### Is the service caring?

The service was caring.

People received support from staff who were caring and kind.

People were supported to make their own decisions and these were respected by staff who supported them.

People were supported by staff who upheld their dignity and privacy and promoted their independence.

**Good** ●

### Is the service responsive?

The service was responsive.

People and their relatives were involved in the assessment and planning of their care and support.

Staff were aware of people's individual needs and preferences.

People and their relatives knew who to contact if they were unhappy with the care provided and there was a system in place to manage complaints.

Good 

### Is the service well-led?

The service was not consistently well led.

The provider had failed to notify us of incidents and events as required by law.

Systems used to monitor the quality of the service required development to ensure they were effective in driving improvement.

People, relatives and staff spoke positively about the service and felt it was well managed.

Staff felt supported by the provider and their feedback was listened to.

People and relatives had been asked to give feedback about the service they received.

Requires Improvement 

# Gee Professional Services

## 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 06 July 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to ensure that the provider would be available to assist with the inspection.

The inspection was undertaken by one inspector. As part of the inspection we looked at the information we held about the service. This included a review of any statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we spoke, by telephone, to three people and one relative of a person who used the service. We also spoke with two staff members and the registered manager who was also the provider. We looked at records relating to the how the care was delivered for people who received support from the service. This included four people's care records, three staff files and records relating to the management of the service including systems used for monitoring the quality of care provided.

## Is the service safe?

### Our findings

We found improvements were needed to the way risks were managed by the provider. We reviewed people's care records and found information about risks, such as to people's skin integrity were not always managed consistently. For example, one person required regular assessments to ensure they did not develop sore skin. Care records reflected this had been carried out for a period of three months when the person first started to receive support, but these checks had not continued. This may mean the person was not protected from harm and may be at risk of developing sore skin. We also saw that some people's risk management plans were generic in nature, and risks to individual people had not always been consistently assessed. This information is important so that staff know how to support people safely and protect them from the risk of harm. We shared our concerns about the management of risk with the provider, who told us they would review people's care records and their current needs to ensure people received personalised support which met their needs.

We discussed recruitment checks with the provider and looked at their recruitment processes. We saw they had conducted appropriate recruitment checks prior to staff starting work at the service. Reference checks, identity verification and Disclosure and Barring Service (DBS) checks had also been completed. DBS checks help providers reduce the risk of employing unsuitable staff. However, we looked at three staff recruitment files and found one example where concerns had been identified about the suitability of the staff member, but there had been no action taken in response to this. Although the provider had identified the concerns they had not ensured the potential risk was safely managed to ensure people were kept safe. We discussed our concerns with the provider who told us a risk assessment would be carried out without delay.

People and relatives we spoke with told us they felt safe with the staff who supported them. One person told us, "I definitely feel safe with the carers, when they come at night they always lock the door, this helps me feel safe." Staff we spoke with told us they had received training in how to protect people from harm and knew how to report any concerns. One staff member said, "If I saw something that was not right I would contact [name of registered provider]. I would make a note of what I saw or heard and go to the local authority if the provider did not respond. Otherwise I would contact CQC." We spoke with the provider, who was also the provider; they demonstrated a good knowledge of their responsibilities in keeping people safe from harm. Where concerns had been identified they had contacted the relevant authorities and they had systems in place to report allegations of abuse and protect people from harm.

People told us staff were on time for their support calls and stayed with them for the required time. One person said, "I can't fault the carers, they are always on time, I have had no issues with late or missed calls." People told us they were pleased to be supported by consistent staff, as this helped them feel safe. One person said, "I've been receiving support for about three months and because I've had the same carer I feel they are getting to know me."

People we spoke with did not require any support with medicines. However, we discussed medicines with the provider who told us all staff had received training in medicines. They told us and records confirmed, they carried out checks to ensure people were receiving their medicines as prescribed. This included

auditing medicines administration records. The provider also carried out competency checks with staff to ensure they were appropriately skilled to support people with their medicines.



## Is the service effective?

### Our findings

People and their relatives felt that staff were competent to provide them with the care and support required. One relative told us, "The staff know what they are doing, they understand [person's name]'s needs." Staff told us they felt the training they received equipped them for their roles. One staff member said, "I've recently done some training in moving and handling people. We were trained in the most suitable techniques to use when supporting people to move from the bed, this gives me confidence when I'm caring for people." Staff told us they received an induction when they first started working at the service, which helped them to understand their role. One staff member told us, "The induction included shadowing other, more experienced staff and also training in key aspects such as health and safety, infection control and food hygiene." Another staff member said, "For the kind of job I am doing, I feel well trained, we provide a good standard of care." Staff told us they felt supported by the provider and felt they had a good understanding of the provider's expectations and standards.

People told us staff asked for their consent before they supported them or provided care. One person said, "Staff always check I am happy before they do anything. Sometimes I can be late getting up and they will ask how I want things to be done, so I can eat my breakfast before my wash it's things like that they'll always check." Staff we spoke with understood the importance of gaining people's consent and shared examples with us of how they assured themselves people were happy to receive their support. One staff member told us, "I ask people's permission before providing any care; I need to know they are ok especially with things like personal care."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Staff we spoke with had a clear understanding of people's capacity and understood the importance of involving people in decisions about their care and support. We discussed the MCA with the provider and they demonstrated to us that they understood their responsibilities to assess people's capacity and ensure any decisions made were in people's best interests.

People we spoke with did not require support from staff with their meals. However, records we reviewed showed that where people required their meals to be prepared in a specific way, for example, to reduce the risk of choking, guidance was available for staff about how to safely support the person. Staff we spoke with were aware of people's needs and preferences and were able to explain how they prepared food in accordance with the person's care plan. This ensured people received sufficient amounts of food and drink.

People did not receive specific support from staff to maintain their health as this was provided by their family members or other healthcare professionals. However, discussions with staff showed they knew how to respond to people's specific health needs. For example, people living with diabetes. Staff told us, and we saw people's care records detailed their health needs, conditions and any prescribed medicines. One staff

member told us, "On one occasion I noticed a change in the person's health and their mobility was affected. I contacted the office and they spoke with the person's family who arranged a visit from the GP." This demonstrated people were supported to access healthcare services when required.

## Is the service caring?

### Our findings

People and their relatives told us staff were friendly and caring. One person told us, "My carer is so pleasant, lovely and very happy." A relative said, "The staff seem kind and happy." Staff spoke with understanding and compassion about the people they supported. One staff member told us, "I think people know I care about them because I try to understand them and what they like. This shows it is important to me to get it right for that person." Another staff member said, "I think it's your manner and how you deal with things, you go at the person's own pace and this reassures them."

People were supported to express their views and were involved in making decisions about their care and support. Staff shared examples with us of how they involved people in decision making. One staff member told us, "We were trained to involve people in choices and decisions. For example, I always ask people what they would like to wear, never make choices for them. I ask where they would like to sit, or what they would like to eat." Care records included guidance for staff on how to involve the person in their support and staff told us they had read these before meeting people. One staff member told us, "The information is in the care plan and so you know before you support the person, but you still always ask, as they may have changed their mind."

People were supported by staff to maintain their independence. Staff shared examples with us of how they encouraged people to do as much as they could for themselves. One staff member told us, "I ask people what they are capable of doing, some people like to make their own cup of tea for example, so I wouldn't do it for them." Where people had specific cultural requirements we saw these had been included in the assessment and planning of people's care. For example, specific dietary requirements. Staff we spoke with were aware of people's cultural requirements and the provider had ensured people were supported by staff who had an understanding of their cultural needs.

People and relatives told us staff supported them in a way that protected their privacy and dignity. One person told us, "I have no concerns with how staff treat me; they are respectful at all times." Staff shared examples with us of how they maintained people's dignity when supporting them with personal care. One staff member told us, "I talk through what I'm doing so the person is aware. I always make sure curtains are closed and the person is covered with a towel to protect their dignity."

## Is the service responsive?

### Our findings

People and their relatives told us they were involved in the assessment, planning and review of their care. One relative told us, "The manager came out to see us, to understand what was needed." People and relatives told us they were regularly contacted by the provider to ensure the support provided was still appropriate and met the person's needs. One relative said, "[Name of provider] came out to check, to make sure we were happy with the carers and to see if there had been any changes." Staff we spoke with felt they had access to care records which contained information and guidance about how to respond appropriately to people's needs. They understood how to deliver the support and care people needed and were able to tell us about the person's individual likes, dislikes and preferences as well as their health and support needs.

Records we looked at were personalised and contained detailed information and clear guidance for staff about all aspects of a person's health, social and personal care needs. People's care needs were regularly reviewed and any changes were recorded. Staff told us, and we saw, they reported any changes in people's needs to the provider; care records were then updated and other staff informed. A staff member told us, "Any changes are recorded and reported to [name of provider]. I would also contact the family if I felt I needed to, to make sure they were aware of any changes in [person's name]'s needs." This ensured people received care that was responsive to their needs.

People and relatives we spoke with knew who to contact if they were unhappy about the care they received. One person told us, "I am very happy and have no grounds for a complaint, but if I did I would contact [name of provider]." A relative told us, "If I wasn't happy they [the provider] would be the first to know. We get asked whether we are happy with things, and we are." Although there were no current outstanding complaints, the provider had a complaints policy and procedure in place. We reviewed the provider's response to a historical complaint and saw they had responded appropriately and submitted information to the relevant agencies where requested. The provider confirmed that people were given details of how to complain when they started to receive a service. Staff we spoke with were aware of how to respond to any complaints and knew to escalate anything they were unable to resolve. One staff member told us, "There are complaint forms in people's folders. If someone was unhappy I would assist them to fill out the form and inform the manager." This demonstrated there were systems in place to appropriately manage complaints.

## Is the service well-led?

### Our findings

Prior to and following the visit we reviewed the information we held about safeguarding incidents within the service. We also contacted the local authority safeguarding team for information they held about the service. We found that the provider had not always completed appropriate notifications about incidents or allegations that had taken place. We were aware of incidents or allegations of abuse that had not been reported to CQC as required by law, despite the provider being aware of them.

This was a breach of Regulation 18 Care Quality Commission (Registration) 2009.

The provider had some systems in place to audit the quality of care people received, however they recognised that they needed to make improvements in this area. The provider told us, "We know we need to put more systems in place and improve our auditing. We started providing care six months ago and the service is slowly growing." The provider shared with us their plans to improve the monitoring of quality and the service people received. For example, developing monitoring systems for incidents and events, as well as the monitoring of call times. Due to the size of the service the provider had a good knowledge of the needs of all people receiving support and was in touch with them regularly. However, they recognised that this would change as the service developed. In their Provider Information Return (PIR) they told us, 'We will gather information about safety and quality of service... a system for continuous quality improvement will be used to assess, manage and monitor and record risks'.

People's views and those of their family members were sought on a regular basis. We saw records of meetings the provider had held with staff to discuss the care people received and ensure all staff were working in a consistent way. People and their relatives told us they had been asked to give feedback about the service they received. One person told us, "[Name of provider] came out to see you and asked what we thought of the service." Staff told us they felt valued by the provider and were listened to when they raised questions or concerns. One staff member shared with us how they had made a suggestion about the length of time needed to provide someone with the right support. They said, "I felt there wasn't enough time to do everything the person needed. [Name of provider] did listen and the times were increased."

People we spoke with were happy with the care and support they and their family member received. People told us they felt the service was well managed. One person told us, "The service is brilliant." Staff we spoke with all expressed confidence in the provider and told us they felt they could offer their suggestions or feedback about how things could improve. One staff member said, "We have that kind of relationship, if something could be made better or changed, I don't feel worried about challenging." Another staff member said, "I feel I have a lot of support. [Name of provider] does spot checks to make sure I'm doing things right."

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found the provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had

found and where improvements could be made. The feedback we gave was received positively.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to ensure all notifications required by law were submitted to CQC.