

Bradnet

Guardian House

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

Guardian House (Bradnet) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the service was providing personal care to 11 people. The service also provides social inclusion support to a number of other people who use the service. This aspect of the service does not require registration with the Care Quality Commission and is not included within the scope of this inspection.

The inspection took place between the 3 August and 18 August 2018 and was announced. This meant we gave the provider a short amount of notice that we would be visiting.

At the last inspection in May 2017 we rated the service 'Requires Improvement.' We found a breach of regulation relating to Good Governance as records relating to staff recruitment and training were not completed and/or poorly organised. Following the last inspection we asked the registered provider to complete an action plan to show what they would do and by when. At this inspection we checked the improvements the registered provider had made.

At this inspection whilst we found most of the specific areas of concern had been addressed, the overall rating of requires improvement remained unchanged. This was because the service were not maintaining a complete record of the care and support given to each service user. The service had introduced a new electronic care recording system, however it was not functioning correctly. As such we were unable to evidence people had consistently received care including the administration of their medicines. This meant the provider was still in breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

A manager was registered with the Commission as the registered manager for the service. However, they had left in May 2018 and were in the process of de-registering. Following this, an interim manager had been put in place who was present during the inspection. In addition, a new manager had been recruited who started the day before the inspection. They were in the process of applying to become the registered manager for the service.

Overall people and relatives spoke positively about the care they received from the service. They said it was appropriate and met individual needs. Most people said the timeliness of the service was good, although one person said that they thought there was too much variation in the times of their calls.

People said they received their medicines as prescribed. Whilst we found no evidence people were not receiving their medicines, records relating to the medicine support needed to be clearer and more consistently completed.

Risks to people's health and safety were assessed and risk assessments were put in place for staff to follow.

People said they felt safe using the service. Incidents and accidents were logged, investigated and measures put in place to further improve the safety of the service.

There were enough staff deployed to ensure people received a reliable service. Staff were recruited safely to help ensure they were suitable to work with vulnerable people. Staff received a good range of training and support from the management team.

People's care needs were assessed and detailed plans of care put in place for staff to follow. People said care needs were met by the service. Where required, staff supported people appropriately at mealtimes. The service liaised with health professionals over people's healthcare needs.

People said staff were kind and caring and treated them well. People said they felt listened to by the service. We saw people's views were sought in relation to their care and support and changes made to people's support plans based on these views. People were encouraged to be as independent as possible.

People's complaints were listened to and properly investigated. The acting manager met with people over any concerns or complaints they had. Most people said they were satisfied with the service.

Staff said they felt well supported and morale was good. They said the acting manager was approachable and effective.

A range of audits and checks were carried out by the service. Due to the electronic care management system not functioning correctly, the service was unable to evidence a full record of people's care and support.

People's views were sought and used to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People said they received their medicines consistently and safely. However, a complete record of the medicine support people were provided was not always present.

People said they felt safe using the service. Risks to people were minimised through a robust risk management process.

There were enough staff deployed to ensure a safe and reliable service. Safe recruitment procedures were followed

Is the service effective?

Good ●

The service was effective.

People said staff had the right skills to care for them. Staff received a broad range of training focused on the needs of the people they were supporting. Staff said they felt well supported.

People were supported appropriately to eat and maintain a good diet.

People's healthcare needs were assessed and the service sought the advice of other health professionals to help ensure effective care.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring and treated them well. People had developed positive relationships with staff and were cared for by a small team of care workers.

The service listened to people's views and involved them in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People said care and support was of a good standard. People's care needs were assessed prior to using the service and care plans were subject to regular review.

Most people received calls at the times they needed them.

People's concerns and complaints were taken seriously by the service and fully investigated to help improve their experiences.

Is the service well-led?

The service was not consistently well led.

Due to problems with the electronic recording system, a complete record of each person's care and support was not always present.

People's views and opinions were sought and used to make improvements to the service.

People, relatives and staff said the service was well led and the management team were approachable.

Requires Improvement 

Guardian House

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.

The inspection was announced. We gave the service 48 hours notice of the start of the inspection. This was because we needed to make arrangements with the provider to speak to people who used the service prior to visiting the office location. The inspection took place between 3 and 17 August 2018. On 15 August 2018 we visited the provider's office to review care records and policies and procedures. On 17 August we undertook a visit to the home of a person who received care and support. Between 3 August and 17 August 2018 we made phone calls to people who used the service and staff.

The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts, 'share your experience' forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with five people who used the service and two relatives. We spoke with five care workers, the acting manager and the nominated individual. We reviewed three people's care records and other records relating to the management of the service such as training records, rotas and audits.

Is the service safe?

Our findings

At the last inspection we were not fully assured that medicines were consistently managed in a safe manner because the service was in transition between using paper and electronic records. We made a recommendation regarding the need to ensure more information was recorded about the medicines support process for each person. At this inspection we found this had not been fully actioned as the electronic recording system was not functioning correctly, which meant there was not consistently a complete record of the medicine support provided. It is important to have a complete record of the medicines administered, so staff and other professionals can clearly see which medicines people have taken, to provide assurance they are being supported correctly.

People told us they received their medicines consistently and safely and reported no concerns. We visited a person in their home and found staff had a good understanding of the medicines they were administering and gave them at the right times, for example, before food. However, documentation did not always fully evidence that this had happened.

Staff were required to input details of medicine administration on their phones which logged it in on the system. In the majority of cases this provided clear evidence of the support people had been provided with, the time and who had provided the support. It also meant office staff could check in real time whether people were receiving their medicines. However, due to issues with the system medicine support was not always logged meaning there were gaps in some people's records. Staff told us some of the phones didn't work and other times they were unable to log in. We saw a plan was in place to re-introduce paper MAR charts to reduce this risk. People's care and support plans gave basic information about their medicine support. We concluded care records needed more detail about the medicines people took, instructions for offering "as required" medicines and ordering/disposal arrangements. We spoke with the interim manager who said they would address this.

This was a breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations).

Staff had received training in medicines management. Following the last inspection staff now received competency assessments in the management of medicines to help ensure they retained the skills to give medicines safely and competently.

People were protected from abuse and improper treatment. People said they felt safe and secure whilst in the company of staff. Safeguarding procedures were in place and staff had received training in safeguarding vulnerable adults. Where safeguarding incidents had occurred we saw these had been appropriately reported to the local safeguarding team. The manager demonstrated each incident had been investigated thoroughly and an outcome provided with any learning recorded to further improve the safety of the service. Disciplinary procedures were used where appropriate to help ensure people were protected from harm.

Risks to people's health and safety were assessed and mitigated by the service. Clear risk assessment

documents were in place to support staff to keep people safe. These covered areas such as moving and handling, the environment and any specific risks associated with their care. Whilst most risk assessments were sufficient, we did note one person's epilepsy protocol needed to be clearer on when staff should seek medical intervention, we spoke with the manager who agreed to review and update. People were involved in the risk assessment process. One person told us how the manager was developing a new risk assessment with them to allow them to do more in the community and they had been fully involved in the process. The service helped people to take positive risks to ensure they were still able to access the community. Staff we spoke with knew people well and the risks associated with their care and support. This gave us assurance that safe plans of care were followed.

There were enough staff deployed in the right places to ensure people's needs were met. People and relatives said that staff were reliable, always turned up and did not miss visits. Staff said they thought there were enough staff in the service to ensure people's needs were met. They said their workload was manageable and they didn't feel pressured into working additional or long hours. One staff member said "Yes we have travel time, up to 15 minutes, there is no pressure to work extra hours." We looked at staff rota's which were realistic and manageable. The management team told us that they were only looking to grow the service slowly, but would need to increase the staff team before they were able to do this. This demonstrated the service thought carefully about staffing levels before providing care and support.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at three staff recruitment records and saw, for example, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

Incidents and accidents were logged and investigated. Following these, we saw evidence actions were put in place to further improve the safety and effectiveness of the service. The manager demonstrated they were keen to learn from safety incidents and adverse events. For example, following concerns over cleanliness in one person's house, cleaning rota's were being put in place to ensure all staff completed the required tasks.

Staff said they had access to personal protective equipment such as gloves. This was checked during spot checks of care and when obtaining feedback from people who used the service. We saw a recent complaint had been received about one staff member not wearing gloves, this had been taken seriously by management and action taken to ensure it did not continue. We visited a person's home where staff were responsible for cleaning. The areas we looked at were clean and hygienic and food was stored hygienically to reduce the risk of infection and illness.

Is the service effective?

Our findings

People's needs were assessed prior to using the service. This was used to formulate plans of care which helped staff meet people's healthcare needs. People said they received effective care and support from staff which met their individual needs.

Staff received a range of training and support based upon the needs of the people they were supporting. People said staff had the right skills and knowledge to care for them. One person said "Yes staff are well trained". New staff received an induction to the service, completed training and undertook a period of shadowing where they were introduced to the people they would be supporting. Staff without previous experience completed the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care. Staff received regular training updates in subjects which included infection control, safeguarding, dementia and manual handling. This was all carried out face to face by a local training provider. Staff provided positive feedback about the training and said it was interesting, informative and interactive. Training records showed training was kept up-to-date.

The acting manager had recently obtained funding for staff to advance their existing training and qualifications in a range of areas, for example, dementia, safeguarding and nutrition. This would give staff a greater and in-depth knowledge in a range of care topics.

Staff said they felt well supported by the service and the management team. Staff received supervisions and annual appraisals to discuss their performance and developmental needs. Some of these required bringing up to date. We saw a plan was in place to address this.

People told us they received appropriate support at mealtimes. They said staff cooked/prepared the required food to a good standard. One person told us how they planned their meals along with staff to help ensure a balanced diet and this worked well. Where staff supported people with food information was recorded within care and support plans to guide staff. If people had specialist dietary needs, for example this was clearly recorded in their care plan. For example, we looked at one person's records who required a soft diet. The advice from speech and language therapy had been incorporated into the care plan to help ensure staff provided the required care.

People's healthcare needs were assessed and information recorded within care plans to guide staff. We saw the service supported people to maintain good health for example supporting them to attend hospital appointments and liaising with family over changes to people's health. Any assessments of information from healthcare professionals including hospital discharge notes were recorded in people's care plans so staff were aware of any changes in their condition and care requirements. The service regularly liaised with professionals including GP's and district nurses. One person received a 24 hour care package from staff. We spoke with the manager about the need to ensure a hospital passport or similar document was put in place which the service could give to hospital staff to provide concise information on their needs should they be admitted to hospital.

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 that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We found no DoLS applications had needed to be made. One person who used the service who lived in another care setting was subject to a DoLS. The service had obtained a copy of this to ensure they were aware of any conditions which might affect how they provided care and support.

Where people had capacity, they were fully involved in decisions relating to their care and support and signed to consent to plans of care. Where people lacked capacity, we saw the service had ensured any decisions made were made in their best interest. For example, we saw a best interest decision had been made involving a range of stakeholders for a person to use a wheelchair lap-belt to reduce the risk of them falling. The acting manager had a good understanding of their responsibilities under the MCA which gave us assurance the correct procedures would continue to be followed.

The acting manager knew some relatives had Lasting Power of Attorney, however this information was not kept on file. We asked the service to obtain copies so they knew if people legally had the right to make financial or care related decisions about their relatives.

Is the service caring?

Our findings

People and relatives said they were treated well by staff. They said staff were kind, caring and friendly. People said they felt they were treated with dignity and respect by staff. One person said "Absolutely brilliant carers." Another person said "They are all friendly and charming." A third person said "Yes, nice friendly people the lot of them." A fourth person said "Think they are ok, they are all friendly towards me." However this person said that two staff often used their mobile phones when they were supposed to be caring for them. We raised this with the manager and had confidence it would be fully investigated.

The service promoted good relationships between people and staff. We saw people received a consistent and small group of carers. This promoted familiarity and the development of good strong relationships with people. Staff we spoke with subsequently knew people well. People said any new carers were introduced first through a period of shadowing so they were not cared for by strangers. Care records demonstrated that the service asked about their likes, preferences and personal histories to aid in the better understanding of people.

We saw staff were matched to people who they might like to work with shared interests and compatible personalities. One person said they had met a new carer who they were impressed with and looked forward to working with.

The service planned and delivered care whilst ensuring people's independence was promoted. We reviewed care records and saw there was a clear focus during care planning on encouraging people to do as much for themselves as possible. For example, the service encouraged people to wash parts of their body themselves and to help plan their weekly meals and activities.

People and relatives said they felt listened to by the service. We saw the acting manager had been out to see people to discuss any concerns, complaints and their care and support experience. People had regular contact with the management team who sought their views through reviews, surveys and during spot checks of staff practice. We saw evidence people's views in relation to their care and support were taken seriously and acted on. Care plans evidenced people's involvement in their care and support.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the acting manager, people and relatives showed us the service was pro-active in promoting people's rights. Where possible, we saw staff who spoke with people who spoke their native language. We saw staff had received training in equality and diversity and also in LGBT (Lesbian, gay, bisexual and trans) issues to help raise awareness within the workforce.

Is the service responsive?

Our findings

People said that care was appropriate and met their individual needs. They said staff always completed the required care and support tasks and did this to a high standard.

People's needs were assessed prior to using the service. This information was then used to formulate support plans to guide staff on providing personalised care. Care plans covered the tasks to complete at each visit as well as any other information staff needed to keep the person safe. We looked at a sample of support plans and found them to be clear and person centred. These contained a good level of detail. For example one plan noted a person's preference to have their clothes warmed on the radiator before they put them on and provided clear instructions on the type and colour of flannels and cloths to use during personal care.

Most people said staff were reliable and arrived on time. Each person had an agreed set of call times so they were clear on when to expect staff. One person said "yes they always come at the same time." However one person raised a complaint about the timing of their lunchtime and evening calls saying there was too much variation. We raised this with the manager to investigate. People said staff did not rush and stayed with them for the full call length. This helped ensure appropriate care and support.

We found care plans were up-to-date and were subject to regular review. People and/or their relatives were usually involved in an annual care plan reviews and this was clearly evidenced. However, we did note one person had not received a recent review and their relative said they had not been involved. The manager told us they would ensure a review was carried out.

We looked at what the service was doing to meet the Accessible Information Standard. The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. People's communication needs were assessed prior to using the service and plans put in place to support people to communicate effectively. For example, one person had minor hearing difficulties and this was clearly recorded within their care file. We saw staff communicate appropriately with this person during a visit to their home. Information was available in different formats, for example easy-read and the service had a braille printer should people require anything in this format.

Some people who received personal care were also supported to access the community by staff. People said this aspect of the service was good and staff helped them to go out and maintain links with the community. Care plans were in place to help ensure this support was done safely.

Complaints were managed appropriately. The complaints procedure was detailed in the service user guide. People told us that they were generally satisfied with the service. One person told us how their complaints had been taken seriously by the acting manager and improvements were now being made. We saw any issues or complaints raised either through care reviews and formally through the complaints process were

fully investigated with actions put in place to improve people's experiences. The acting manager met with people to discuss the initial complaint and then again to give them a clear outcome. This demonstrated complaints were taken seriously and fully investigated.

Is the service well-led?

Our findings

At the last inspection we found governance within the service needed improving. Training records were not well organised and one staff file evidenced poor recruitment decisions. At this inspection we found improvements had been made to these specific areas. However, the introduction of the electronic recording system had caused problems with data continuity and meant there was not always a complete record of the care and support provided to people. The acting manager was open and honest with us about the current limitations of the system and the effect this had on evidencing a complete record of the support each person had been provided with. They told us the current electronic system was not fit for purpose. We saw this was the case when we reviewed care records. For example, daily records of care and support were not consistently completed. We saw a number of gaps which meant it could not be established whether people had a care call, the time they arrived and the tasks completed. People and staff told us calls were not missed so we were assured that it was a recording issue. However, one person told us staff were often late to their evening and lunchtime call. We were not able to verify this due to missing information. Some staff also told us that the time they completed the record was not always correct as they had to input details of the visit at their own home, if it wasn't working at the time care was completed, meaning the time on the system was incorrect. The acting manager said they were going to reintroduce paper records to deal with this shortfall.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

Most people said they were happy with the care and support. One person said "Overall its quite good." A relative said "things have been good." Another person said "[Acting Manager] has been fantastic, he has done risk assessments and helped me a lot, it's much better since he took over." Most people said they felt able to engage with the management team and they felt listened to.

A manager was registered with the Commission as the registered manager for the service. However, they had left in May 2018 and were in the process of de-registering. A new manager had been recruited who started employment the week of the inspection. They had put in an application to become the new registered manager for the service. Since the previous manager left in May 2018 an acting manager was in place who was managing the transition to the new manager. We saw they had had a positive effect on the service, engaging with people and relatives to help continuously improve their experiences. We saw they had a clear philosophy of providing person centred care and support. The acting manager said they would work with the new manager for the next 3-6 months to ensure handover of information and systems. The management team were supported by care co-ordinators who role it was to complete audits, check staff performance and organise rota's.

The service had a well-defined set of values which were on display in the office and staff were taught about during induction. Staff said morale was good within the service and they felt well supported. Since the last inspection the service had moved to spacious accommodation in the city centre. This made it easier for people and staff to engage with the management team for example encouraging them to drop in when they

were supporting with activities in the city centre. One staff member said "If I need to go the office I feel welcome and we can take service users in."

There were clear plans for further improvement. This included introducing a team of senior care workers and rectifying the problems with the electronic care monitoring system.

Audits and checks were undertaken. The acting manager was aware of where the service was performing well and the improvements needed around documentation which demonstrated they had good awareness of the service and how it was operating. The electronic care monitoring system had audit facilities but was not accurately gathering data which meant meaningful audit was not possible. Spot checks of staff practice took place where their performance, appearance and timeliness was monitored. The care co-ordinators also conducted a monthly audit. This looked at a range of areas including staffing levels, training and complaints and safeguarding incidents. This was sent to senior management so they could be assured how the service was operating.

People's views on the service were sought on a regular basis. This included telephone surveys to ask people if the care package was working and whether any changes were needed. Full quality assurance visits to people's houses also took place, we saw action plans were put in place to address any concerns or changes people wanted to the care and support plans. Surveys were done on a regular basis, but the results were not collated to look for overall themes and trends. We spoke with the manager about how this would be helpful to assess overall performance and feedback overall results to staff and people. A new staff survey was being developed to seek and engage with them

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 17 HSCA RA Regulations 2014 Good governance 2 (c) A complete and accurate record of people's care and support was not always maintained.