

Gain Healthcare Ltd

# Gain Healthcare Ltd

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Gain Healthcare Ltd is a domiciliary care and supported living service providing the regulated activity of personal care. At the time of our inspection there were 2 people receiving the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We have made a recommendation about the systems and processes used to ensure the service are not depriving people of their liberties without the correct authorisation from the Court of Protection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Safe recruitment practices had taken place to gather satisfactory evidence of staff conduct in all relevant previous employment. The model of care and setting maximised people's choice, control and independence. People who experienced periods of distress had proactive plans in place which ensured restrictive practices were only used by staff if there was no alternative.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, people had been deprived of their liberty without the appropriate legal authorisations being sought from the Court of Protection. Whilst this was not the immediate responsibility of the provider, they had not through their own systems, identified or taken action in response to this shortfall. We raised this with the registered manager who took immediate action.

Right Care: People were protected from abuse and poor care and any concerns were addressed. The service had enough appropriately skilled staff to meet their needs and keep them safe. People were able to communicate with staff and understand information given to them by staff who supported them consistently and understood their individual communication needs.

Right Culture: Staff spoke positively about the culture of the service and told us they placed people's wishes, needs and rights at the heart of everything they did.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 9 August 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider refer to current guidance about best practice in end of life care planning. At this inspection we found no one was being supported with their end of life care and support but the registered manager was aware of their regulatory responsibility in relation to best practice guidance.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gain Healthcare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation about the systems and processes used to ensure the service are not depriving people of their liberties without the correct authorisation from the Court of Protection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Gain Healthcare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service currently provides care and support to 2 people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 24 March 2023 and ended on 29 March 2023. We visited the location's office on 24 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 members of staff including the registered manager, supported living operations manager, a registered manager from another service within the same provider and 3 care workers.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and sought feedback from 9 professionals about their experience of the care and support provided by the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection risks had not always been appropriately assessed, monitored and mitigated to ensure the health, safety and welfare of people using the service. In addition, medicines had not always been safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Time was needed to ensure new systems to promote safety were fully embedded in practice.

At our last inspection recruitment procedures were not always operated effectively to ensure staff employed were of good character or suitable for the role. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

### Staffing and recruitment

- The registered manager had considered and managed the risk when they had been unable to obtain satisfactory evidence of staff conduct in all relevant previous employment.
- Disclosure and Barring Service (DBS) checks had been completed prior to new staff starting work at the service. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured there were documented interview notes, alongside a record of training and support to ensure staff were appropriate for the role they had been recruited for.
- The rota had been developed to allow staff to work the majority of their hours with the same person. This helped to ensure that people received consistent care from staff who knew them well.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff had attended safeguarding training and understood their responsibilities around reporting concerns. One staff member said, "I am clear about my safeguarding responsibilities and would go to my managers."
- Staff had access to the provider's safeguarding and whistleblowing policies which were kept up to date.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People with complex needs had been supported after a referral from their local authority. The registered manager had recognised the need to ensure bespoke staff training was in place prior to people being

supported by the service. They had subsequently made the decision to recruit for a learning and development lead to develop this part of the service and ensure it was robust.

- Risk assessments were in place to identify how staff should work safely with people. This included assessments around people's medical conditions and home environment.
- The registered manager investigated incidents and shared lessons learned with the whole team and the wider service.
- The management team were open to feedback from people, relatives, staff and professionals. The registered manager had developed processes to routinely capture feedback to identify gaps and drive forward improvement.
- The registered manager had an 'out of hours' telephone service which they operated with the support of other managers and 'business support team' outside of office hours. This meant that people, relatives and staff were able to contact the provider in the event of an emergency.

#### Using medicines safely

- Staff had received training in the safe administration of medicines, and they received regular checks of their competency. One staff member said, "I have done medicines training but as I'm new to the company I'm not allowed to administer medicines until they've completed the competency checks."
- Protocols were in place to ensure that 'as required' medicines were administered safely.
- The electronic medicines administration records (eMAR) was viewed and provided assurances that medicines had been administered as prescribed. We saw how mitigations had been put into place when there had been a discrepancy with the electronic recording system. This ensured people continued to receive their medicines safely whilst the error was being rectified.
- The eMAR system provided real time alerts should a person's planned medicines not be administered. This allowed office staff to take action to ensure the person received their medicines as prescribed.

#### Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE) to safely manage and control the prevention of infections.
- We were assured that the provider's infection prevention and control policy was up to date.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Support plans were personalised and reflected a good understanding of people's needs with the relevant up-to-date support assessments.
- Staff used recognised risk assessment tools to manage risk and ensure people's safety consistent with national guidance and best practice. People with swallowing difficulties were offered food in accordance with the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework. This framework provides a common terminology to describe food textures and drink thickness to improve the safety of people with swallowing difficulties.
- The provider utilised technology to promote the effective delivery of care. Staff recorded details of their care records using this system, which the management team could monitor in 'real time'. This helped the provider remotely monitor the quality of care and take action as required.

Staff support: induction, training, skills and experience

- Staff told us they were well supported by the registered manager and management team. One staff member said, "I have all the information I need to support [person]. Management are very thorough. By the time I started working with [person] I had read the care plan and risk assessments and felt like I already knew [them]."
- Staff received an appropriate induction, supervision and ongoing support in their role. One staff member said, "I had a really good induction and was really supported to understand people's needs."
- The registered manager worked alongside staff to help ensure they understood people's needs. They told us the appointment of the new learning and development lead would ensure further improvements as the service grew.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People's nutrition and hydration needs had been documented in their care plans. Guidelines were in place for people who had an increased risk of choking and guided staff to ensure people were being supported safely.
- People's healthcare needs had been documented in their care plans. This included guidance for the management of specific healthcare conditions such as epilepsy.
- Staff worked closely with relatives and could describe how they would work with other agencies to monitor people's wellbeing.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We saw evidence that the service was working within the principles of the MCA. However, appropriate legal authorisations were not in place when needed to deprive a person of their liberty. We have reported on this in the well led section of this report.
- Staff had received MCA training and showed an understanding of their duties under the Act. One staff member said, "MCA training is very good. We promote choice and I understand the need to ask for consent from [person] when they are making choices."
- Staff were aware of people's capacity to make decisions through verbal or non-verbal means and this had been documented in people's support plans.
- The model of care employed by the service promoted supportive practice that ensured restrictive practice was only ever used as a last resort. A staff member said, "We are trained if we need to use physical interventions, but we always avoid it. We know we need to use the least restrictive option like verbal redirection and de-escalation."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service met the needs of all people using the service, including those with needs related to protected characteristics.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. For example, people had positive behaviour support (PBS) plans to guide staff to support them using a person-centred approach.
- Staff told us they wanted to promote personalised care and choice. One staff member said, "I want to break down barriers for people who we support so [they] can live their lives how they want."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were supporting people who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols. The registered manager had recognised that more training was needed to support people to interact comfortably with staff using Makaton and so training had been scheduled to develop staff skill in this area.
- People's care plans included information of how to best support their communication and understanding. A member of staff spoke about someone they supported and said, "We have really started to know [them] now so we know the way that [they] express themselves and adapt communication to make [their] voice heard."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities and interests in their local area. People's care and support plans reflected their tailored needs in line with their personal preferences, and this promoted their wellbeing and enjoyment of life.
- People were supported to maintain and develop relationships with people that were important to them. Information was clearly documented in people's care plans so that staff could support them in this area.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which stated a complaints log would record each complaint and any

actions taken. We saw that when a recent concern had been made, it had been acknowledged, investigated and responded to in line with the providers policy.

- The registered manager told us the service treated all concerns and complaints seriously by investigating them and learning lessons from the results, "As a company we are always identifying areas for improvement."
- The registered manager was committed to improving care quality in response to complaints. They had identified where developments were required and were recruiting for an experienced safeguarding and complaints lead to join the service and further improve people's experience.

#### End of life care and support

At our last inspection we recommended that the provider refer to current guidance about best practice in end of life care planning.

- At the time of our inspection, no one was being supported with their end of life care and support.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems and processes had not always been effective in assessing, monitoring and mitigating risks to the health, safety, and welfare of people using the service and to improve the quality of the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. Time was needed to ensure new systems to promote safety were fully embedded in practice

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

- People had been deprived of their liberty without the appropriate legal authorisations being sought from the Court of Protection. Whilst this was not the immediate responsibility of the provider, they had not through their own systems, identified or taken action in response to this shortfall. We raised this with the registered manager who took immediate action to resolve.

We recommend the provider review their systems to ensure they are working in accordance with their policy and liaising with the local authority to ensure they are not depriving people of their liberties without the correct authorisation from the Court of Protection.

- The registered manager told us they were committed to developing their skills, knowledge and experience to perform their role. They had recently completed additional training to help provide greater oversight of the services they managed.
- Aside from the concerns we identified, we saw the provider had made improvements to their governance processes and management oversight. The registered manager said, "We've taken feedback from the last inspection and we've made real progress."
- There was now a clear management structure in place. The registered manager oversaw the running of the service and were supported by the management team. The registered manager told us they were looking to develop this further with the appointment of new management positions with key responsibilities in the running of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the culture of the service. One staff member said, "Management are brilliant. There is always someone on the end of the phone. Sometimes they do shifts with us. It helps them to identify any more training the staff might need or any amendments to people's care plans."
- Staff were able to describe the importance of promoting person-centred care. One staff member said, "All of the team support people with their personalised care and people get a good quality of care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibilities to report to the CQC.
- The provider was aware of their responsibilities under the duty of candour, to be open and honest about any accident or incident that had caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service did not always receive positive feedback from professionals in relation to partnership working and communication. We spoke with the registered manager who told us the measures they had put into place to develop this area. More time was needed for this to be fully embedded and the necessary improvements to be realised.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy to inform improvements to the service.
- The provider engaged in local forums to work with other organisations to improve care outcomes where possible for people using the service and the wider system.