

Guardian Homecare UK Ltd

# Guardian Homecare (The Courtyards)

## 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 caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

# Summary of findings

## Overall summary

### About the service

Guardian Homecare (The Courtyards) is a domiciliary care service providing personal care to people living in a new purpose built extra care housing setting. Staff are available on site over a 24 hour period to support people. At the time of the inspection 16 people were receiving care and support from the service.

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

People told us they felt safe and staff knew what to do if abuse was suspected. Evidence of safeguarding investigations were seen. Individual risk assessments had been completed. The management confirmed one person's risk assessments had been reviewed to ensure it reflected their current need. Medicines were managed safely and actions had been taken to investigate any gaps. The management confirmed all medication records had been checked to ensure they have been signed by two staff. People were complimentary about the staff, the staff had been recruited safely. Staff were wearing personal protective equipment, appropriate policies and guidance was available.

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.

People told us consent was sought from them, and deprivation of liberty applications had been submitted. People's needs had been assessed and professionals had been involved where appropriate. Most people told us the staff had the knowledge and skills to meet people's needs. People were supported with their meals and drinks. People were supported in a new purpose built building with a range of communal areas. People received good care, people and their relatives were complementary about the service provided. People were involved in decisions and choices about the care they received.

No complaints had been received and positive feedback was seen. Care plans had been developed and contained information about how to support people's needs. People were supported with their communication. Activities were available to people, and engagement with the wider community was supported.

Feedback was sought from people and we saw team meetings had taken place recently. People were confident in the management of the service and staff understood their roles and responsibilities. Audits were taking place and information, policies and guidance was available to support the delivery of care to people.

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

This service was registered with us on 17 March 2020 and this was the first inspection.

## Why we inspected

This was a planned inspection.

## Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

Good 

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

Good 

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

Good 

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

Good 

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

Good 

# Guardian Homecare (The Courtyards)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Two inspectors and an Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice of the inspection. This was to ensure the management and staff were available to support the inspection.

#### What we did before the inspection

Prior to the inspection we looked at all of the information we held about the service. This included feedback,

investigations and notifications which the provider is required to send to us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We visited the location where people were supported. We spoke with three people who used the service, five relatives about their experiences of the care provided and received feedback from one professional. We spoke with six members of staff including, care staff, the manager, branch manager and the quality assurance manager. The registered manager was available to offer support with the inspection remotely. We reviewed a range of records, including care records, medicines administration, policies and procedures, audits and records relating to the operation of the service.

#### After the inspection

Further information in relation to risk assessments and staff training was provided following the site visit.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse. People and relatives told us they felt safe and knew who to go to if they were concerned. One said, "Yes, they are very good with her, and they check on her and even go to see her when she is not due a visit" and, "I feel safe and secure with them."
- Staff understood the actions to take if abuse was suspected. They said, "I would tell the manager and would complete the documentation. If it was the manager I would go higher." Policies and guidance was available for staff to follow.
- Investigations into allegations of abuse were noted, including the actions taken as a result of these. The quality assurance manager confirmed a notification had been submitted to CQC in relation to one investigation on the day of the inspection.

Assessing risk, safety monitoring and management

- Risks were assessed and managed. Individual risk and fire assessments were in place. These were developed on the electronic system where a risk rating is generated to identify the level of risk for each area. We saw one person required specific risk assessments in relation to their individual need. The service took immediate action to ensure these were in place to guide staff.
- The service had developed a contingency plan, as well as a COVID-19 contingency plan and risk assessment to manage the current COVID-19 pandemic safely in the event of an outbreak.

Staffing and recruitment

- The registered manager ensured staffing was sufficient to meet the needs of people. Most people raised no concerns in relation to the staffing numbers. People told us, "They do change quite a bit, I ring them, and they come, I don't know who is coming but I know them all, they aren't strangers" and, "They are very polite, warm and approachable, nothing is too much for them, with 24 hours care it is a fantastic facility." However others said, "There isn't that many, but I am getting to know them, and I have very similar ones" and, "Sometimes if they are short staffed, I have to wait a bit, but there is no problem."
- Staff were recruited safely. Staff told us the relevant checks had been completed prior to them commencing employment and, the records we reviewed confirmed this. This ensured only suitable staff were recruited to work at the service.

Using medicines safely

- Medicines were managed safely. No concerns were raised in relation to the management of medicines. People said, "They do [persons medicines], he always gets it, and he tells them if he doesn't get it on time" and, "Yes they do they always remember to give it to me, or remind me to take it."
- Records had been completed in relation to medicines administrations. Audits had been completed on the

records. Where gaps or errors had occurred there was evidence of the immediate action taken by the service including, investigations and supervisions with the staff. We saw that medicines records had not been checked and signed by two staff at the beginning of each month, in line with the providers policy and best practice guidance. The provider took immediate action to review all people's medication records, to ensure they had been completed and checked by two staff.

- Staff told us and records confirmed that medicines training and competency checks had been completed. This ensured staff were safe to administer medicines safely.

#### Preventing and controlling infection

- People were protected from the risks of infection. People and relatives told us staff wore personal protective equipment (PPE). They said, "Yes, they do, yes, they wear gloves, masks and aprons", "Oh yes, they wear all the PPE gear" and, "They go straight in to wash their hands when they go in and then the gloves go on." A range of PPE was available for the staff team and we saw this in use during our visit.
- Policies and guidance was available to support staff in infection control as well as the management of the COVID-19 pandemic.

#### Learning lessons when things go wrong

- Lessons had been learned from incidents. Incidents and accident records contained good information in relation to the incident, the investigation undertaken and the actions taken, including referrals to professionals where required. This supported lessons' learned to reduce any future risks.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support: induction, training, skills and experience

- People were supported by a skilled staff team. Most people and relatives were confident in the knowledge and skills of the staff. They said, "The ones I have seen certainly have (The training and experience) yes, they are good" and, "Oh yes, they have to be (Trained). If there is someone new, they always have someone walking around with them." However one person told us, "I think some of them do, the older ones who have been there longer train the younger new staff but some aren't very good." The branch manager told us about a medication error which had occurred, including the actions taken to ensure staff were supported, monitored and trained appropriately to deliver effective care.
- Staff told us they had undertaken training to support them in their role. Training records and competency checks confirmed the staff had received the training and monitoring of their knowledge and skills.

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

- People's needs had been assessed. Care records confirmed assessments for people's needs had been completed, this ensured their needs could be met by the service. One person said, "They came and did a plan, we have an assessment filled in and they look after you when you need it."

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

- People were supported to eat and drink. People and relatives told us they were happy with the support they received. Comments included, "They do [persons meals] he likes it, they ask what he wants and they prepare it, I do his shopping and the carers (Staff) go out and do bits and bats for him" and, "They make breakfast, dinner and tea, they have half an hour. They make me a ready meal or a sandwich."
- Care files we reviewed contained information about how to support people with food and fluids. There was a bistro in the building, which was planned to be open soon after the inspection. People told us they were looking forward to this opening.

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

- People were supported to access healthcare services, professionals and support. Records confirmed professionals had been involved in people's care. One professional told us, "Overall, I feel things have gone well." However, they said there was an occasion where their guidance and support for one person needed to be repeated to the staff team to support them to meet their individual needs.
- People and relatives told us the service supported people to access medical support if it was required. They said, "If I wasn't well, they would get a doctor, it is horrendous getting through, so they do it for me", "If I need any medical care, it is on the list and they ask you if you need anything, they do everything for you"

and, "Yes, they would help him, he has an emergency call in the room and he is with the local doctor."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to protect people from unlawful decisions. People and relatives told us staff asked permission before undertaking any care and activity. Comments included, "Yes, they do (ask for consent) and, "Yes, they wouldn't be able to do it unless [person] consented."
- Care files contained information in relation to capacity assessments. This ensured people were not being deprived of their liberty unlawfully.
- Care files included information about people's choices, likes and how best to support them.

#### Adapting service, design, decoration to meet people's needs

- People who used the service had access to a range of facilities within the extra care housing scheme. The building was purpose built with a range of communal facilities available to people. These included, outdoor garden and exercise equipment, an activities room, bistro and assisted bathing facilities.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, their privacy and independence was supported. People and relatives told us, "Yes, they knock before entering they absolutely give respect, and [persons] privacy is respected when necessary", "I can't say there is anything I don't like it is a beautiful place" and, "Yes, they do (respect my privacy) when helping me undress they look away, I don't have a male carer." People told us staff asked permission before undertaking any activity.
- Care records were developed and stored securely in a n electronic system. People's individual paper records were stored safely in their own property. Records relating to the operation and oversight of the service were stored safely. This supported the requirements of the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People received good care, their individual needs were considered, and they were involved in decisions. People and relatives told us, "Yes, they have a lot of patience, they clean for them, and they had a choice of a bath or shower, when they moved in, they changed their mind so they take them to the bath which anyone can use" and, "They do everything I ask, it is in the book, what I need and I get a new one every month, they write in the book every night." People confirmed that the staff supported them to be independent. One said, "Oh yes, I am quite independent."
- Staff understood the importance of good care, and they demonstrated they knew people's needs. Staff confirmed care records provided information about how to support people. They said, "Regarding privacy and dignity we always ask them first, give them choices and respect people's confidentiality"
- Care records included information about people's needs and choice. A range of information and guidance was available to support and guide staff on good care delivery.
- Advocacy information was available for people to access for support with important decisions where required. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Assessments of people's needs had been completed. People and relatives told us they had been involved in the development of their care plans. They said, "Yes, they did a plan, and they update it every few months. They write everything down, even if I sneeze" and, "There was a care plan done on the day they moved in."
- Care plans were developed and reviewed on an electronic system and paper records were in place for staff to complete for daily activities and updates.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had developed systems to support people's individual communication needs. Care plans contained information about how to communicate with people and the management of their specific needs. The quality assurance manager told us how they supported one person whose first language was not English. A relative told us, "Yes, they know how to communicate with [person] despite [person's] hearing impairment."

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 maintain relationships and take part in activities in the service. A relative told us, "They do bingo and coffee mornings. [Persons] confidence is growing, and I am confident [person] is safe and well. [Person] didn't want to go to play bingo or go to the coffee mornings, but she has had encouragement and she will go now, I know she is in the right place." One person said, "I pinch myself every day I feel as if I am on holiday, I made friends at the coffee morning." Staff told us, "We try to encourage service users (People who used the service) to engage in activities they are interested in."
- Activities were offered to people in the communal areas of the building, outside space including exercise equipment was available for people to access. The branch manager told us people from the wider community were able to access the facilities on offer. This supported wider engagement with the local community.
- Technology was being used to good effect. Each person's accommodation contained electronic devices which enabled voice and video calling with the staff team, this enabled support, guidance and monitoring of people. One person told us, "If I am not well there is always somebody. I press the button someone is there in seconds night or day."

## Improving care quality in response to complaints or concerns

- Systems had been developed to investigate and act on complaints. People and relatives told us, "Oh I would say something anyway" and "I would go to the management."
- Policies and guidance were available to support staff in dealing with complaints or concerns. No complaints had been received by the service. Positive feedback had been received. Comments included, 'To all the carers at The Courtyard, thank you for all the care and support you have provided to [person] during her stay at The Courtyard, you have been amazing.'

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A person centred, and open culture which supported good outcomes for people had been developed. All of the staff team we had contact with were supportive of the inspection process and the information we requested was provided promptly.
- Certificates of registration was on display in the office of the service as well as the current employers liability insurance certificate.

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; Continuous learning and improving care

- Continuous learning and improving care was supported and the service acted when things went wrong and understood their responsibilities.
- Records confirmed the actions taken as a result of investigations, accidents and incidents or when things went wrong.
- A range of policies, guidance and information was available to support the delivery of care for staff to follow.

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

- All of the staff team were clear about their roles and responsibilities, the service was led by the manager and the quality assurance manager. The registered manager had overall responsibility and oversight of the service.
- People and relatives were positive about the management and the staff team. They told us, "I have met the boss and several of the carers, [person] is happy with them all", "I know the manager and she is approachable, she is lovely" and "The manager went up a few weeks ago to have a cup of tea and a chat with her, which was nice." A professional told us about the positive changes between the managers of the service. They said, "There is now another new manager [name of manager] but I was made aware who this was, introduced by the previous manager and provided with contact details which has made communication easy and reliable. The transition between managers was good as both worked side by side for a little while."
- We received positive feedback from the staff team about the management. Comments included, "I have good support mechanisms, I have had really good support in the job. The registered manager is great" and "It is quite good to be honest; the management are easily approachable. We are able to go to [branch

manager], and even the registered manager calls up and sees how we are."

- Audits and monitoring of the service was ongoing. These included senior team visits. The management team confirmed that they would ensure going forward a consistent process of auditing the service was maintained. We saw a quality improvement plan that had been developed to ensure identified improvements were ongoing and embedded into the service.

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

- Systems had been developed which ensured people were engaged and involved.
- Some people and relatives told us they were involved in meetings. One said, "Person goes to meetings as they bring more things on" and "They let us know if things are happening."
- Records confirmed people were asked for their views in a range of areas including, times of visits, happy with care workers and keeping them informed. The branch manager told us they were in the process of completing the annual survey which was to be sent to all people who used the service. The service user guide included information about supporting people to be involved in the service.
- Team meetings had taken place recently, notes from these included the dates, attendees and the topics discussed. The branch manager told us going forward meetings will be planned regularly with the staff team.

Working in partnership with others

- The service worked in partnership with others. Records confirmed professionals were involved in supporting the needs of people. A professional told us they had been involved in supporting one person and, the management team told us district nurses and GP's were involved in the care and support for people.