

Gifted Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This inspection took place on 17 November 2014. We gave the provider 48 hours' notice of the inspection because the service is small and we needed to be sure that someone would be available. The provider met the regulations we inspected at the last inspection which took place on 16 January 2014.

Gifted Care Services Limited is a domiciliary care service based in Hackney. It provides personal care and domestic support to younger adults and older people in their own homes.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

There were three people using the service at the time of our inspection. There were systems in place to keep people safe and staff were knowledgeable about potential risks and how to safeguard people from neglect or abuse.

Staff took action to minimise risks and keep people safe. However, identified risks were not always clearly identified in their risk assessments. This could have increased the risks to people's safety and welfare or resulted in their needs not being met.

Summary of findings

Staff followed a range of policies and procedures to ensure people were safe and protected. Staff were vetted for their suitability to work with people who used the service and there were sufficient numbers of suitable staff to meet their needs.

People were supported to take their medicines safely. Staff received mandatory training in areas relevant to their role and supervision and appraisals to enable them to carry out their duties effectively. The agency worked closely with healthcare professionals to meet people's needs.

People's rights may not have been protected as the provider did not have effective policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005.

People using the service and their relatives spoke positively about staff and the care and support they received. They told us that staff were caring and kind and treated them with dignity and respect.

People's needs were assessed prior to using the service. However, the assessments did not fully identify people's

support needs and who was meeting them. This could increase the risk of confusion in relation to their care and how their needs were being met. However the care people received was personalised and provided in line with their individual care plans.

People's diverse needs were taken into account when planning their care. People were actively involved in making decisions about their care and their care met their personal needs and preferences.

People received a service that was reliable, flexible and responsive to their ongoing or changing needs. People's needs were regularly monitored and reviewed. There had been no complaints to the service, however people and their relatives who used the service knew how to complain and said the manager acted promptly to address any concerns. As a small service, the registered manager kept in regular contact with people to monitor and review their service and addressed any issues when they arose.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. Risk assessments did not always clearly detail risks and how staff should manage these. This could increase the risk to their safety and welfare and of their needs not being met.

People who used the service said they felt safe. Policies and procedures were in place to keep people safe and minimise the likelihood of abuse. There were effective and robust recruitment procedures in place.

People were supported to take their medicines safely.

There were enough staff to meet people's needs.

Requires Improvement



Is the service effective?

Not all aspects of the service were effective. The agency did not have policies and procedures in place to reflect the requirements of the Mental Capacity Act 2005. Staff were not clear about their responsibilities in relation to the Act and therefore we could not be assured that people's rights were protected.

People were encouraged to maintain good health by supporting them to access healthcare services as they needed.

Requires Improvement



Is the service caring?

The service was caring. People using the service and their relatives were complimentary about staff and said that staff were kind and caring.

Staff respected people's privacy and dignity.

People's diverse needs were taken into account when planning their care.

Good



Is the service responsive?

Not all aspects of the service were responsive. The provider assessed and took into account people's needs when planning their care. However, people's assessments and care plans did not fully detail all of their needs. This could potentially increase the risk of people's support needs not being met.

People received care that met their ongoing and changing needs.

People who used the service knew how to complain and felt able to raise any concerns.

Requires Improvement



Is the service well-led?

The service was well-led. Staff said they felt valued and received good support from the registered manager.

Good



Summary of findings

Procedures were in place to monitor the quality and effectiveness of the service. There was a focus on delivering quality care that reflected best practice and a commitment to continually improving and developing the service.

Satisfaction surveys and monthly care reviews showed a high level of satisfaction by people who used the service.

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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 checked 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 17 November 2014. The provider was given 48 hours' notice because the service is small and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service and safeguarding alerts raised.

We spoke with one of the people who used the service, two relatives, five care staff, the care coordinator and the registered manager. We looked at records including three people's care records, four staff recruitment and training files, medicine records, audits and complaints.

Is the service safe?

Our findings

People's records did not always clearly identify risks and the action staff should take to minimise these. This increased the risk of people's needs not being met.

People's care records contained a range of risk assessments. These were aimed at assessing the main risks to people in relation to specific needs including their health, moving and handling and risk of falls. The risk assessments of the three people we looked at either did not fully identify their risks or state the actions required to reduce the risks. For example, risks associated with one person going out did not state what action or type of care was required to support the person. This meant that there was not always clear guidance for staff about how to keep people safe.

The registered manager and care coordinator were able to describe the risks to individual people and demonstrated that those risks were taken into account to provide a personalised service in response to people's needs. For example, individuals who had risks associated with moving and handling were provided with two care staff during visits to in order to ensure their safety. Staff were knowledgeable about risks to people and how to protect them.

We spoke with one person who used the service and two relatives. They told us they felt safe and that there had been no allegations of abuse and said they had never had any concerns for their safety. There were a range of policies and procedures in place about how to keep people safe and minimise the likelihood of abuse and neglect. For example, staff kept receipts when supporting people with shopping. The receipts and financial records were signed by the person who used the service and crossed checked in regular audits by the registered manager. This helped to ensure that people were protected from financial abuse.

There had been no allegations of abuse and there was information about what to do if people had concerns in the 'service users' guide. The person who used the service and relatives we spoke with said the registered manager had

advised them what to do if they had concerns about their safety or safety of their relative. All the staff said they had received safeguarding adults training. Staff showed they had knowledge and awareness of the signs of abuse and what to do in the event of any incidents of abuse. Staff told us they were aware of the whistleblowing policy and said they would not hesitate to report any concerns.

There were five care staff employed, who were sufficient in numbers to meet people's identified needs. Two care staff had recently been employed. We checked staff files and found they had all the necessary pre-employment checks in place to ensure staff were suitable to work with people using the service. There included criminal record checks, references and right to work in the UK.

People were supported to take their medicines safely. Staff prompted one individual to take their medicines. There were clear instructions for staff in the person's care plan and their care file contained a medicines administration record sheet which listed their current medicines and corresponded with information provided by the pharmacist. The registered manager informed us they had checked the medicines administration records kept in the person's home and were satisfied that they were being accurately completed. Evidence of the registered manager's home visit records showed this. The person's relative told us they were happy with the support with medicines that their family member received.

The care coordinator gave us an example of when they had liaised with a person's family and the pharmacy regarding a medicines error that occurred as a result of an incorrect prescription being issued. The care coordinator explained how they worked to resolve this to keep the person safe.

Staff confirmed that they had undertaken medicines training as part of their induction training and then more in-depth medicines awareness training. We saw that there were updated policies and procedures on medicines, including the administration, recording, safe storage and disposal of medicines.

Is the service effective?

Our findings

People's rights may not have been protected as the provider did not have effective policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Staff were not clear about their responsibilities in relation to the Act and how to support people who lacked the mental capacity to make decisions about specific issues.

One person's file contained an assessment stating they lacked mental capacity in all decisions due to their particular health condition. The agency did not follow the best interests decision making process to reach this conclusion and inform how care was provided for the person. The registered manager explained that they would consult the person's family in the event of any major decisions related to the person's care and worked with relatives to find out the person's preferences. Whilst consultation with relatives' forms part of the requirements under the Act, consultation alone is not in keeping with the principles of the MCA. The provider has a legal responsibility to ensure that people are supported to make their own decisions wherever possible and that each decision is considered separately.

The registered manager was aware that all staff required training to develop their practice in this area and had been in the process of arranging MCA training for all staff.

Care staff had attended training in a number of areas which helped them to carry out their role effectively. This included training on health and safety, safe moving and handling, food hygiene awareness and infection control. Training was provided by the registered manager and/or the local authority where this was available.

Staff confirmed that they received induction prior to starting their duties. They completed a three month probation period during which their performance was closely monitored to ensure they were suitable for the role. This included shadowing experienced care workers. After six months they were put forward to undertake courses to gain further qualifications in care. Staff told us the training they had received was valuable and improved their knowledge and practice. One staff member said they felt more confident in carrying out their role as a result of their training.

Staff could demonstrate that they knew people's needs and how to meet them. One care worker said that they read a person's care plan prior to their visit as this was the first stage in finding out about the person and how to support them. They each had experience of working in the care industry before working for the agency. Staff received regular supervision with the registered manager, but appraisals had not yet been completed. The registered manager said they were planning to undertake appraisals with all staff.

People were supported by staff to maintain a healthy lifestyle. People's independence was promoted as care staff supported them to be involved in shopping for food and preparing their meals. Staff encouraged people to eat as healthily as possible whilst at the same time respecting their wishes to choose food that they liked.

Staff responded appropriately to people's health needs, reporting concerns relevant healthcare professionals and ensuring they were able to access their GP, health and hospital appointments, providing escorts where this was needed.

Is the service caring?

Our findings

People and their relatives told us that staff were, “kind and caring” and “very good.” One person told us, “I am happy with all of my services and I’m happy with my care worker.” Relatives were also satisfied with the attitude of staff towards their family members and said that staff had a friendly manner. One staff member told us “I know that people are happy and they are well looked after” and, “You have to respect people and listen to what they want.”

The registered manager described how they encouraged staff to work positively with people to find out their likes, dislikes and preferences. They said staff shared experiences in team meetings, learning from each other about how best to work with people. This reflected the comments we received from staff, who said they always talked with the registered manager about people’s needs and that the registered manager always encouraged them to involve people in their care.

Staff promoted people’s privacy and dignity. They gave examples of how they respected people and protected their privacy when giving personal care. One staff member told us they did what they could to value people, for example, by giving people choices in relation to their bathing and personal care.

The provider employed staff from a range of ethnic, religious and cultural backgrounds and tried where possible to match people to staff according to their needs and wishes. For example, they allocated staff who were more familiar with people’s religious needs or who were their preferred gender to provide personal care.

No one who used the service required End of Life care however the agency was arranging for staff to undertake End of Life training.

Is the service responsive?

Our findings

People's individual needs were not always fully recorded in the provider's assessments and therefore people may have been at risk of unsafe or inappropriate care. People's needs were assessed prior to them receiving their service however their assessments and care plans only highlighted the needs that were being met by the service. They did not detail support provided by family members, for example, with medicines or finances or areas that the person could manage independently. Therefore it was not clear to staff who was providing support with other aspects of care so that staff could monitor and address any further identified needs. However the provider's assessments detailed people's needs in a range of areas, including health, health and safety and mobility and the service took their needs into account to meet their needs.

Care plans included people's individual preferences, however the care plans did not always fully identify people's needs when seen against people's assessments and daily records of care provided. We found that care plans were not signed by people who used the service. The registered manager and care coordinator advised that the signed care plans were kept in people's homes. The person who used the service and the relatives whom we spoke with told us they had signed their plans and were fully consulted and involved in developing their plans. The provider made an effort to ensure people's views were included in their care plans.

People were supported to live independent lives in their own homes. This included using staff to help them access

health services and social activities. They had regular reviews of their care to ensure the provider met their on-going needs. This included visits by the registered manager and regular telephone calls. One person told us how their care had been adjusted in response to their needs changing and we noted that their care plan reflected this. People told us they could contact the office any time they needed.

People and their relatives told us they had regular care staff who were familiar with their needs and said there were no problems with time-keeping. They said staff would contact them if they were experiencing any delays.

People and their relatives felt able to raise concerns and had been given information about how to make a complaint. We received a comment from one person who used the service who said, "I have no complaints." A relative said, "There were a few niggly things at first but they got sorted out straight away." Another relative told us that they did not have any concerns, and if they did they would not hesitate to raise them with the registered manager. They said, "If I have a problem they act on it straight away."

The registered manager said they regularly sought feedback from people to assess if they were satisfied or had any complaints. Their individual files contained notes of on-going discussions which showed that people were satisfied with their service, for example, we were able to see how the provider adapted the visiting times to individuals which better suited their needs and preferences.

Is the service well-led?

Our findings

The service was well led and managed and staff valued the support they received. Staff told us they really enjoyed working at the service and they felt valued by the organisation. One staff member said, “It’s one of the best agency’s around. The manager has an open door policy and is always available to you, even out of hours.” Another staff member told us, “There is very good support and training. The manager is always there to give you advice and help.”

This was a small agency and so staff met with their manager in the office as and when they needed. There were team meetings every two to three months where staff could share and receive information about the people who used the service, receive training and any updates.

The registered manager was supported by a care coordinator. The roles and responsibilities of each member of staff were clearly defined. Staff told us about the importance of working together as a team to support people using the service. The registered manager was knowledgeable about the support needs of people who used the service.

The agency had signed up to the United Kingdom Home Care Association (UKHCA) and Skills for Care, where they kept up to date with new developments in the care industry. They shared this information with staff to ensure they kept staff updated and informed about best practice.

The registered manager regularly monitored the quality and safety of the service. They showed us records of their

‘spot check’ visits to people’s homes, where they talked with people, checked daily care records, timekeeping, medicine administration records and staff handling of people’s money. During the visits the registered manager checked if staff delivered care in line with people’s individual care plans. These highlighted what was checked but did not always record areas for improvement. The manager said that they were developing their quality monitoring systems and showed us evidence that they had arranged for an auditor from Skills for Care to visit that week to visit and look at all the organisation’s policies and procedures and see how they could improve their quality systems, procedures, care plans and overall management of the service.

People were asked to comment on their satisfaction with the service and we saw that the agency scored highly in their levels of satisfaction. The manager advised us that as the three people receiving care had recently begun to use the service, their quality assurance system had not yet been fully developed to include an analysis and recommendations for improving the service overall. However there was evidence that the provider had taken action to improve the service for individuals as a result of their on-going discussions with people, for example, by increasing care to one person who needed more hours for cleaning and shopping.

The registered manager demonstrated a commitment to improving and developing the service. They attended seminars to improve their practice and had invited an auditor from Skills for Care to review their policies and procedures and the overall management of the service.