

Galiant Health Care Limited

Galiant Health Care Almondsbury

Inspection report

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Website: www.galianthealthcarelimited.co.uk/

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: Galiant Health Care Almondsbury is registered to provide personal care to people in their own homes.

At the time of the inspection the service was providing support to six people. The service was provided across the City of Bristol.

People's experience of using this service:

People received care and support to meet their needs. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk.

There were enough numbers of staff employed to work in the service so that people's needs were met. People were safely supported with their medicines and general health needs.

Independence was encouraged as well as positive risk taking. If an incident or accident did occur, they were well reported and investigated.

People felt staff were caring and always treated them with dignity and respect. The staff had a very good understanding of the care and support needs of people they supported. People said staff supported them with goal setting and working to achieve their goals. They also told us staff had enabled them to regain confidence to do things. Care was personalised to reflect people's wishes and what was important for them.

People were well supported to participate fully and actively in the community. Care needs were thoroughly assessed and reviewed to ensure people received the right support and care at the right time. Care and support were adapted when needs, choices and decisions changed.

People received care and support that was responsive to their needs. This was clearly evidenced in the way that people were supported to make informed choices, so that they could control their care and support. They were included in wider decisions about the way the service was provided, and suggestions, feedback and concerns were fully considered.

The team of staff had received training to enable them to carry out their role effectively. They were also well supported by their management team to do their job.

People had good relationships with care staff who protected their rights to lead as normal a life as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Relatives told us they felt people were safe and well cared for in their home. Some people were unable to

provide detailed verbal feedback but were able to indicate that they felt comfortable and at ease with staff. Everyone spoke positively about the service they received.

There was a complaints procedure which people were all aware of. The manager had an open-door policy which welcomed informal discussions and conversations whenever needed.

People benefited from a service that was well led. Staff knew there were a clear set of values in place which they put into practice. There was an open culture and staff said they felt well motivated and valued by the managers.

Rating at last inspection: This was the first inspection of the service since it was registered with us in September 2018

Why we inspected: This was a scheduled inspection, based upon the date the service was registered with us.

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 ●

Galiant Health Care Almondsbury

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.

Inspection team

The team consisted of one inspector and an expert by experience (ExE). An ExE is someone who has personal experience of using or caring for someone who uses this type of care service. Our ExE had direct experiences of care at home services.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

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 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.

What we did before the inspection

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.

During the inspection, we spoke with three people who used the service to ask about their experiences, and two relatives.

We spoke with three members of staff as well as the registered manager and provider.

We reviewed a range of records. This included two people's care records and three medicines records.

We looked at two staff files in relation to recruitment and staff supervision. We also reviewed records relating to the management of the service, including policies and procedures.

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 all told us they felt safe. There were policies in relation to safeguarding and whistleblowing and staff continued to receive training based upon these.
- The staff had a good insight and awareness of safeguarding procedures and how to keep people safe. The staff also knew how to report an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Staffing and recruitment

- People told us there were enough staff available and the service never used agency staff. They told us staff shortfalls were always covered by other members of the regular team.
- There was an electronic system in use to work out staffing and dependency needs. This gave guidance on the number of staff required and staff visits were well planned and the required staffing levels were met.

Using medicines safely

- People who needed support with medicines were supported to manage these safely.
- Staff understood and followed clear processes to support people to order their supply of medicines
- Medicine administration records showed that people received their medicines when required.
- Staff had been trained to give medicines and their competency in doing this was checked frequently by senior staff.
- There were regular checks of people's medicines to ensure policies and procedures were followed and errors identified.

Preventing and controlling infection

- Risks to people were minimised because there were systems in place to control and prevent the spread of infection.
- Staff had been trained and understood how to minimise infection risks.
- The staff used personal protective clothing and equipment when needed.

Learning lessons when things go wrong

- The registered manager told us the service had not yet had any kind of incident or 'near miss' in relation to

the care and service provided.

- There were daily checks on people's care and support and visit plans carried out by the registered manager and operations manager. This meant there were systems in place to ensure if something did go wrong then learning would take place.

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.

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

- People felt their needs were identified and the care and support they received was effective. One person told us, "All of the carers seem to know how to look after me, they all do a really good job." Another person said, "Everything the carers need to do is written down clearly. All of the carers follow the care plan, so no mistakes ever happen, everyone knows what they are supposed to do". A relative told us, "All of the carers appear to know what they are doing, I would say they all provide an adequate service, as far as the training they complete, I am not really sure, I just know that they do their jobs well." This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt well supported and they had regular supervision on a one to one basis as well as a yearly appraisal planned for each member of the team. Staff told us they were encouraged to develop their knowledge and skills.
- Staff felt they were supported to go on training and development relevant to their role.
- Staff were also provided with refresher training and updates in clinical skills such as nutrition, safe moving and handling, and support aids .
- The training records confirmed a high compliance of staff who had completed a full range of required training.

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

- People were well supported to eat and drink enough for their wellbeing. One person told us, "The carers are not required to get me any food at all, however they always ask if I want a drink. I chose what I want, today it's very warm, before they went they reminded me to drink plenty today". Another comment was, "The carers do get me my food, they always ask what I want and how I would like it cooked, they always give me a choice".

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked closely with mental health teams and liaised with a psychiatrist This was because certain people who used the service had built up a really close bond with the registered manager .

They wanted them to support them on their 'journey' through mental healthcare services.

Supporting people to live healthier lives, access healthcare services and support

- The Registered Manager told us about several ways that the service supported people to access healthcare services and support. They took a person who was very anxious to the dentist and stayed with them for support in their own time. This clearly ensured the person felt more settled and able to cope with the procedures.
- Another person who was diabetic was supported by staff with sensitive guidance and support around non-sugar foods.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff and people told us they made sure they had gained consent before they supported people with their care. The staff made sure people, and/ or their families fully understood the support that was being offered.
- People and relatives also told us staff always discussed fully with them all care and support before they supported them. This information was clearly recorded in care plans.
- The registered manager's philosophy of care that all staff aimed to follow was to ask each person to tell them exactly how they wanted to be cared for and supported.

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.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone told us care staff were caring and very kind. One person said, "I get on with every one of them". Another comment was, "All of the care staff, including the manager, are very friendly and are very kind, we have a great chat, I would say you can't fault any of them, they provide an excellent service". A relative told us, "Without fail all of the carers are very polite and friendly, and I genuinely think they really care. They all seem to be very proactive and go over and above what is expected. Last Saturday they cleaned the kitchen from top to bottom".
- The service was caring to everyone. A birthday card and gift were given to people and relatives on their respective birthdays. This was a clear way to make people feel they matter.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were well supported to make their views known and be involved in making choices and decisions about their care.
- One person said, "The managers will ring me up to check that everything is okay, when the manager comes around and works as a carer we have a good chat about everything, and the other carers". Another comment was "The managers come around and ring me up to make sure that I am happy with everything and to review and to make changes to my care plan." A relative told us, "The owners often ring me up to discuss how things are going and to discuss which carers we would like to come and what needs to be done, this makes me feel involved."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. For example, with personal care, and eating and drinking. Staff encouraged people to do as much for themselves as they could
- Care records included up to date information about people's choices and independence. For example, what time they liked to be assisted, and by which carer.
- Staff understood each person's ability and level of independence to undertake daily living tasks.

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

- Care and support was extremely responsive and highly flexible to people's needs.
- The registered manager had been supporting a person who was very disabled, and they now have regular use of a bathroom with a 'wet room' at their local hospital. This was due to the proactive liaising with the hospital by the registered manager. This in turn promoted wellbeing and dignity for the person concerned.
- One person told us how highly responsive the service was, "I live out on top of the Mendips and in the winter we get snowed in, last winter it snowed but the carers still got here on time, they arrived with a smile, I think they should be congratulated for that". This gave a very positive outcome as it meant the person was able to live as they normally would but with that extra support when needed.
- Further really positive feedback about how well planned and highly responsive the service was included "I have a clear care plan that everyone knows about it tells all of the carers what I need doing and how I want it done". Another comment was "I have been using this agency since Christmas, before it all started, they came and saw us, and we went through things, everything was written down, this included how the carers could get into my house". A relative told us "We have had many discussions with the agency regarding my relative's needs, they provide a respite service on a Saturday as I am the main carer".
- The registered manager encouraged people to go to a café and join other people at a local club. The registered manager supported people in their own time and they are not charged for this extra input.
- The registered manager and operations manager visited all clients regularly and sought and acted on feedback. For example, the registered manager acted when a client told them they wanted an extra day out and this was added with no worry about cost. This is not funded and is done in the agency's own time.
- People told us how they were involved in planning personalised care to meet their needs and preferences. One person said, "My care plan is very detailed, I was involved in writing it up, it is reviewed and updated as things with me change". Another person told us, "The carers help me get up and washed and dressed every day; if I am poorly, they do extra jobs for me, they rang the GP for me once and made sure that he came to see me quickly". A relative told us, "During the 6 hours a week that they are with my relative, they are responsible for all my relative's needs and requirements, this gives me peace of mind that if something does go wrong, someone will be there to sort things out."
- The registered manager told us the approach that they have embedded into the team is to ask people to tell them what to do. One person had cried because they had never been asked about their care. This philosophy and approach empowered people and ensured a highly responsive and person-centred service was provided.
- Each person had a care plan in place that was personalised to ensure their needs and preferences were

met. Care plans set out people's goals. These included rebuilding confidence and being able to complete a task they were currently unable to do. This could include cooking, mobility needs, personal care and shopping.

- Staff met with healthcare professionals to plan and review care and people's goals.

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 clear understanding of people's information and communication needs. These were identified and were recorded in detail in care plans and communication passports. The service met individual's communication needs and shared this information with other professionals when needed.

- People's rights to privacy and confidentiality was maintained. Care records were stored securely in locked cabinets in the office and electronically. Confidentiality policies reflected the new General Data Protection Regulation (GDPR) law. This showed that the provider was complying with the required law around data protection.

End of life care and support

- The registered manager told us the service provided end of life care (EoLC) and explored with people how to have a positive quality of life at this time of their 'life journey'.
- Staff were trained to support people with EoLC and with the feelings and emotional challenges they may face. For example, staff were trained to listen to painful feelings with people nearing the end of their life. People were able to 'sit' with their feelings and spend time exploring their fears with the staff who knew how to sensitively and respectfully listen.
- The registered manager said the service would liaise with palliative support services if a person required end of life care while using the service.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and felt confident their concerns would be properly addressed.
- One person told us, "I know how to complain, it is written down. I don't have any complaints at all, as I said before I think this agency provides an excellent service." Another person told us, "No complaints at all, this agency is very good, I do know how to complain, nothing to complain about". A relative told us, "I do not have any complaints at all".
- The service had a clear and easy to follow complaints policy. Each person had a copy of this. There had been no complaints recently. The procedure explained how a complaint could be made. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations
- When people had raised queries, such as a change in visits, these were listened to and responded to fully.

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

- The registered manager had embedded a highly person-centred approach to ensuring the right staff worked with people. For example, adverts for new candidates for jobs were put in place after speaking to people and families. This was to make sure they were involved in direct recruitment of new staff.

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 registered manager had a very clear understanding of the duty of candour. They knew they would have to be, and always were, open and honest with people. They would offer an appropriate remedy or support to put matters right.

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

- Staff had a very clear understanding of their roles and responsibilities. For example, staff understood their role was to assess and promote independence.
- The staff had a clear understanding of the visions and values of the service. They were able to tell us they included being person centred, supporting independence and respecting diversity. Staff always told us they made sure they put these values into practice when they supported people. For example people were always supported by a person of their preferred gender.
- New staff were inducted to fully understand the service's aims and objectives.

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

- People felt engaged and involved with how the service was run.
- One person said, "I have used the services of this agency now for four months, as yet I have not been asked to complete any questionnaires or surveys, but the managers have rung me up and popped around to see me to make sure that I am happy with everything". Another person told us, "I have never been asked to complete anything to do with the quality, but they (the managers) are always ringing me up to check that I am happy with everything or if anything needs to be changed. This is a small set-up, small is good, they offer a personal touch". A relative told us, "We as a family have been using this agency to provide a sitting service every Saturday. As yet we have not been asked to complete any questionnaires or surveys, but the managers

ring up a lot to verbally enquire and to check that everything is satisfactory and okay. I would recommend this agency to anyone, I can't think that we will look elsewhere for this sort of provision".

Continuous learning and improving care

- People, families and staff told us how the registered manager valued feedback at any time, either positive or where there was room for improvement. For example people said they were always being asked if the way care and support was provided was how they wanted it to be.
- People told us it was easy to contact the office, and the managers were there to offer support or make changes.
- The registered manager told us that they monitored and reviewed the care and support and visit times with people constantly. People told us the registered manager often asked if their expectations had been met around their care and support needs.

Working in partnership with others

- The service worked closely with GPs, district nurses, Social Workers, occupational therapists and cancer nurses. This was of clear benefit to people as it helped ensure they received high quality 'joined up' care and support.