

Guardian Homecare UK Ltd

# Guardian Homecare (Blackburn)

## 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

Guardian Homecare Blackburn is a domiciliary care service supporting people in their own homes as well as within an extra care housing setting where people live in their own flats. At the time of the inspection 605 people were in receipt of care with 22 of these in the extra care housing setting.

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

People told us they felt safe and systems had been developed to investigate concerns. Staff were recruited safely. People told us visits were mostly on time and duty rotas were completed on the electronic system. Risks were assessed and managed. Records confirmed the action taken as a result of incidents and accidents and supported lessons learned. Infection control policies and guidance was seen and staff had access to plenty of supplies of PPE.

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 they were asked permission before undertaking any activity. Staff had received training, spot checks and competency checks which ensured they had the skills to undertake their duties. Assessments for people's needs had been completed and were ongoing. Records detailed people's health needs and people told us staff guided them to seek health reviews where required. People were supported with their nutritional needs as required.

People were happy with their care and were treated with dignity and respect. Most people said their choice of staff gender was provided. The registered manager confirmed the actions they would take if people's preferences were not available.

Care records had been developed to provide information to staff about people's individual needs. Electronic and paper log books with information about daily care provided was seen. Good use of technology was in place. Staff had received further training on end of life care and work was ongoing to develop specific care plans to support people with their end of life needs. A system to manage complaints had been developed. The registered manager provided assurance in relation to a concern which had been raised.

Positive feedback about the registered manager was noted however, not all people knew who the registered manager was. Certificates of registration and the ratings from the last inspection were on display. Audits and monitoring was ongoing and people's views had been obtained. Meetings were taking place and newsletters had been developed.

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 good (published 6 June 2019).

At our last inspection we recommended that the service seeks advice and guidance from a reputable source about end of life care. At this inspection we found the provider had acted on our recommendations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Guardian Homecare (Blackburn)

## **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

3 inspectors 1 medicines inspector and 2 Experts 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 is a domiciliary care agency. It provides personal care to people living in their own homes. The service also 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.

### 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

This inspection was announced. We gave a short period of notice to enable the provider to support the inspection.

### What we did before the inspection

We looked at the information we held about the service. This included feedback and notifications the provider is required to send to us. We asked for feedback from a range of professionals. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 20 people and 13 relatives over the telephone. We visited 6 people, with permission, in their own home. We checked 11 people's care records, daily records, 20 medicines administration records and associated documents. We also checked staff files, training records and records relating to the operation and oversight of the service. We spoke with 15 staff and asked for feedback from staff. These included, care staff, office staff, the team co-ordinator, the deputy manager, the regional manager and the registered manager.

# 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 good. The rating for this key question has remained 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 people felt safe. Comments included, "No issue with [staff member] she is very nice, such a lovely person", "Definitely feel safe with carers (staff). I would speak to manager if I had an issue" and, "Oh yes, no problem at all. They don't make me feel unsafe."
- Staff understood what to do if they were concerned about abuse. Training, information and guidance was available to ensure allegations of abuse were acted upon.
- We saw evidence of safeguarding investigations ongoing. These included the concerns raised and the actions taken, including any recommendations where required. We discussed the ongoing safeguarding investigations with the registered manager. The provided assurances of the actions taken to reduce any future risk.
- The Care Quality Commission had been notified of meetings with professionals to discuss safeguarding allegations, and the actions required as a result of their findings.

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

- Risks were assessed and managed. Lessons were learned.
- Care records detailed people's individual risks and how to manage them. Environmental risk assessments and checks had been undertaken.
- Accident and incidents were recorded on the electronic system. Records included details of the incident and the actions taken to reduce any future risks and supported lessons learned. There was evidence of the analysis of incidents and accidents. The registered manager discussed the actions they had taken where a number of incidents had occurred.
- Information and guidance was available to the staff team about how to manage incidents and accidents, including completing records and the management of falls.

Staffing and recruitment

- Staff were recruited safely. Staffing numbers were sufficient.
- Staff had been recruited safely and relevant checks had been undertaken to ensure staff were suitable for their post.
- Most people were happy with staffing numbers, their visit allocation and timings and told us they mostly had the same team of staff to support them. However, some people fed back that calls on occasion were late or missed. Comments included, "(Staff are) very often on time, now familiar with all the carers, they usually check their phone and let me know who's coming on the next visit", "They always come, never let me

down" and, "The time varies but they are generally here within 30 mins I can't expect them to be spot on, it's acceptable to me." The registered manager took immediate action to address the concerns raised for one person and their visits.

- Duty rotas were developed in the electronic system. Staff told us they were provided with these prior to the shifts. One said, "I have my routine and know them all well so if there are any small changes, we can discuss it the day before." Sufficient staff were in place to support people's needs. Staff told us, "Yes (There is enough staff), and we will all cover for each other when we can" and, "When someone calls in sick there is always someone that will pick it up."

#### Using medicines safely

- Medicines were managed safely. People were happy with the management of their medicines. Comments included, "Carer gets the tablets out of the dosette box, make sure I take them, then records it on their phone" and, "They come and check the meds."
- The service had clear policies and documentation in place for staff to manage people's medicines safely. Medicines information was clear, and staff received appropriate training.
- Medicines care plans were person centred and we saw evidence of changes made to ensure people's needs and wishes were met.
- There were additional steps for carers to ensure high-risk and complex medicines were administered properly, and we saw evidence of engagement with other healthcare professionals to ensure medicines were optimised.
- The service did regular checks to make sure people's medicines were managed safely. Discrepancies and errors were investigated, and action was taken to improve.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- People were protected from unlawful restrictions and consent was obtained. People told us they were asked permission from staff before undertaking any activity. They said, "Yes, they ask what I would like done", "[Staff member] always says 'would you like me to' before she helps me" and, "Oh yes, they do that."
- Care records detailed where people had agreed to their care. The registered manager confirmed no one required referral to the local authority for assessments. No one was subject to Court of Protection authorisations. Information, training and guidance was available to support staff knowledge, ensuring people were not being deprived of their liberty unlawfully.

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team. Most people and relatives told us staff had the knowledge and skills to support their individual needs. Comments included, "New staff shadow the main carers getting introduced to us and learning how everything is done", "Most definitely carers have the right skills and training. I won't swap my main carer she knows when to help me and allows me to do things myself", "Some do and some don't. There's always new staff" and, "Some seem better trained than others." One relative discussed staff would benefit from specific training to understand their relative's individual needs. The registered manager took immediate action to discuss this with the person and to ensure staff understood their individual needs.
- Staff had undertaken training relevant to their role. New staff undertook an induction to their role when they commenced working at the service. A range of training was provided and records confirmed regular spot checks, competency reviews and supervisions were undertaken. The service had developed a range of flash cards and posters with information and guidance for the staff. This would ensure support, monitoring

and guidance was available to the staff team.

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

- People's needs had been assessed. Local authority assessments were provided and care was planned around these with the input of people and families. Dedicated staff undertook reviews of people's needs where these had changed and at regular intervals.

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

- People were supported to eat and drink where this was part of their plans of care. Care plans contained information and guidance about people's nutritional needs. One person said, "I have a sandwich at lunchtime I say whatever I want in it. At teatime they will cook me my favourite bacon, egg and tomato if I want it" and, "I ask them to do me scrambled egg with toast, always leave everything clean for me."
- We noted one relative raised a concern in relation to the support with a person's meal. The registered manager assured us they had investigated the concern and informed us of the actions they had taken.

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

- People were mostly provided with appropriate support to ensure their individual health care needs were being met. People were supported to access healthcare services, health care professionals and appropriate support. People and relatives told us staff would recommend contact with health professionals if there was a concern. Comments included, "When carer noticed a (medical need), they asked the district nurse to visit" and, "Carers always tell me if they feel that [family member] needs a visit from the doctor." Some relatives fed back that they were not always kept informed. However, one relative told us they were looking at providing further training in relation to their family member's specific need. Information and guidance was available and on display in the staff areas and training room in the office.
- Care records contained information about the involvement of professionals and health needs. We observed professionals visiting people at the extra care housing building during the inspection.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received good care, were treated with dignity and respect, their individual needs were considered and they mostly had their requested gender of staff. Comments included, "Carers not just doing a job; they care", "[Staff member] looks after me very well, very polite, knock on the door and shout out their name and always ask, how are you today", "I like to be independent, carers know that" and, "Yes. They just have good manners. They are very professional." The registered manager confirmed the action they would take to ensure liaison with the commissioning authorities was undertaken where changes in the gender choice of staff was unavoidable.
- People and relatives told us they were treated with dignity and respect. Comments included, "Always treated with respect", "They do absolutely. Some carers only do what you ask them to and there are some that notice things. I have now gotten used to them and they make it as pleasant as they can" and, "Oh yes, the carers are very good. We get the same carers."
- Care records included information about people's individual needs and choice. People told us they had been involved in decisions about their care and the development of their care file. Records included information about people's likes and choices.
- A range of information and guidance was on display and available to support staff in delivering care to people.
- The provider had developed an advocacy and information file and had details about how to access advocacy services for people who needed support with decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.
- Most care records were held electronically and required a password for staff and people to access them and information was secured in the office. This would ensure information was held securely in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

# 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 good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

### End of life care and support

At our last inspection we recommended that the service seeks advice and guidance from a reputable source about end of life care. The provider had made improvements.

- People's end of life care and support was provided, when required. Staff had undertaken training in end of life care. The registered manager told us further training for the staff team had been provided. There was a range of information and guidance on display and available, for the staff. We saw evidence of a themed meeting with staff in relation to end of life care. This would ensure staff had the knowledge and skills to provide people with end of life care as required.
- Policies and procedures in relation to the management of end of life care had been developed. The provider was in the process of designing a specific end of life support plan to use as required.

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

- Assessments of people's needs were in place. People and relatives told us they had been involved in the development of their care records. Comments included, "There is a manager that comes to discuss that (care file) every few months", "It was reviewed today. What I am happy with and what I am not happy with" and, "[Staff member] comes in and sits down, has a chat about the care I get, and asks if I need some more care." A dedicated staff team was responsible for assessments and reviews.
- Care records were developed and completed electronically. Care plans contained information about how to support people's needs. Daily records were completed electronically for people living in their own homes. Where people lived in the extra care housing, daily log books were completed by staff to demonstrate the care provided. Some records were more detailed than others. The registered manager told us work was ongoing to ensure staff had completed updated training to ensure records were completed in full.

### 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.

- Records included information about people's communication needs. The care records could be adapted

where people required alternative ways to communicate with them.

- Good technology was being used. Care records and information was shared with staff using handheld electronic devices.

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

- Some activities were being undertaken. One person told us the staff were, "Good at chatting, they keep me updated with what's going on in the world." An activities programme was being planned at the extra care service and people told us they enjoyed meeting with others who lived there. Care records contained information about socialising and being part of the community. A staff member told us, "The care plan has a section on what a person likes to do. Asking about hobbies and interests is a good way to find out and provide topics of conversation."

Improving care quality in response to complaints or concerns

- Concerns or complaints were being managed. People told us they knew who to raise concerns with. Comments included, "(I was) Given a booklet with manager's contact number details. Haven't needed to complain", "Details given (about how to complain) when I had my assessment, know both of the managers, both very good" and, "I would talk to one of the managers if I had a concern, they are very helpful and would deal with it straight away." One person told us about a concern. The registered manager provided assurance of the actions they had taken to investigate the concern and would take action on the findings.
- The service had received a range of positive feedback from people and staff. A comments book was in place for staff to complete. Positive feedback had been recorded. An example was, "I feel more appreciated and valued than recent years, more involved in changes and recognition given when its due."
- There was a complaints policy in place and records seen in relation to complaints and the outcomes and actions taken as a response to these. Analysis of complaints had been undertaken this would support improvements and lessons learned.

# 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 good. The rating for this key question has remained 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 members and the management team were very supportive of the inspection. Information was provided promptly both during the inspection and electronically following our visit to the office.
- Certificates of registration and the ratings from the last inspection were on display, as well as their employers liability insurance certificate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service acted when things went wrong and understood their responsibilities. The registered manager understood their role, quality performance and regulatory requirements.
- Audits and monitoring was ongoing electronically and on daily log books. The registered manager told us the audits on paper records were undertaken in the electronic system. The actions taken were recorded. Senior audits were completed, along with an action plan. This would support improvements in the service and lessons being learned.
- The registered manager and staff team were supportive of the inspection and committed to ensuring the service provided quality care to people. Statutory notifications which the provider is required to send to us were being submitted to the Care Quality Commission.
- Meetings were held with professionals to discuss investigations and concerns. The registered manager provided assurances that recommendations as a result of concerns would be acted upon to ensure improvements in care for people was ongoing.
- We received positive feedback about the registered manager. Comments included, "She was great. We had a good chat and she was pretty much asking the sort of questions that you are asking now", "[Registered manager] is easy to contact, always pleasant on the phone, always asks if everything is run right for me" and, "I can't even remember her name but she is nice enough." Staff told us, "[Registered manager] is lovely." However, not all people we spoke with knew who the manager was.

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

- People and staff were engaged and involved. Surveys were undertaken and people and staff views were

sought. The service had developed a 'You said we did' as a result of the findings. As part of the regular reviews, people's views about their care was obtained. Staff told us this feedback was used to improve the care provided. However, not all people could confirm their views had been sought.

- Feedback from staff was obtained and the results from these were reviewed to support improvements and build on success. The provider developed regular newsletters which included information about the service.
- Team and management meetings were taking place. Minutes from these included topics discussed and positive feedback to the staff team. A staff comments book and suggestion box had been developed to seek their views.

#### Continuous learning and improving care

- Continuous learning and improving care was ongoing. Information and guidance was available to the staff team. The provider had developed posters and flash cards with a range of information to support the knowledge of the staff. Policies and procedures were in place to support care delivery.

#### Working in partnership with others

- The service worked in partnership with others. There was evidence of partnership working in people's records and meetings with a range of professionals were taking place.
- Care records confirmed local authority assessments guided people's plan of care. We saw professionals visiting people during the inspection.