

G. I. Locum Limited

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Inspection report

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14 April 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

G.I. Locum Limited is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 25 people were using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risks to people's safety were not always assessed and details around the care they required were not always documented. Medication administration records were not always completed accurately. Internal quality audits had not always identify errors or taken appropriate action.

People received safe care and were protected against avoidable harm, abuse, neglect and discrimination. Safe recruitment practices ensured only suitable staff worked at the service and staff were employed in sufficient numbers to meet people's needs.

Where the provider took on the responsibility, people were supported and encouraged to maintain good nutrition and hydration.

People told us they were treated with kindness, compassion and respect. People and relatives, we spoke with felt they had the time to develop good relationships with staff. Staff encouraged people to maintain their independence and do as much for themselves as they were able to.

Care plans reflected people's individual needs and preferences, and were updated as required.

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.

The registered manager and provider understood their responsibilities and worked in an open and transparent way. People and their relatives knew how to make a complaint.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 18 December 2019 and this is the first 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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

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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

This inspection was carried out by one inspector and an expert by experience. 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 houses and flats.

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.

Inspection activity started on 13 April 2021 and ended on 14 April 2021. We visited the office location on 13 April 2021 and made telephone calls to people and relatives on 14 April 2021.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to send in a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. 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 spoke with one person who used the service and nine relatives about their experience of the care provided. We spoke with four care staff members, the registered manager and the nominated individual.

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

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 Requires Improvement. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care had not always been assessed. For example, one person's care routines described how they required to be moved using a hoist by two members of staff. There was no risk assessment or moving and handling assessment to document and identify risks. Another person required help with eating and drinking and was at risk of choking. There was no risk assessment in place to formally address this risk. The registered manager had templates for these assessments in place and told us they would be completing them immediately.
- People and relatives we spoke with, told us they were happy their family members were being safely supported in these areas, and we found no concerns relating to unsafe support.

Using medicines safely

- Medicine administration records (MAR) were not always completed accurately. We found some gaps where staff had not signed the MAR charts, with no explanation as to why. We could therefore not identify if staff had administered the medication or not. The registered manager told us that audit systems would be improved to ensure staff completed the MAR charts correctly, and any issues found would be dealt with promptly.
- Staff were trained in medicine administration, and told us they felt confident supporting people with medicines. People and relatives we spoke with told us they were confident in staff ability in administering medicines, and we found no concerns or incidents in this area.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving support from staff. All the feedback we received was positive about staff safely supporting people's needs. One relative told us, "They [staff] do look after [name] quite well."
- The provider had systems in place to safeguard people from abuse and knew how to follow safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to follow the safeguarding or whistleblowing procedures.

Staffing and recruitment

- Sufficient staffing was in place. Relatives told us that staff were usually on time. The registered manager was able to track the staff call times via an electronic system which staff used to log in and out of calls. Any discrepancies could be identified quickly and acted upon by management.
- One person told us, "They are on time most days. Once in a while they are a little bit late." Staff told us they had enough time to get from one person to another, and sufficient time to carry out the tasks asked of them.

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

Preventing and controlling infection

- People and their families told us that staff consistently wore the appropriate personal protective equipment (PPE) during the COVID-19 pandemic. One relative said, "They [staff] have all the personal protective equipment (PPE). They have left some at my house."
- Staff had received training about COVID-19 and infection prevention measures, which included the correct procedure for the putting on and taking off, of PPE.
- People and relatives we spoke with had no concerns about the infection control procedures.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. No major accidents or incidents had occurred.
- Staff meeting notes showed arising issues were discussed at staff meetings. This meant ongoing improvements could be made to the service people received.

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 had their needs and preferences assessed and identified before any care package was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.

Staff support: induction, training, skills and experience

- All staff undertook the Care Certificate qualification upon starting their employment with the service. The Care Certificate is a qualification that covers the basic requirements to work in care.
- Staff had been trained in areas such as medication, safeguarding adults, and infection control, and felt confident in their roles. Staff confirmed they were not asked to undertake any tasks they had not been trained for.
- A training record was kept which evidenced when staff should refresh their knowledge in all areas. Staff we spoke with felt the training in place was sufficient for their roles.

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

- The staff provided some people with support to prepare meals and drinks. Most people had the support of family members in this area, but when staff did support people, they felt confident in doing so. Care plans documented people's likes and dislikes, and staff we spoke with knew how to support people.

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

- Staff worked with other agencies to promote better outcomes for people. For example, commissioners and district nurses.
- Staff told us they would contact the relevant professionals if people in their care required further health or social care support.

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.

- Staff demonstrated they understood the principles of the MCA and supporting people to make choices. People and relatives confirmed staff always asked for consent before providing care to people. People, or their representatives where appropriate, had signed and consented to the care being provided.

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

- People received support from staff who had a friendly, positive, and caring approach towards them and their family members. One family member told us "The staff are very polite, friendly and take their time, they never rush". Another relative said, "At the beginning they [staff] were rushing but it has improved".
- The staff, registered manager and provider, all had a good knowledge of the people being supported, and had a passion to provide good quality care that met people's needs.

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

- People and their relatives when required, were involved in the planning of care. One relative said, "They [staff] will always check, they always offer choices". Another relative said, "The communication is good."
- Care plans set out how people liked to receive their care and their regular routines. People and relatives told us the staff respected their decisions.

Respecting and promoting people's privacy, dignity and independence

- Care plans documented how staff should respect and promote people's lives and independence. One relative told us, "They affect [name's] life positively and myself as well".
- People and relatives we spoke with all confirmed that staff were respectful of promoting privacy and dignity when undertaking care tasks within their homes.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

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

- People received care that was personalised, and staff knew and understood them. One staff member said, "I have been able to build a good rapport with [name]. The calls are consistent and I see the same people."
- A relative told us staffing was "Extremely consistent, [Name] has three regular carers."
- Care plans we looked at had enough personalised information to ensure staff knew about people's preferences. The registered manager told us that care planning was ongoing and that more information would continue to be added.

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 people using the service did not have any requirements for information to be presented to them in any specialised way. Staff understood people's communication needs, and the registered manager said they were able to provide information in different formats such as large print or pictorial documents, if required.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with formally, but no complaints had been made.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require this type of support.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Audits and checks had been carried out to check on quality, however, they were not always effective. For example, Checks on the medicines administration records (MAR) were taking place, but omissions in staff signatures had not been found, and actions were not taken to improve.
- Care plans were in place, but did not always contain sufficient assessment of risk in relation to peoples support needs. Audits in place had not identified this issue.
- Spot checks on staff were taking place to monitor how staff were providing care, their timeliness and professionalism. Staff we spoke with told us they were regularly checked on and given the support they required.

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

- The registered manager and staff all had good knowledge and understanding of the people they were supporting, and knew them well. One relative told us, "I know the registered manager and wouldn't hesitate to call him with any tiny issue". Another relative said, "I know both the registered manager and the director."
- Staff told us they were happy working at the service and felt supported by the registered manager and provider. One staff member said, "I have 24hr support from the registered manager and the provider, they are always available by phone. I am 100 per cent happy with support provided."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

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 and the provider understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and also to the local authority.

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

- The registered manager understood their role and understood the needs of their staff team. The service covered several geographical areas, and individual senior staff were assigned to support the care staff working in each area, with overall support from the registered manager and provider. Staff we spoke with were positive about their roles and the support they received.

- Staff were clear about their roles. All the staff we spoke with understood their responsibilities, and who to go to for help should they need it.

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

- Feedback was gathered from people and their relatives, both formally, and informally on a regular basis. We saw that recent telephone checks had taken place with people to gain feedback on their care. This included questions around the current COVID-19 pandemic, the quality of care provided, and the opportunity to suggest any changes or improvements.
- Team meetings were held to formally discuss the service. We saw minutes of meetings which showed that issues were discussed such as personal protective equipment (PPE) training, COVID-19 testing and vaccination information sharing, and general updates.

Working in partnership with others

- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.
- The registered manager and provider were open and receptive to feedback during our inspection.