

Guardian Homecare UK Ltd

Guardian Homecare (Blackpool)

Inspection report

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Date of inspection visit:

07 June 2016

08 June 2016

Date of publication:

27 June 2016

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 07 and 08 June and was announced.

At the last inspection on 10 January 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Guardian Homecare Blackpool is a domiciliary care agency providing personal care to people in their own homes. The service provides support to people living in the general community and to people living in supported living services. People in the supported living services receive care which aims to promote their independence. The service provides support to people with a range of needs including older people and people with physical and learning disabilities. The service operates from premises based on Amy Johnson Way in Blackpool. At the time of our inspection visit Guardian Homecare Blackpool provided services to 116 people.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

We looked at the recruitment of three recently appointed staff members and found checks including a Disclosure and Barring Service check (DBS), and references had been undertaken before they commenced their employment. However none of the applicants provided a full employment history on their application form. There was no evidence this had been discussed at interview or a satisfactory written explanation of the gaps sought. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Newly appointed staff received induction training completed at the services office base over a five day period. This was followed by shadowing experienced colleagues until they felt safe to support people unsupervised. Staff spoken with told us the training covered everything they needed to know.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

We visited three houses where people were supported by the service. We saw staff had a good relationship with the people in their care. People supported in their own homes told us they were happy and liked the staff who visited them.

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished their care to be delivered. People told us they had been involved in making decisions about their care.

People supported by the service told us staff who visited them were polite, reliable and professional in their approach to their work. Comments received included, "I have the same group of staff who know what they are doing." And "I get on with my carers who are punctual."

People we spoke with told us they felt safe. They told us they received patient and safe care and they liked the staff who supported them. They said staff were respectful, friendly and conscientious.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care being provided.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as they needed.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in decisions and consented to their care.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. Where people had expressed concerns appropriate action had been quickly taken.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks, house meetings and care reviews. We found people were satisfied with the service they received.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Recruitment procedures were unsafe because new staff did not provide full employment history on their application form.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Guardian Homecare (Blackpool)

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 visit took place on 07 and 08 June 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 07 and 08 June 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we went to the Guardian Homecare Blackpool office and spoke with a range of people about the service. They included the registered manager, three team leaders, senior carer and five staff members providing care in the community. We also visited three supported living houses and spoke with three people who lived there, five staff who supported them and ten people who received care in the community.

We looked at the care records of nine people, training and recruitment records of three staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the

service.

Is the service safe?

Our findings

We looked at the recruitment procedures followed by the service for three recently appointed staff members. We found checks had been undertaken including a Disclosure and Barring Service check (DBS), and references before they commenced their employment. However none of the applicants had provided a full employment history on their application form. One person had a two year gap in employment, another 18 years and the third person provided no information about their previous employment. There was no evidence this had been discussed at interview or a written explanation of the gaps sought. This meant the service didn't have satisfactory information about people's previous employment.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. They told us they usually had the same group of staff supporting them and they were familiar with their needs and preferences. Comments received included, "I am happy with the girls who visit me and I feel safe in their care." And "The staff who visit me are polite and kind. I look forward to their visits."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified the action taken by the service had been recorded.

The staff members we spoke with confirmed guidance was given to ensure they provided safe and appropriate care. One staff member said, "We have thorough assessments undertaken when people start to use our service. The information provided is easy to follow and ensures we are providing the support people require."

We found the service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

Records seen confirmed the registered manager had responded appropriately to safeguarding concerns. This included making a referral to the local authority for a safeguarding investigation and informing the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we received information about the service when we should have done.

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the services duty rota, spoke with staff and people supported with their care. Staffing levels were determined by the number of people supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide

the support people required. One staff member said, "My visits are well managed." People supported by the service told us their carers were usually punctual. One person we spoke with said, "My carer is occasionally late but it doesn't happen that often. I know they can get held up at previous visits and in the traffic. It's not a problem as I know she will not let me down."

We looked at the procedures the service had in place for assisting people with their medicines. Records we checked were complete and staff had recorded support they had provided people to take their medicines.

Staff employed by the service received medication training during their induction. Discussion with ten staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with 13 people about the management of their medicines. They told us they were happy with the medication arrangements and received their medicines when they needed them.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us staff understood their needs and said they were happy with the care and support they received. One person supported by the service said, "I have the same group of carers visiting me and I am very happy with them. They are really nice people."

We spoke with ten staff members, looked at individual training records and the services training matrix. Staff told us training they received was provided at a good level. One staff member said, "I joined the agency recently and received five days induction training at the office. I then shadowed experienced colleagues for a further three days. The training was really in depth and covered everything I needed to know."

Records seen confirmed staff training covered a range subjects including safeguarding, Mental Capacity Act (MCA) 2005, moving and handling, first aid and food hygiene. Staff employed by the service had received medication training. We saw they had been assessed following the training to ensure they were competent to support people with their medicines. Discussion with staff confirmed they were provided with opportunities to access training to develop their skills. The staff we spoke with said this helped them to provide a better service for people they supported. Most had achieved or were working towards national care qualifications.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed she was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood procedures needed to be followed if people's liberty was to be restricted for their safety.

Records seen and staff spoken with confirmed regular supervision and annual appraisals were in place. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their professional development.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection visit confirmed they had received training in food safety and

were aware of safe food handling practices.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "The staff who visit me are very good. I am so grateful for everything they do for me. They really care." And "My carer is polite and kind. I look forward to her visits she makes my day."

We looked at the care records of nine people and found a person centred culture which encouraged people to express their views. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated as required. This ensured the information staff had about people's needs reflected the support and care they required.

People told us they were satisfied staff who supported them had up to date information about their needs. They told us staff listened to them and their care was delivered in the way they wanted. One person we spoke with said, "The staff who visit me know exactly what support I require. They are kind and patient with me."

Staff had an appreciation of people's individual needs around privacy and dignity. They told us they had received training around respecting people's privacy and this was a high priority for the service. People supported by the service told us staff spoke with them in a respectful way and respected their privacy. One person we spoke with said, "I have no issues with the staff who support me. They are polite, respectful and patient when helping me. They don't try to rush me which I am grateful for."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. The information provided helped us gain a balanced overview of what people experienced accessing the service.

Is the service responsive?

Our findings

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We saw staff had supported and encouraged people to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

Care plans seen confirmed people had expressed when, how and by whom they wanted their support provided. For example people had been encouraged to specify the preferred gender of staff they wanted to support them. We also saw people had expressed their choices and preferences about visit times and the level of support they required. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We looked at care records of nine people. The care records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required.

We saw the service had procedures in place to respond to emergencies. Records seen showed how the service had responded to an identified health concern during one staff member's visit. We saw the staff member had contacted the ambulance service and remained with the person until they had received medical attention. The staff member contacted the person's General Practitioner (GP) as requested by hospital staff when the person returned home.

People we spoke with told us they found the service was responsive in changing the times of their visits when required or their carers if unhappy. One person we spoke with said, "They are very responsive and will change things for you if you ask them. I have changed visit times and once asked for a change of carer as they didn't do things the way I wanted. There was no fuss and I got a replacement carer who I like very much."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. 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.

We saw the service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

People who used the service told us knew how to make a complaint if they were unhappy about anything. One person said, "I had to complain because my visits should be spaced every four hours to take my tablets

with meals. They were arriving late at breakfast and early for lunch. They listened and sorted the problem. Everything is alright now."

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities and was supported by the provider to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered provider had delegated individual responsibilities to members of the management team. This included a registered manager, care coordinator, scheme manager, four team leaders and senior carers.

Comments received from people supported were positive about the service and how it was managed. One person said, "I find it is a well run service. If I have to ring them about anything they are polite and professional dealing with my query."

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. People were asked a number of questions. These included asking if they were happy with the service provided, if carers well matched to meet their needs and whether carers arrived on time. People were also asked for an overall rating on the service. We noted the responses received were generally positive. Where concerns about time keeping had been raised these had been followed up by the service. This showed the service listened and responded to the views of the people they supported and their family members.

Spot checks were undertaken by senior staff whilst support staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Care, medication and financial records were also monitored during the visits. We saw the outcome of the checks had been documented and placed on people's care plan records. Unexplained transactions of one person's finances resulted in the service taking disciplinary action and the matter referred to the local authority for investigation. This showed the service had procedures in place to protect the people they support.

Regular staff meetings were held and records confirmed these were well attended. Staff spoken with told us the team meetings were held on a regular basis. They said these were a good forum for information sharing and learning.

We found regular audits had been completed by the service. These included medication, safeguarding incidents, training, staff supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were unsafe because new staff did not provide full employment history on their application form.</p>