

Guinness Care and Support Limited

# Guinness Care At Home Hampshire

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Guinness Care at Home Hampshire is a domiciliary care agency providing personal care to people in their own homes or people in supported living services. At the time of us inspecting 35 people received personal care as the regulated activity.

Not everyone who used the service received personal care. 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

Risk assessments contained detailed guidance on how to respond to risks associated with people's care needs. Staff understood how to identify and report any safeguarding concerns.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medicines safely.

Staff had received robust training and on-going development to support them in their role. They had received an effective induction and strong on-going development that related to people's needs.

Staff knew the requirements of the Mental Capacity Act 2005 (MCA). The provider had effective arrangements and plans in place to ensure people's liberty was not restricted without authorisation.

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.

Good leadership was seen at all levels. Relatives told us the senior staff and manager were approachable and took any concerns raised seriously.

The provider had robust quality assurance systems in place to support and drive improvement.

The culture of the service was positive and open. People and staff felt the service was well managed and were confident in the provider's systems and policies to deliver good quality care. Regular quality assurance checks by the quality assurance manager and representatives from head office was carried out to ensure people's needs were being met and maintained.

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

The last rating for this service was requires improvement (published 16 March 2020) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Guinness care at home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Guinness Care At Home Hampshire

## **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

The inspection team consisted of one inspector and an Experts 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 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, registered manager, head of quality improvements manager, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at six 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

- Risks to people's health and safety were assessed and managed. Staff carried out an initial assessment with people, to ensure their needs and preferences could be met safely.
- Staff knew people well and how to deliver care safely. Staff followed risk assessments and received training that was individual to people, for example, moving and handling, epilepsy and diabetes which helped to manage risks and keep people safe.
- People who required the use of bed rails had been assessed and detailed risk assessments were in place.
- The provider had comprehensive quality assurance systems in place to monitor changing risks, this meant risks were identified and plans were put in place to reduce risks to people.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe with staff who provided care and support to them. One relative told us, "There is nothing wrong with the service and [person] is very safe from abuse." Another person said, "I feel very safe with the carers in my home."
- A relative said, "[person] has care four times a day to provide all of [person's] personal care needs, meals and drinks and have time to chat with her. [Person] is made to feel very safe and secure."
- Staff had completed safeguarding training. Staff told us they would report any concerns to the management team and were confident action would be taken to protect people. Staff knew how to report concerns to external agencies if necessary.

### Staffing and recruitment

- There were enough staff to support people safely. People received care from a team of staff who knew them well. Staffing was well organised, and people received visits from staff as planned. People told us staff would contact them if there was going to be any significant delay.
- We saw staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- Disclosure and barring service (DBS) checks, obtaining up to date information about staffs conduct in previous employment and investigating any gaps in employment, were completed prior to staff starting work in the service.

#### Using medicines safely

- Medicines were managed safely, staff administering medicines to people had completed training and had competency assessments.
- Protocols were in place for the use of 'as required' (PRN) medicines. We reviewed eight people's medicine administration records (MARs), these contained enough information to ensure the safe administration of medicines.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in preventing infection and using personal protective equipment (PPE) effectively to reduce the risk of infection. Staff had completed training on how to put on, take off and dispose of PPE safely.
- Staff told us the provider ensured they had appropriate PPE, such as face masks, disposable gloves and aprons throughout the Covid-19 pandemic. People told us staff used PPE when delivering care in their homes.
- We reviewed the provider's infection prevention and control policy which was up to date and followed current guidance.

#### Learning lessons when things go wrong

- The provider had systems in place to identify and learn from incidents. Staff recorded accidents, incidents and near misses and the registered manager reviewed these for any learning outcomes.
- Incidents were reviewed by the provider's regional and central management teams. Any learning from incidents was shared with the staff at all of the provider's locations to improve the safety of the service.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At the last inspection people's rights were not always being protected the appropriate consent to care was not always sought. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records and capacity assessments had been carried out. These had associated best interest decisions recorded which reflected other people's input, including family's involvement.
- A relative said, "Yes carers always ask for [persons] consent before helping [person]. I have often heard the carers talking with [person] giving them choices about clothing to wear."
- People maintained control of their lives and their rights were protected. People we spoke with told us they chose what support staff provided them with and we could see from records people's preferences and wishes were considered.
- The registered manager and staff understood their responsibilities under the MCA. Staff were trained to ask people what support they wanted and to respect the decisions they made. Staff told us they would respect a person's right to refuse care. Staff said they would inform the registered manager if someone refused their care. This meant the provider could act if refusing care placed a person at risk.

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

- People's needs, and preferences were assessed before the service agreed to provide care. This helped to ensure the service was able to meet people's needs. People, or those acting on their behalf, were involved in the assessment process which meant their preferences and wishes were considered in care planning.
- Care plans were easy to follow and gave staff information about people's preferred routines as well as their care needs. People told us they had seen their care plans and had six monthly care reviews which they were involved in and they signed the care plan.

Staff support: induction, training, skills and experience

- People told us they were confident staff were trained to carry out their roles. Comments from people included, "The staff are well trained," and, "I think they are good; they know what they are doing and what I need."
- A relative said, "Staff are always very kind towards [person] and respectful and will write down any questions as [person] is very deaf."
- Staff had skills and knowledge to carry out their roles effectively. Staff told us they completed a comprehensive induction and a range of training to enable them to provide people's care.
- Staff were supervised and supported, they had regular meetings where they discussed their role and training needs. Staff said they felt well supported by the management. They told us the management team had supported them with both work issues and personal issues and were available if they needed support.

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

- People were supported to have food and drink of their choice, a relative said, "[person] is now having frozen meals delivered which I believe is a very balanced diet. Since [person] has been having these meals, her health has improved. We leave orange juice for her. We have included a teatime call to check her fluid intake."
- People were satisfied with the support they received with eating and drinking and staff had received training in food hygiene and nutrition. Not everyone required support with their nutrition or preparing meals. However, where this was part of people's support, details were included in their care plans. Information included people's likes and dislikes and allergies.

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, such as district nurses and social workers to ensure people's needs were met. Community based health professionals provided guidance to support people with ongoing health conditions.
- The service helped people to access healthcare services when they needed them. People explained they were able to change visits to accommodate appointments and procedures. Staff told us they knew people well enough to know if people were developing an illness and would contact the management team to raise the alarm.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective systems and processes were in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

- The registered manager had a strong overview of the risk and quality performance with support from the nominated individual and the quality manager.
- The provider was committed to the continuous improvement of the service. They assessed the quality of the service to identify how it could be further improved. Methods they used included regular reviews of people's care, satisfaction surveys, regular observations of staff and audits.
- The provider had introduced new quality assurance systems to monitor quality and performance. These had been embedded into the service and were effective at identifying improvements. When issues were identified, there was an action plan in place monitored by the provider's quality team and nominated individual.
- Checks took place to monitor how staff were providing care, timeliness of calls and their approach to people. Staff told us they had regular checks and said they were provided with any support they needed from the registered manager. One staff member told us, "Whenever I need help, I get in touch with the manager and she is always there to support me."

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

- People and relatives told us that the service is very welcoming, it has an open culture it is friendly and new staff come with a positive perspective when giving care to people.
- Staff put people at the centre of the service and provided friendly, quality care to meet 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 staff understood their responsibilities under the duty of candour. The provider had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.

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

- The provider used effective systems to gather people's views about the service. People were asked for feedback during review meetings.
- A relative said, "We were asked to complete a questionnaire recently and Guinness invited us to attend a course on dementia."
- Staff felt engaged and able to share their views of the service. Staff told us they could approach the registered manager with any views or suggestions to improve the service and were asked for feedback during supervision sessions and by completing employee surveys.
- Staff told us they had a good team who helped each other out to make sure people's needs could be met. Staff told us they felt the service was well organised.

Working in partnership with others

- The service worked with other agencies to ensure people received the care they needed. Staff liaised effectively with other services, such as community professionals and social workers, to ensure people received the support they needed.