

Gloucester Homecare Services Ltd

Gloucester Homecare Services Ltd

Inspection report

32 Kingstone Avenue
Hucclecote
Gloucester
Gloucestershire
GL3 3AR

Tel: 01452549495
Website: www.gloucesterhomecareservices.co.uk

Date of inspection visit:
19 August 2019
20 August 2019
21 August 2019
23 August 2019

Date of publication:
17 September 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

Gloucester Homecare Services Ltd had recently been taken over by a new provider. People, their relatives and staff all complimented the new provider and told us that they felt supported and that the quality of care had been maintained.

The management team had recognised that the systems used to monitor the service needed further development to ensure that the quality of care being provided would be sustained if the service expanded. For example, improvements were being made to the systems which audited people's care and medicines records, staff rotas and staff development. A new management team had been employed to assist them in addressing the shortfalls before the service expanded. We have made a recommendation about the governance systems used to monitor the service.

People and their relatives praised the staff and told us all the staff were caring and respectful. They told us arrived on time and their calls were never missed. Staff were passionate in ensuring people received care which was person centred and that people's dignity and choices were maintained throughout.

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 felt amongst staff and that their privacy and dignity was continually respected at all times. Staff had been trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on

People's care needs were assessed and recorded on an electronic care plan system which could be accessed by staff on their mobile devices. However, more details of the actions staff should take to assist them in managing their care needs, medicines and risks were needed for some people.

Progress was being made in identifying and addressing the training and support needs of staff. Staff told us they felt supported and that the new management team were approachable. Staff were safely recruited and suitably inducted into their role. The manager and staff were passionate about the care they delivered and were driven to improve the service. They worked in conjunction with families and other health care professionals to improve the lives for people.

The management team had recognised that the systems used to monitor the service needed further development to ensure that the quality of care being provided would be sustained if the service expanded. For example, improvements were being made to the systems which audited people's care and medicines records, staff rotas and staff development. A new management team had been employed to assist them in addressing the shortfalls before the service expanded. We have made a recommendation about the governance systems used to monitor the service.

The manager monitored the quality of the delivery of care through staff observations and feedback from people while the monitoring systems were being developed to ensure people were satisfied with the care they received and to check that the care practices of staff were being maintained.

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

Rating at last inspection

The last rating for this service was Good. (published 11 July 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Gloucester Homecare Services Ltd

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.

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 no registered manager registered with the Care Quality Commission. However, the manager in post had submitted their application to CQC to become the registered manager of the service. 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 19 August 2019 and ended on 23 August 2019. We visited the office location on 19, 21 and 23 August 2019.

What we did before the inspection

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 was submitted by the previous provider We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the provider, the manager, Human Resources (HR) and development manager and seven care staff and reviewed a range of records. This included six people's care 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. We spoke with four people and five relatives during the inspection to gain feedback about the service they received.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question has now remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safe systems and practices were in place to protect people from abuse.
- People told us staff were respectful of their belongings and felt safe when staff supported them in their home. One person said, "Yes I feel very safe when the carers are here. I have no concerns about that at all." Transparent and accountable systems were used when supporting people with their money to reduce the risk of financial abuse. Staff had access to secure information on how they should safely access people's houses (for example, information on key safe codes) if people were unable to answer the door.
- Staff were knowledgeable about recognising and promptly reporting potential risk of abuse. They were clear of their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care.

Assessing risk, safety monitoring and management; using medicines safely

- People's individual risks were assessed as part of their initial assessment and reviewed during their regular reassessment of their support requirements and care package. There was a balanced approach to enabling people to retain their independence and manage any associated risks. Staff worked with families and other health care professionals to help mitigate risks and support people to remain safe in their own home.
- Staff could access people's risk assessments and medicine management plans electronically. For example, information about how staff should support people with their catheter and stoma care and how to assist people to transfer in their hoists was detailed and held securely on their mobile device. Family members confirmed that staff were diligent in ensuring people's skin integrity was maintained and people received their medicines as prescribed.
- Staff had the information they required to administer people's medicines as prescribed on the electronic system. An alert was sent to the office staff if staff had finished their call without indicating on the systems if they administered people's medicines or assisted them in managing their risks such as leaving people with their community alarms. This ensured people's care needs were never missed. A clear record was in place of who was responsible for the ordering, collection and disposal of medicines.
- Control measures had also been put into place to support staff who lone worked such as providing them with safety equipment such as torches. Staff were aware of the actions they should take if they were unable to locate a person or found them missing.

Staffing and recruitment

- People were supported by an established staff team who knew them well. There were enough staff available to meet people's needs and respond to requests for support. Staff and the manager remained

flexible and covered staff absences or when people required extra support. An on-call system was available outside office hours and provided staff with additional support as needed.

- All the people and relatives who we spoke with confirmed that staff arrived on time and stayed for the full amount of allocated time. They told us they never felt rushed by staff and sometimes went over their allocated visit hours to ensure people were safe and their needs were fully met. The system to manage the staff rotas and people's visit times was being reviewed to reduce the risk of people not receiving their care visits as planned.
- People were supported by staff who had been safely recruited. The HR manager was passionate about ensuring that staff with the right skills and values to support people. They had carried out an audit of all the staff files to identify if there were any gaps in the staff recruitment documents. A system to record their conversation with new staff about their employment and criminal history was being developed to provide a clear audit trail of their judgment of the character of new staff.

Preventing and controlling infection

- Safe systems were in place to prevent and control of infection. People's care plans reminded staff to implement infection control practices such as effective hand washing. Staff had access to suitable quantities of personal protective equipment (PPE) such as gloves and aprons to help prevent the spread of infection. People and their relatives reported that staff consistently wore PPE when supporting people with personal care and toileting hygiene.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to report any accidents, incidents and near missed to the office staff or the on-call staff member. All incidents were reviewed by the manager and actions were taken such as referring people to relevant health care professionals for additional support when people had experienced a fall. Changes were made to people's care plans to reduce the risk of repeat incidents and shared with staff.

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 good. At this inspection this key question has now remained the same.

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 care needs were assessed as part of an initial assessment by the manager. People and their relatives told us they were involved in the initial assessment, decisions about their care and ongoing reviews of their care needs.
- People received effective care from staff who were aware and competent in current best care practice. New supervisors were being employed to monitor the standards of care being provided to ensure that staff care practices were current and maintained.
- Progress was being made with the introduction of electronic care planning which allowed staff and their relatives to have a current understanding of people's support requirements and well-being.

Staff support: induction, training, skills and experience

- People and their relatives felt that staff were well trained and knowledgeable about all aspects of health and social care. One relative said "They are on the ball. The delivery of care is excellent." Staff confirmed they felt supported and well trained. One new staff member said, "I felt so welcomed and supported as soon as I came through the door and I have been given all the training I need."
- The new management team had carried out an assessment of staff performance and identified gaps in staff training, knowledge and supervision meetings. They had sought a training provider and were making progress in addressing the gaps in staff knowledge such as catheter and stoma care.
- New staff received a comprehensive induction programme including training, reading the services policies and shadowing experienced colleagues to understand people's needs before they started to provide personal care to them. Staff were supported and encouraged to complete workbooks as part of the Care Certificate to ensure they understood the basic standards of care. Staff with individual learning needs were supported by the management team to complete their training and understand the services policies and procedures.
- The competencies and care practices of staff were assessed through a series of spot checks and supervisions. The managers were reviewing the frequency and quality of the recordings of staff supervisions, probation and team meetings. They were researching into opportunities for staff to access further training such as national health and social vocational qualifications and dementia training.

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

- Where required as part of their care package, staff supported some people with the planning, shopping and preparation of their meals. People's nutritional needs and preferences had been assessed and

recorded. Staff were aware of everyone's likes, dislikes and dietary needs. Cultural and religious food preferences were met where required.

- Staff and family supported one person with the preparation of meals and assisted them with their eating and fluid intakes. Guidance on the correct positioning and texture of food while supporting the person to eat was in place for staff to follow as well as the use of thickeners in their drinks to reduce the risk of choking. This guidance needed updating to reflect current national good practice. We raised this with manager who told us they would take immediate action and contact the person's relatives and relevant health care professional to reassess the person's swallowing difficulties and seek current guidance and training in the new food descriptors. This would ensure that staff and family were consistent in providing the person with the correct texture of food.

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

- Staff worked closely with families and with relevant health care professionals to ensure people's health and well-being was maintained. Relatives told us staff were very attentive and always reported to them if they were concerned about people's welfare and health. One relative said, "The ladies (staff) spot it straight away if things aren't right and we get the doctor in."
- Health care professionals reported that implemented their recommendations and contacted them for additional support and advice as needed. Effective and secure systems were used by staff to communicate changes in people's needs and support requirements such as a new prescription of antibiotics or new equipment.

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. We checked whether the service was working within the principles of the MCA.

- People told us they were involved in the day to day decisions about the care they received and how staff supported them to make choices about their personal care needs and respected their decisions.
- Staff told us their approach was to provide people with as much choice as possible using the principles of the MCA. Staff told us how they had worked people's relatives and health care professionals to ensure that people's best interest were considered at all times. There was evidence of MCA assessments where there had been concerns about people's mental capacity to consent to specific aspects of their care.

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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

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

- During our inspection we spoke with people and their relatives by telephone who received support with their personal care in their own homes. Everyone we spoke with was extremely complimentary about the kindness and respect of staff. They told us staff were caring and treated them with dignity and respect.
- We received comments from people who receive a service from Gloucester Homecare such as, "They [staff] are absolutely brilliant. They are so kind and friendly"; "I receive an excellent service from them" and "I would definitely recommend them to anyone who is needing a care company." People told us staff were respectful of the property and always knocked on the door or called out before entering the house. Staff were mindful of always reminding people who lived with dementia of their name when they entered their home and explained the purpose of their visit.
- People told us that staff consistently supported them to make decisions about their care and encouraged people to express their views. Staff knew people well and understood their personal backgrounds, likes/dislikes, and preferences and cared for people in their best interest. Staff had a holistic approach, for example relatives told us staff were supportive towards them and always considered and asked about their well-being.
- The service respected people's diversity and individual needs. Staff were open to supporting people of all faiths and beliefs to ensure people were treated equally and people protected under the characteristics of the Equality Act would not be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke respectfully about people. They understood the meaning of how to support people with dignity. One staff member said, "I always treat people how I would like to be treated, never look down on them or patronise them and always treat them as equals." Staff said they would be happy for their relatives to be supported by Gloucester Homecare. People confirmed that staff were respectful and polite towards them and that staff consistently ensured people's dignity and privacy was respected. One person said. "The girls are always very discreet and make sure I'm not exposed unnecessarily."
- Staff encouraged people to retain and improve in their levels of independence. We provided examples of how they had supported people to improve their confidence and increase their levels of independence in activities of daily living such as retaining and improving their mobility and strength.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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

- Staff provided personalised care which was responsive to people's needs and requests. One person said, "They [staff] are very kind. They will do anything for me, I just have to ask." People and their relatives were involved in decisions about their support requirements and care package. Where possible, staff remained flexible, so they could review and adapt their approach and number of visits if people's needs changed. We were told by relatives that staff and the management team were responsive to any concerns and addressed people's complaints promptly.
- People confirmed that they were supported by a familiar staff team who knew their needs well. New staff routinely shadowed experienced staff members to understand people's support needs before they visited people.
- Staff had access to people's electronic care plans through a secure mobile application on their mobile telephones. They explained they found the systems user-friendly and could access the information they needed. They told us they could quickly review people's current support requirements if they had been off duty for a few days by using the application.
- Relatives told us communication from the office was good and that they were always informed of changes in people's wellbeing or late call times. The provider had arranged that people's relatives could access the services electronic care plan system, so they could monitor the care being provided to their relative and any changes in their needs. For example, a relative told us that they were made aware by accessing staff comments on the electronic systems that their relative was not self-administering her own lunchtime medicines. As a result of this information, they had promptly contacted the person's GP to request a medicines review. They said, "Without the system I may have not known about the problems with the medicines as quickly as I did."
- One health care professional wrote to us and said, "Team members all know their service users well in terms of personality and history and care plans appear to be written deliver person centered care. Senior staff are also realistic about what the service can deliver and have flagged up concerns in a timely manner so that a way forward can be discussed to meet the service user's needs."
- Staff were attentive to people's needs, for example, staff went out of their way to take ice cream and ice lollies to people and check on their well-being during the hot weather. The management team were planning to implement wellbeing community events for people and local residents such as hand massages, art and craft events and educational talks on subject such as dementia awareness. The service was developing a newsletter to be shared with people who the use the service and staff. The aim of the newsletters was to provide people and staff with up to date information about the service, good news

stories and helpful local information

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.

- People's communication needs and preferences were identified, assessed and recorded. Information was provided to people in a format that met their needs such as large print. Staff assisted one person with visual impairments by reading out information to them and contacting them by telephone rather than sending written correspondence.

Improving care quality in response to complaints or concerns

- The provider told us they had not received any complaints but provided assurances that any complaints would be acted in accordance with their complaints policy. Information about how to make a complaint to the service was presented in the service user guide given to each person at the start of the service.
- People and their relatives told us they were confident that any concerns and complaints would be taken seriously and responded to promptly. One person said, "I have had no need to complain so far. I have had no troubles with any of the staff but I think the managers would contact me and sort it out if I had any problems with the carers."

End of life care and support

- No one was receiving end of life care at the time of our inspection. The manager explained that they would re-assess people's needs if they required end of life care and work with the person's family, GP and palliative care health professionals if people wished to remain living in their own homes during the final stages of their life.
- The manager was taking steps to ensure all staff would receive end of life care training to ensure that they had the skills to support people if they required end of life care.

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 Good. At this inspection this key question has now deteriorated to requires improvement.

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.

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

- Gloucester Homecare Services Ltd has recently been acquired by a new provider. The new owner told us that they had completed an appraisal of the service and had identified areas of the service which required development. However, the managers were still in the early stages of addressing the shortfalls in the service and more time was needed to be assured that their plans and actions would be effective. For example, the manager had recognised the management of risks for some people were not always detailed in their care plans and further work was needed to ensure staff had the information they needed and accurately recorded when they administered people their medicines. We saw this work still needed to be completed before all information would be up to date. For example, the management of one person's skin integrity was not clear on their electronic care records. Staff had not always used the same of codes or the reasons why people had been administered 'as required medicines' when staff had supported people with their medicines. The new national good practice food texture descriptors still needed to be introduced. The manager provided assurances that this would be addressed as part of their improvement plan and developing the electric care plan system. The provider explained they had a strong vision of providing high quality care by well trained and passionate staff in the local area. They said, "We are working on the foundations of this service before we consider expanding or taking on lots of new clients." People, their relatives and staff all confirmed that the transition between the providers had been smooth with very little impact on people who used the service.

- The recruitment and retention of staff had been the new provider's initial biggest challenge since acquiring the service. They said, "I wanted to get the right staff team here, starting with a strong management team." The provider had employed a manager (to be registered with CQC) and a HR and improvements manager to assist them in developing and sustaining the quality of care being delivered by staff. Two new supervisors had recently been employed to help manage the service and provide an increased amount of support for staff, people who use the service and develop well-being events to people who live in the local community.

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

- We found that the management team were making progress in developing the service and implementing measures and systems to help them to monitor the delivery of care and staff performance. For example,

there was evidence that plans were in place and progress was being made to address the gaps in staff training and support meetings.

- The quality of care being provided to people during this period of development was being overviewed by the manager. For example, the manager was able to observe the care practices of staff and receive feedback from people about the care they received as they often carried out support visits and spot checks on staff. This meant the manager had a good insight into the management of people's risks and those people who were most vulnerable as the service was small. However, if the service expanded, effective systems would need to be implemented to manage the staff rotas and monitor the service such as systems to alert staff to prioritise their visits to people who were at greatest risk or isolated in the event of adverse weather conditions. The manager had recognised that further improvements were needed to the electronic care planning system which assisted them in monitoring the quality of people's care and medicine records. These improvements would ensure staff always had the guidance they needed to support people and that there was a consistent approach in recording when staff had delivered care and supported people with their medicines.
- The provider and the management team provided assurances and evidence that they were making progress in implementing sustainable governance systems to assist them in monitoring the service. However further time was needed to assess if the systems they planned to use would be effective in monitoring the service and driving improvements.
- The provider had identified the policies inherited with the service required to be reviewed and updated to reflect their protocols and processes

We recommend the provider seeks guidance on effective governance systems.

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

- People and their relatives told us they had been kept informed of the ownership changes and felt that the transition between the two owners had been handled well with very little impact on people's care. One relative explained, "We are in the honeymoon period, but so far we have been pleased with the continuation of high standards of care." Two health care professionals wrote to us complimented and praised the new provider and management team. One said "I have had some contact with the new manager [name], and she appears to be pro-active and conscientious thus far.
- The culture of the service was supportive and approachable Staff told us that they felt the new provider and management team was supportive and always approachable. One staff member said (pointing to the management team) "The support from these guys is amazing. I can't fault them." The new provider has implementing new initiatives and benefits to assist them in retaining staff such as employee of the month. They were sensitive to the personal needs of staff and had considered different ways of support staff with their individual learning 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; continuous learning and improving care; working in partnership with others

- All day to day concerns were raised with the office team and recorded on the services electronic systems to be analysed for pattern and trends. The manger understood their role to report any significant concerns and their duty of candour including informing the families of the people involved as well as working in partnership with other relevant health care services to prevent incidents reoccurring.