

Guinness Care and Support Limited

Guinness Care At Home Devon

Inspection report

Ground Floor Suite 1, Key House, 4 Woodward Road
Howden Industrial Estate
Tiverton
Devon
EX16 5GZ

Tel: 01884242525

Website: www.guinnesspartnership.com/careandsupport

Date of inspection visit:

15 May 2019

16 May 2019

22 May 2019

Date of publication:

03 June 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?

Good ●

Summary of findings

Overall summary

About the service:

Guinness Care at Home (Devon) is registered with the Care Quality Commission (CQC) to provide personal care to people within their own homes. At the time of our inspection, the service was providing personal care and support to 184 people. When we visited there was a registered manager in post. 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.

People's experience of using this service:

The feedback from people who used the services was consistently positive about their experiences. People and their relatives were equally positive about the approach of the care workers. For example, they said care workers, "...treat you with respect, they don't talk down to you. They don't say 'we have to do this' they ask you what you need."

People said they felt safe because the staff group were caring and reliable. People continued to be supported by staff who respected their privacy and dignity. Staff relationships with the people they supported continued to be caring and supportive. There was a stable staff group which helped ensure a consistent approach. Staffing arrangements were flexible to meet people's individual needs and to respond to changes. People's nutritional needs were met; staff supported some people with meal preparation. Care plans for each person held information about their dietary needs.

Risk assessments identified when people could be at risk and covered people's physical and mental health needs and the environment they lived in. Feedback from people and staff confirmed the provider recruited staff who suited the caring values of the service and recognised the importance of team work to provide consistent and safe care. People were protected from abuse because staff understood their safeguarding responsibilities.

People were supported by staff who were skilled and understood their needs. Since the last inspection, recruitment practice had improved. Staff spoke confidently about the care they delivered and understood how they contributed to people's health and wellbeing.

Referrals were appropriately made to health care services when people's needs changed. People were supported to maintain good health and had access to appropriate services, which ensured they received on-going healthcare support. Medicine administration, recording and auditing was safe.

There was a consistent approach to gain people's consent to care and treatment in line with requirements of the legislation and guidance. Information was in place to ensure people's legal rights were protected.

There were systems in place to gain people's views and to address concerns and complaints. The service was well run by the registered manager and the provider. Senior staff assisted the management team with reviews and spot checks to ensure people received a good quality service. Feedback from people using the service and quality assurance records showed this had been achieved.

Rating at last inspection: This service was last inspected in 2018, when it was rated as requires improvement in two areas with requires improvement as an overall rating. The provider completed an action plan, which we reviewed, and used as part of the inspection planning.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Guinness Care At Home Devon

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type: This inspection took place on 15,16 and 22 May 2019. We gave the service 24 hours' notice of the inspection visit which is part of our methodology to ensure staff are available to assist with the inspection. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults,

The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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.

Inspection team: The inspection was carried out by one inspector and two 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.

Notice of inspection: Our inspection was announced. We gave the provider 24 hours' notice as we needed to be sure someone would be available to support us with the inspection.

What we did: Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A

notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and contacted the local authority for information.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we chose a selection of people to contact who used the service. Twenty-four people agreed to speak with us on a day of their choice. However, not everyone was available when we rang and some people changed their minds. Over two days, we spoke with 17 people and relatives. We also spent two days at the service's office. On the second day, we focussed on speaking with range of eleven staff, including care staff, senior staff, care co-ordinators, managers of an extra care service, the registered manager and the assistant director of Care at Home. We reviewed three people's care records, including assessments, staff files, records of accidents, incidents and complaints, audits and quality assurance reports.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- ☐ Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.
- ☐ People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. The registered manager gave examples of how they had investigated concerns and worked alongside the safeguarding team.
- ☐ There were numerous examples of staff recognising people at the risk of abuse and working closely with social and healthcare professionals to create a safer environment.

Assessing risk, safety monitoring and management

- ☐ Risk assessments identified when people could be at risk and the action to be taken by care workers to minimise the risks. Individual risk assessments in the care records covered people's physical and mental health needs and the environment they lived in.
- ☐ Staff said the risk assessments gave them the information they needed and covered the activities which put the person or staff at risk. People and relatives said the practice of staff made them feel safe. A person said, "I feel very safe, they look after me. They noticed my toilet seat was not safe and contacted the Housing Association and they came and repaired it."
- ☐ People said staff understood the risks to their health and their safety and supported them in a way to help reduce these risks. For example, following the advice of risk assessments to reduce people's risk of falling. Staff recognised small actions could significantly impact on people's well-being and safety, such as changing footwear to reduce the risk of falls and to provide comfort.
- ☐ People and their relatives said care workers had time to do their job properly. People said staff did not rush them and they had not experienced missed visits.

Staffing and recruitment

- ☐ People said they felt safe because the service was reliable, providing a consistent staff group. One person said, "I ask for the same person, if she is away I ask for someone I know or who is experienced, the office make sure I get someone I'm happy with."
- ☐ People benefited from a reliable and conscientious staff team who knew them well and could meet their current care needs. A number of people had been supported by the agency for a number of years. They said staff stayed the allotted time; one person said, "They are here to give me a shower, if there is any time left they sit and chat."
- ☐ Staff were also flexible. For example, "If I am feeling unwell it's difficult for them to do me in half an hour, they don't rush, they stay a bit longer."
- ☐ People knew which care worker was going to visit them in advance. Rotas were routinely provided so

people knew who was supporting them and at what time. A person said, "I am happy with all the carers, the nice thing about Guinness Care is that they never send anyone you don't know; it makes a huge difference."

- ☐ Feedback from people and staff confirmed the provider recruited staff who suited the caring values of the service. Staff recognised the importance of team work to provide consistent and safe care.
- ☐ Recruitment procedures ensured necessary checks were made before new staff commenced employment. New staff had a full employment history and the provider had ensured they had relevant references, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Using medicines safely; Preventing and controlling infection

- ☐ Medicine administration, recording and auditing was safe. Most people said they managed their own medication. Those that were supported were happy with the arrangements. For example, "They give me my tablets on time, my medication is going to be reviewed by my GP."
- ☐ The service had systems in place to support staff to administer medicines safely.
- ☐ Medicine audits were regularly carried out and action taken to address discrepancies. Staff administering medicines had received training. A new system was planned to reduce recording errors; staff knew this system was being launched and the reason for its introduction.
- ☐ Spot check visits by the registered manager and senior staff checked care staff were working in a safe manner, including hand hygiene.

Learning lessons when things go wrong

- ☐ The registered manager has worked with the local safeguarding team as part of a review following an individual incident. They took action to provide staff with updated guidance when working with the 111 service to ensure there was clear accountability of decision making.

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

Good: ☐ 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; 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.
- ☐ The provider checked if people had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people legal rights were protected.
- ☐ People said staff asked for their consent before they received care or support. People had signed their care plans to show their agreement with the content.

Staff support: induction, training, skills and experience

- ☐ People were supported by staff who were skilled and understood their needs. People described how they felt relaxed and at ease with staff. For example, "Staff are well trained...they know what they are doing."
- ☐ Staff praised the quality and the thoroughness of the induction training which took place over seven days. For example, one staff member who had previously worked as a health professional said it was the best induction they had ever been offered.
- ☐ Training was provided in different formats, including courses from external sources such as the community nurse team and training companies. The extra care support staff members had worked closely with a local hospice to learn skills linked to end of life care and bereavement.
- ☐ General training topics included safeguarding, infection control, food hygiene, medicine awareness and food hygiene. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications.
- ☐ Staff were also provided with shadow shifts with experienced staff members. The practice of new staff was observed as part of the induction process.
- ☐ Staff spoke confidently about the care they delivered and understood how they contributed to people's health and wellbeing. Staff said they felt very supported.
- ☐ People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. Staff said they would recommend working at the service and felt supported to learn.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met; staff supported some people with meal preparation. Care plans held information about their dietary needs, including likes and dislikes. For example, "I can't fault them in any way, they have even learnt how I like my coffee."
- Staff recognised when people's health needs changed. For example, one person said, "I was ill in January and they looked after me really well, especially my main care worker."
- Records showed staff worked with a range of community professionals to maintain and promote people's health. For example, a person said, "They notice if I don't look well and offer to phone the doctor for me."
- To help ensure care staff understood people's needs additional training was provided. At the time of the inspection, feedback from one person had highlighted newer staff needed further training to provide catheter care. In response, the registered manager had arranged additional training in this specific area of care.
- Staff wanted to learn about people's medical needs. One person whose leg was being dressed by the community nurse team said, "My care worker is interested in me. She asked my permission to watch the nurse dress my leg because she wanted to understand what is wrong with my leg."

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

Good: ☐ 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; Respecting and promoting people's privacy, dignity and independence

- ☐ Staff relationships with people using the service were caring and supportive. Staff were motivated and offering care that was kind and compassionate.
- ☐ Staff practice maintained people's dignity. A person said, "I am a very private person, they give me a shower and immediately cover me up, they pick pleasant people to do personal care, I have never come across staff who get cross."
- ☐ People's feedback was overwhelmingly positive about the caring nature of staff. One person said, "... they care about what they are doing... When they are showering me they go about it as though it is an everyday occurrence, I don't feel embarrassed or uncomfortable."
- ☐ People were treated as individuals. A relative said, "The care workers are very, very good. They are supportive to my mother-in-law but also to me. They treat her as an individual, they have got to know her."
- ☐ People said the support and care they received helped them be as independent as possible. For example, a relative said, "They are very aware of privacy, we share a home with (X), they are always considerate of our space. The care workers always make sure they close doors. When she is in the shower they support her, but allow her to wash herself."
- ☐ Staff explained how they supported people to make decisions about their everyday lives and gave examples of supporting people to maintain their independence. For example, recognising people's abilities and enabling them to continue to maintain their independence in these areas, such as choosing their clothing. A person confirmed this, they said, "They know what I like to wear, they would not dress me in anything tatty, they help me to change into my best clothes if I am going out."
- ☐ A staff member based in the office was thoughtful, sending birthday cards to people who used the service, and to staff. Their conversations with people on the phone showed a caring, patient and supportive approach. Staff worked together to problem solve when people rang and helped them to explain their difficulties.
- ☐ The atmosphere in the office was friendly and respectful: staff acknowledged each other's skills and welcomed care staff visiting the office. Care staff told us they now visited the office more because of the improved atmosphere and the camaraderie.
- ☐ Our conversations with staff provided many examples of their dedication to support people in their preferred manner. Discussions with staff showed how they took into consideration people's feelings by respecting their dignity and privacy. People's praised how staff maintained confidentiality and their willingness to help them. For example, "They treat you as if you are not an encumbrance, they can't do enough for you."
- ☐ In their feedback, staff highlighted their sense of pride in their job and recognised their responsibilities to

the people who used the service. Our discussions with the registered manager demonstrated their empathy towards the people using the service so they provided a good role model.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- ☐ People received personalised care and support specific to their needs and preferences. Staff met with people to discuss what type of support they needed. People said, "They got in touch and explained everything, very nice, very helpful."
- ☐ Care and support records were becoming more personalised. The registered manager said this was work in progress. They said this was a commitment in line with the service's values that people should be at the heart of planning their care and support needs.
- ☐ There was good communication between staff; they said the registered manager and senior staff kept them up to date about changes to people's care. They said they were provided with information in a timely way before they started working with a person new to the service.
- ☐ People described how the service was flexible and staff were skilled at responding to changes.
- ☐ Care plans were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.
- ☐ At the time of the inspection, nobody was receiving end of life care but staff confirmed they had received training in this area. Staff showed a commitment to making people feel safe and comfortable in their final days.
- ☐ We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. Care records contained communication plans explaining how each person communicated. The registered manager provided examples of how information had been adapted to meet people's individual needs, such as the font size of care plans.

Improving care quality in response to complaints or concerns

- ☐ The complaint's procedure set out the process which would be followed by the provider and included contact details of the provider and local authority. Records showed complaints, were responded to in line with the organisation's policy.
- ☐ People said they were aware of how to contact the office if they had any concerns or complaints. They all felt able to do this if necessary but people had not felt the need to complain. Apart from one person, who felt some staff needed extra support with catheter care training, which had been organised by the registered manager.
- ☐ The registered manager investigated in a thorough manner and responded to complainants in an approachable style, apologising on behalf of the agency when necessary.

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

Good: ☐ 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

- ☐ The service was well run by the registered manager, who was registered with CQC in July 2018. They were appointed after the previous CQC inspection. 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.
- ☐ The registered manager had analysed the previous inspection report when they started working at the service so they understood where improvement was needed. A plan was then drawn up to address these areas.
- ☐ Since the last inspection, there had been a number of improvements, including the way staff were supported and communicated with each other. Better communication with people using the service meant they were aware if staff were delayed. Feedback confirmed this had been successful. A person said, "I always get an instant response to my queries, the office person is excellent, she always calls back within the hour" and "The management are good, they phone or email, they communicate, they make sure I know."
- ☐ Recruitment practice had improved which meant the registered manager only signed off a new appointment when all the required information had been reviewed and no risks had been identified.
- ☐ Trial periods were used effectively and new staff members did not complete their probationary period if they did not demonstrate the values of the service, such as breaching confidentiality.
- ☐ The registered manager was aware when to notify CQC. We used this information to monitor the service and ensured they responded appropriately to keep people safe.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ The registered manager valued and recognised the commitment, kindness and reliability of the care staff. They had helped build staff morale and focussed on improving communication with people using the service. People's positive feedback had confirmed they had succeeded.
- ☐ Staff said there had been significant improvements since the last CQC inspection. The examples they gave included better teamwork, improved communication and increased support by a registered manager and senior staff who understood the pressures of lone working.
- ☐ During the inspection, verbal and written feedback from people using the service and quality assurance records confirmed improvements to the running of the service.
- ☐ Staff had the necessary skills to meet the range of needs of people who received care from the service.

- Training records were audited to ensure staff had their skills updated to complete their work safely and with a caring attitude. Feedback from people using the service showed this approach had been successful.

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

- Quality assurance checks were completed on a regular basis. The registered manager made monthly phone calls to people using the service to check on the quality of the service. Customer satisfaction surveys were carried out annually.
- Senior staff carried out spot checks to ensure staff practiced in a safe and caring manner. These included checking on medicine practice and ensuring people looked well cared for to maintain their dignity.
- Our conversations with staff, the deputy and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
- Visits to people's homes to review care plans helped senior staff monitor care staff to ensure they were supporting people appropriately in a kind and caring way.
- People's care plans and risk assessments were reviewed, as well as daily records and medicine records. This helped identify where improvements needed to be made.

Working in partnership with others

- The service worked with health and social care professionals in line with people's specific needs. Staff described a close working relationship with social workers and the local safeguarding team when people were vulnerable and at risk of neglect. Discussions with senior staff showed they went the 'extra mile' to reduce risks and promote choice for people, for example assisting people to consider their housing options to increase their independence.