

Gaps Healthcare & Training Services Limited

The Business Centre

Inspection report

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10 May 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Business Centre is a domiciliary care agency which provides personal care to people in their own homes. The service provides support to older people and younger adults with a range of needs including people with physical disabilities. At the time of our inspection the service was providing the regulated activity personal care to 50 people. 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

Quality monitoring and checks had not always been completed to provide effective managerial oversight of the service. The provider acknowledged improvements were needed to fully embed the governance systems they had developed.

Some people told us their call times could be better managed. They didn't always know when staff would arrive for their care appointment. Medicines were administered safely by staff trained in medicines management.

Risks to people were being managed safely. We found risk assessments had improved since the last inspection and staff were recruited safely. Staff received training and felt supported by the management team.

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.

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 Requires Improvement (published 30 September 2022) and there was a breach of regulation 19. 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 this regulation.

Why we inspected

We undertook this focused inspection to check the provider 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 and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Business Centre

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 Health and Social Care Act 2008.

Inspection team

Two inspectors visited the service and an Expert by Experience made phone calls to people and relatives off site. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 May 2023 and ended on 18 May 2023. We visited the location's office on 10 May 2023.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, senior staff and care staff and received feedback from commissioners at the local authority.

We reviewed a range of records, including 4 people's care records. We looked at 4 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found the provider had not ensured staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

- The registered manager ensured staff were recruited safely. All necessary pre-employment checks were being completed. This included asking for references and completing checks with the Disclosure and Barring Service. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager completed risk assessments as required to determine new employees' suitability for their job role.
- People and relatives said there were enough staff to meet their needs. One relative said, "We're quite fortunate we've had the same carers for the last 4/5 months so both of them are well versed now."
- Some people and their relatives felt not all calls were made on time. The registered manager explained this could be due to traffic and people should be notified if calls are late. Staff confirmed this was the case with one staff member saying, "We have enough time allowed for travel but things like school traffic can make it difficult sometimes."
- Call log audits were completed, and action was taken against staff who were consistently late. The registered manager said, "I speak to staff formally and put measures in place which are monitored."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were not always completed or did not record full information about risk. For example, we found one person did not have a falls risk assessment and one person's diabetes risk assessment did not detail all risk. We did however find improvements in the level of detail in risk assessments for catheter care and moving and handling since the last inspection.
- Staff had an in-depth knowledge of the people they supported which mitigated against the risks associated with gaps in the risk assessment. One staff member said, "Care plans give enough information. If someone's needs change, I would document everything and let the office know."
- Care plans were completed, reviewed regularly, and signed by people receiving support. This was an improvement from the previous inspection. One person said, "I was having them [carers] 3 times a day and then I decided I could manage and just have them twice a week for a shower. It was me that altered the arrangements."

Systems and processes to safeguard people from the risk of abuse

- People received safe care and were protected from the risk of abuse. One person said, "They're very friendly and they make you feel comfortable." A relative said, "I'm here quite a lot of the time, so I do see what goes on. If I wasn't confident that they would keep [relative's name] safe, I wouldn't use them."
- Staff gave examples of how they would keep people safe. They demonstrated a good knowledge of the processes involved to do this.
- The registered manager had systems and processes in place to ensure safeguarding was reported and actions taken.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When people 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and staff understood their responsibilities to keep people who lacked capacity safe.
- Staff supported people to make decisions about their care which was person centred. This included their preferences for staff who knew them well.

Using medicines safely

- Medicines were managed safely. One relative said, "Sometimes we have changed the routine slightly for the carer to identify a particular tablet that she [relative's name] has before anything else in the day. They do this correctly."
- Staff received training in medicines administration. Senior staff made regular checks to ensure staff were competent to do this.
- Audits of medicines administration forms were completed. These were done using a mix of paper and electronic records which was time consuming and didn't always allow for missed medicines to be identified quickly. There had been no impact on people's care and the registered manager confirmed they were considering a more suitable electronic system to help with this.

Preventing and controlling infection

- People and their relatives said there had been no issues with staff using personal protective equipment (PPE) while providing care. One person said, "They wear masks and gloves."
- Staff had received training in the use of PPE and followed the guidance set out in the providers policy.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating has remained 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.

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

- The provider had demonstrated some improvement in the systems and processes being used to monitor the service. However, these were not fully embedded and used consistently across the service. For example, medicines audits required further improvement, to ensure they were completed in a timely manner to ensure mistakes are followed up straight away. The management team did not always record when spot checks of staff practice had taken place so could not be fully assured all staff were competent in their roles.
- The management team had not used audits to identify gaps in care plans and risk assessments. This meant that some care plans lacked up to date information which could affect the care people received.
- The registered manager understood their role and responsibilities to report to CQC if something happened which impacted on the running of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback provided to the service was not used to support quality improvement. People had completed surveys, but these had not been analysed to understand themes and no actions had been recorded where people had said improvements could be made.
- The management team and staff received training and demonstrated a good understanding of equality and diversity. This included the protected characteristics of the people they supported, and this information was reflected in the care records.
- Staff said they found the registered manager to be supportive and they enjoyed their jobs. One staff member said, "It feels like family. There is a good approach from management." Another staff member said, "Managers are supportive."

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; Working in partnership with others

- People and relatives views about communication with managers was mixed. This related to call times and not always being informed if calls would be late or missed. One person said, "They turn up every day when they're supposed to come, and they do what they're supposed to do." One relative said, "I wouldn't recommend them due to not turning up."
- The registered manager and staff ensured each person had the right professionals involved in their care

and support, so they felt safe and happy. This included health professionals and social care staff.