

Shire Homecare Services Limited

Gaddesden Row Office

Inspection report

Gaddesden Home Farm
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11 September 2019
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08 October 2019
25 October 2019
28 October 2019
30 October 2019

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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

About the service

Gaddesden Row Office is a domiciliary care service that is registered to provide personal care to people living in their own homes in the community. At the time of our inspection 61 people were being supported with personal care.

People's experience of using this service and what we found

There were some areas in the service delivery which required some improvements. The management team was further developing risk assessments, mental capacity assessments and care plans for people to ensure the support provided was in line with current best practice and legislation.

People were very happy with the support they received. They felt safe and well supported by staff who were kind and caring. Relatives told us the service was reliable and delivered the support needed for people to live in their own homes.

Staff were allocated to support the same people where possible. This ensured people had continuity of care and their support needs were met by staff who knew them well.

People had their needs assessed before they used the service. Care plans and risk assessments were developed to give staff guidance on how to deliver care safely and effectively.

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 had confidence in staff and the management to raise any issues and these were listened to. The service was flexible and accommodated people's changing needs.

Staff knew how to recognise when people were at risk of any abuse. They reported their concerns promptly internally and externally to local safeguarding authorities.

The management team supported staff to carry out their roles effectively through training, supervisions and competency assessments.

People received care and support in a personalised way from staff who they developed close and trusting relationships with.

People's medicines were administered as intended by the prescriber by staff who were trained, and competency assessed.

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 on 12 September 2018).

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 ●

Gaddesden Row Office

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 and an inspection manager.

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. We visited the office location on 08 October 2019. The inspection process started on 11 September 2019 and ended on 30 October 2019.

What we did before 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 two people and four relatives for feedback about the service provided. We contacted the local authority's commissioning team for feedback about the service. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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 members of care staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and trusted staff. One person told us, "I am very happy with the service. I trust the girls and I do feel safe." A relative told us, "[Person] is safe and we are so happy with them."
- Staff received training in safeguarding procedures and were confident in describing signs and symptoms they would monitor to establish if people were at risk of harm. They knew how to report their concerns internally and externally to local safeguarding authorities.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about risks to people's health and well-being. They knew how to support people to encourage independence and promote their safety.
- There were environmental safety checks which addressed areas like fire safety and environmental risks for people and staff. However, risk assessments were not always developed for all identified risks. The registered manager was reviewing care plans to ensure where risk assessments were needed these were developed.
- Staff reported to management where they identified any other risks to people, measures were taken to communicate to all staff about the risks and how to mitigate these.
- Well developed procedures were in place to ensure staff were able to reach people in case of extreme weather conditions or other unforeseen events.

Staffing and recruitment

- There were enough staff to ensure people's needs were met and visit times could be carried out.
- People told us they could rely on staff to visit when they needed. One person said, "I have them coming at the agreed time and they are very good to me."
- There was an electronic monitoring system in place which helped the staff in the office monitor if staff were able to arrive at people's homes at the agreed times. Relatives felt Gaddesden Row Office was providing a reliable service.
- All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Using medicines safely

- Medicines were managed safely by staff who were appropriately trained and had their competencies checked before they could administer medicines to people.
- Regular checks were in place to ensure people received their medicines as intended by the prescriber.

Preventing and controlling infection

- Staff told us they had been provided with personal protective clothing like gloves and aprons which they wore when providing personal care to people. One staff member said, "We come into the office and get shoe covers and gloves and aprons."

Learning lessons when things go wrong

- Staff told us lessons were learned in staff meetings where the managers shared any complaints or concerns raised by people and relatives. Positive changes were implemented following these, for example, allocating regular staff to support people.

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 remained the same. 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's needs were assessed before they started to use the service. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.

Staff support: induction, training, skills and experience

- Newly employed staff completed an induction prior to starting work. This included learning a review of policies and procedures, on-line training and face to face training. Staff shadowed more experienced staff until they were competent and confident to work alone. One staff member told us, "Training and shadowing has supported me to learn into the role."
- In addition to the induction training, staff received annual refresher training in safeguarding, manual handling, infection control and other topics.
- Every staff member told us they were well supported through one to one meetings with their line manager and staff meetings. One staff member said, "I feel supported and the manager will pick up the phone even out of hours. We always talk through issues."
- People and relatives told us staff were knowledgeable and delivered care and support in an effective and safe way.

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

- People who used the service and their relatives said that staff supported people to eat in a safe and effective manner.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.

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

- Where needed staff helped people to make appointments and this was clearly documented in people's care plans. Every staff member we spoke with knew what procedure they had to follow in case they found that people's health needs changed. They told us they alerted the office staff who then contacted relatives and people's GP if it was needed. They told us they called for emergency services if there was a need for it.
- The registered manager communicated effectively with health and social care practitioners involved in people's care. This ensured people's health care needs were met and they could continue to live in their own homes.

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.

- People consented to the care and support they received. Care plans were detailed with information which clearly recorded with what and how people wanted staff to help them. Mental capacity assessments were not carried out by staff or the registered manager. The registered manager told us they were attending training about this and would develop the assessments when needed.
- People told us staff respected their wishes and always asked if they were happy with what they were doing.

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 remained the same. 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

- People and their relatives praised the staff team for the care and support they provided. A person who used the service told us, "They are the best carers I ever had. They are very kind." A relative told us, "The carers are respectful and kind."
- People told us staff helped them remain in their own homes where they received a first-class service
- The provider's systems and processes were enabling staff to provide care and support to people in a caring way. Staff told us they had no time pressures and if they had to stay longer with one person, someone from the office was able to help carry out other visits they had scheduled in.
- The registered manager understood how important it was for people to know the staff members who supported them. They provided a core staff team for each person so that relationships and trust could form between people and staff.

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

- People's voice was captured in their care plan. People told us they felt involved and where appropriate their relatives were consulted about the care they received. One person said, "They help me so much. Everything happens as I want and like it."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt at ease around staff and their dignity and privacy was promoted.
- Staff told us how they made sure people were washed and dressed in private if there were family members around.

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 requires improvement. At this inspection this key question has now improved to 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

- People told us the care they received met their individual needs. One person said, "They all know me well and know what I like." One relative told us, "The team of different carers are unfailingly cheerful, efficient, positive and helpful. First class. Can't thank them enough."
- Care staff were able to tell us about the personalised care and support they provided for people.
- People's care plans included some personalised information about people but needed further developing to support the staff team to deliver consistent person-centred care.

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 care plans detailed their communication needs.
- Staff told us how in addition to verbal communication, they watched people's body language and facial expressions to ensure they fully understood people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives told us that staff engaged with them and people felt connected to the staff who visited them.
- Staff told us that they spent time talking with people while they supported them and before or after the care tasks had been completed.
- Live-in care staff supported people to access the community and with social activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy, people and their relatives told us they knew how to complain if it was needed.
- One relative said, "We have no complaint at all. If I have to discuss anything I will contact the office. They sort it out."

End of life care and support

- Staff supported people when they were nearing the end of their life. Relatives of the people who received

care and support from staff in their final days praised the service they received. One relative told us, "The staff treated my [relative] with so much kindness and dignity. I was very impressed and touched. [Person] wanted to die at home and they made this possible. I am very grateful to them."

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 remained the same. 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

- We found that there were several improvements made to the service since our previous inspection. These were around how the provider monitored missed and late calls, how they managed complaints and how they allocated staff to support people.
- The registered manager was in the process of changing care plans to a new format. The new care plan allowed for more personalised information to be recorded for staff to know how to meet people's needs.
- Further improvements were needed in developing risk assessments and recording mental capacity assessments and best interest decisions for people who lacked capacity to take certain decisions.
- There were regular audits done by the registered manager and other members of the management team to ensure that the quality of the service was monitored. These included medicine audits, care plan audits and spot checks where managers turned up unannounced to observe staff's care practices.

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 understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff what went wrong.

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

- The registered manager understood their legal responsibilities. They were clearly displaying their previous inspection rating in the office.
- The registered manager was supported by a team of office staff, senior care staff and care staff.
 - Processes were in place to support staff in their role. This included shadowing experienced staff, supervisions, meetings and training. One staff member told us, "This is a good company to work for. They are flexible in giving the work, I feel valued and they have people's best interest at heart."
- All staff had a shared and great passion for working at the service and changing people's lives for the better.

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

- People and their relatives gave positive feedback about the registered manager.

- Staff were also positive about the management of the service. A staff member told us, "I recommend this agency to anyone. It's like a big family."
- Regular feedback was collected from people and their relatives. A recent survey done showed that people, relatives and staff were very positive about the service.

Continuous learning and improving care

- The feedback from the local authority who funded people's care was positive. They told us that the provider was keen to improve and they constructively used feedback from visiting professionals to improve the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care.