GES Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

GES Care is a domiciliary care agency and provides care and support to people in their own homes, some of whom may be living with dementia, a disability or mobility problem. At the time of our inspection the agency had 21 clients of which 18 were receiving personal care.

This was an announced inspection that took place on 6 January 2017. We told the provider two days before our visit that we were coming to make sure that someone would be available to support the inspection and give us access to the agency's records.

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager as well as the provider assisted us during our inspection.

People felt safe when staff provided their care. They told us they could rely on staff and the agency contacted them to let them know if staff were running late. The provider had identified those people most at risk if their care was interrupted and had developed plans to prioritise the delivery of their care in the event of an emergency.

Staff were aware of their responsibilities if they suspected abuse was taking place. Risk assessments had been carried out to identify any risks to people and an environment risk was undertaken to help ensure staff were kept safe. Where an incident or accident had occurred, there was a record of how the event had occurred and what action had been taken. The provider had processes in place to help ensure they only employed suitable staff to work for the agency.

Staff had access to the training and support they needed. Staff attended an induction when they joined the agency and shadowed colleagues until the provider was confident in their ability to provide people's care safely and effectively.

Staff responded appropriately if people became unwell. We read that the agency liaised with health care professionals in order to provide the most relevant care to people. Those people who required support to take their medicines received this and medicines records were completed appropriately by staff. People who received support with meal preparation were happy with this aspect of their care. We noted people's food preferences were recorded in people's care plans.

People told us they received their care from regular staff who knew their needs well. They said they were supported by kind and caring staff. People told us staff were polite, friendly and treated them with respect. Staff understood the requirements of the Mental Capacity Act (2005) and told us they would always ask for people's consent before carrying out care.

People received a service that was responsive to their individual needs. The registered manager reviewed care plans on a continual basis to help ensure they reflected people's needs and preferences. The results of a recent survey showed that people and their relatives felt involved in their care plan.

People and relatives felt the agency was well managed and staff told us they felt supported by management. People told us they could always contact the office if they needed to and said they liked the registered manager. They also told us they knew if they ever needed to complain this would be acted upon. People were asked for their views about their care and their opinions were listened and responded to.

There were systems in place to monitor the quality of the service and the care provided by staff. The registered manager regularly reviewed medicines records as well as they daily notes written by staff and the quality of care provided by staff was monitored through spot checks. Where issues or shortfalls were identified, these were raised with the staff team.

During our inspection we made one recommendation to the provider in relation to the registered manager and the time they had to undertake the requirements of their role.

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.

Staff knew their responsibilities should they suspect abuse was taking place.

Staff were reliable and would call people if they were running late.

People were protected by the provider's recruitment procedures and there was a contingency plan in place in the event of an emergency.

Where people were supported with their medicines, this aspect of their care was managed safely.

Is the service effective?

Good

The service was effective.

Staff understood the requirements of the Mental Capacity Act (2005).

Staff received induction, training and support they needed in order to undertake their role.

People who received support with meal preparation were happy with this aspect of their care.

Staff worked with health care professionals to ensure people received the most appropriate and effective care.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that promoted their independence.

Is the service responsive?

Good

The service was responsive.

People were encouraged to be involved in their care plans. Care plans were detailed and informative in relation to the care people required.

People and relatives told us they knew how to make a complaint and were confident if they did it would be responded to promptly.

Is the service well-led?

Good

The service was well led although we have made a recommendation to the registered provider.

The registered manager and a good knowledge and management oversight of the agency but needed more support to enable to carry out her role.

People were asked for their views about their care and their opinions were listened to.

Staff felt supported by management.

There were systems in place to monitor the quality of the service and the care provided by staff.

GES Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 January 2017. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection. This is the methodology we use for inspecting domiciliary care agencies. The inspection was undertaken by two inspectors. One inspector spent part of the inspection speaking to people in their own homes.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During our inspection we visited the agency's premises and spoke with the registered manager and the provider. We checked care records for four people and we checked four staff recruitment files. We also looked at other records relating to the management of the agency, including staff training, complaints and quality monitoring checks.

We spoke with three people, three relatives and two staff members on the day to hear their views about the care and support provided. Following the inspection we spoke with two staff by telephone to hear about the training and support they received to do their jobs.

The agency was last inspected by the Care Quality Commission on 20 February 2014 where we had no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "(Staff member) makes me feel comfortable." A relative told us, "I left a carer here to go out. That shows I'm perfectly confident (that she's safe)." Everyone we spoke with told us that staff stayed for the duration of the call and that if staff were going to be late they would get a call from the staff member or the office. One relative said, "The care is very good. If they are going to be late they always let me know."

People received the care when they expected it. Most staff told us they had sufficient travelling time between their visits and that they did not have to rush people's care or cut short their visits. They said they rang the out of hour's number or informed the agency's office if they were delayed on their way to a visit and that the message was passed on to the person receiving care. A staff member told us, "I can get to people's homes and they have known I was going to be late because they've been called." Another said, "We need to let people know if we're going to be late otherwise they get anxious." We asked the registered manager how they knew that staff did not miss a call and they explained that people were told to ring the office after 15 minutes if a staff member had not arrived. We read evidence that this had happened when staff had failed to arrive at two people's homes. People told us they felt there were enough staff employed by the agency to care for them. One person said, "Getting out bed there is always someone beside you and there are always two carers." A relative told us, "I feel there are enough staff."

The registered manager told us they had a policy of a minimum of a half hour visit to people to help ensure there was sufficient time for staff to carry out all the required duties. They said the only exceptions to this were two people who only required their medicines given to them. One person told us, "They need to be here for 30 minutes and they are here for that time."

People received care from staff suitable to work for the agency because the provider carried out appropriate pre-employment checks. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People were protected from the risk of abuse because staff understood their responsibilities in relation to safeguarding. Staff had received training in this area and told us the provider had reminded them of their responsibilities to report any concerns they had about abuse or people's safety. Staff had access to a safeguarding policy which gave information about how to raise concerns outside the agency if necessary. Staff received a staff handbook when commencing employment with the agency which included the procedures for reporting concerns. Staff had signed to say they had read the policies. A relative said, "I wouldn't worry that he wasn't being treated well." A staff member told us, "I would immediately tell the registered manager." Another said they would call the manager or if necessary social services or CQC. The registered manager demonstrated their understanding in reporting any concerns to the local authority safeguarding team.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at risk and had in place a matrix which showed which staff lived within walking distance of people. During out-of-hours both people and staff had a telephone number they could call in order to receive advice or support.

Accidents and incidents were recorded in people's care plans and the registered manager took action when appropriate. One person was unsafe at being transferred in their hoist due to their floor being uneven and a near miss was recorded. We read from the registered manager's notes that they had discussed this event with the person's relatives and action had been taken to ensure the floor was repaired to allow staff to move the person safely. We read that this had been tracked by the registered manager and staff re-instated hoisting this person once they knew it was safe.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered risks to people which included any intervention required by staff in order to keep a person safe as well as any effects medicines may have on a person. One person had lost confidence in using the stairs on their own and their care plan clearly recorded that staff should accompany them up the stairs. Another person was on a particular medicine and the staff had checked and recorded whether this affected the person's mobility. One person told us the registered manager updated their risk assessment when their bedroom was moved from the downstairs to upstairs as their mobility improved.

Where people required assistance with their medicines they received this in a safe way. We noted that each person had a Medicine Administration Record (MAR) and found that these had been completed by staff appropriately. For example, we saw that there were no gaps in people's MARs and where people did not require or had refused medicines (particularly topical creams – medicines in cream format) this had been recorded correctly on their MAR. One staff member told us they had received training and said, "We prompt people to take their medicines or give them to them from the blister pack and we always have to mark the MAR when we've done this." We discussed the MAR charts with the registered manager during our inspection to inform them that they should record information about a person's allergies as well as their GPs details in order to comply with best practice. They informed us they would add this to people's MARs immediately. Staff responsible for administering medicines had been trained in this area and we read their competency had been assessed.

Good

Is the service effective?

Our findings

People and relative's told us they felt staff had the ability to undertake their role appropriately. One person told us, "She (staff member) knows what she is doing and she is learning all of the time. I feel she is confident and if she doesn't know something she will always ask." Relative's said, "They (staff) have all been trained well in handling the equipment," "The staff are perfectly competent," "The staff have training. They (the agency) give new people (staff) time to settle in."

People were cared for by staff who told us they had access to the training they needed to do their jobs. They said they had completed training in areas including safeguarding, moving and handling, first aid, medicines administration, food hygiene and infection control. Prior to working on their own staff shadowed more experienced staff until they were confident in their role. One person told us, "They (staff) shadow the care at first and spot checks are done which gives me confidence they (the agency) are monitoring what is going on." A staff member said, "The training was good and management is open to new training." Another told us, "Even though I had been in care before when I started here they gave me their own training. They eased me into the role as I did a lot of shadowing." A staff member told us, "We can ask for extra training if we wish it. I feel totally supported."

Staff told us they attended one-to-one supervision, which provided opportunities to discuss their performance and any training or development needs they had. We also read that staff had annual appraisals. The registered manager told us they were slightly behind on current supervisions but would be completing these within the next few weeks. One staff member said, "I have supervision every four to five months." Staff said they felt supported by the registered manager.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. Staff had been introduced to the principles of the Act and how these principles applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. The registered manager told us everyone currently receiving care had the capacity to make their own decisions, so no mental capacity assessments had been undertaken.

Care plans noted guidance for staff in relation to consent. For example, one noted, 'ask if ready to get washed and dressed and when consent is obtained…'. A staff member told us, "I would always give people choices, but I would keep it to two so it didn't confuse them and it helped them to make a decision." Another staff member said, "You have to assume someone has capacity. You can't do a blanket capacity assessment as they may have the capacity to make small decisions but not necessarily big ones. We need to ensure we give people as much information as possible to help them make a decision." A third told us, "You

need to be in a position to know whether a client has capacity to make an informed decision. I always try to make sure I involve them as much as I can, even if it takes a long time for them to make the decision, otherwise you are taking away their liberty." A relative confirmed they always heard staff asking for consent before providing care.

People who received support with meal preparation told us they were happy with this aspect of their care. People's dietary requirements were recorded in order to help ensure staff prepared appropriate food for them. One person had a dislike of tomatoes and this was clearly recorded in their care plan. A staff member said, "Normally shopping has been done by the person's relatives so we would give people a choice of the food in the fridge. If someone is not eating we complete a diet sheet and record what food they have eaten so we can monitor their intake."

People received responsive care if their health needs changed. We saw evidence in care records that the agency had liaised with professionals including the GP and district nurse about the healthcare support people needed. There was guidance to follow for staff and we read in care plans that staff were advised to contact a particular health professional if they noticed a deterioration in a person's condition, for example, in their skin integrity. We noted liaison with the district nurse over the use of a hoist for one person and instructions regarding topical creams for another. The registered manager told us they or staff would call a person's relative if necessary, but if a GP was required there and then staff would make the call whilst in the person's home with their consent.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. We asked people how staff showed this and they told us, "It's her attitude. If things are not right she will go out of her way to make sure they are right. You can have a laugh and a joke and she (the care staff) has nice human touches and they are genuine." Another said, "The carers are nice. I can choose what I want to have done. We get on like a house on fire. I am treated with dignity. We talk and laugh about all sorts of things." A third told us, "We have a laugh. I have a wicked sense of humour and the staff know what I like."

Relatives reiterated the positive feedback we received. One told us, "(Staff member) has been a diamond to me. We are very satisfied, she is outstanding! We are lucky to have her." Another relative said, "She (the care staff) is such a nice lady, friendly. She is particularly caring. She is concerned for me too which is nice. She is always asking me how I am and she brought me a birthday card." A third told us, "They (staff) are pleasant and considerate. They always make sure he is comfortable and that he is alright before they leave."

We observed whilst visiting people's homes that staff turned up on time and stayed for the duration of the visit. Staff were kind and considerate with people and their relatives and it was obvious they had good relationships as they laughed and joked together.

People were cared for by staff who ensured they carried out the care as the person preferred. One staff member was heard consistently asking a person if they were happy with what they were doing whilst they carried out personal care. We heard them say, "Is that okay for you? And the person reply, "Fine thank you love."

People were shown respect and dignity by staff who clearly knew people well. We heard staff talk to people about their interests such as crosswords and ask one person where their broach was so they could pin it to the person's top. One person told us, "You saw how she treated me. The professionalism is there." A second said, "I am always treated with dignity. They put a towel over my knees and they always ask me what I would like to be called." A relative said, "She is gentle, kind and nice and treats him with dignity." A second told us, "When we have family here they pull the curtains across to give him dignity." A staff member said, "I show people respect by not treating them all the same. I always introduce myself however many times I've been and I always make sure I ask people first before doing something or touching them."

People were shown compassion by staff and made to feel as though they mattered. One person told us, "She worries about me if I'm not right. She makes me feel that you are the person that's important to her." They added the staff member popped in to see them off duty to check they were okay and went on to say, "She bought me a bunch of flowers for my birthday." Another person said, "It's the little things like I had scratched my hand and they said, 'oh dear would you like me to put a dressing on it'.

Staff spoke positively about their work and the people they cared for. One member of staff told us, "I talk to people in general. I'm interested to hear about them and their lives. I'm really happy working here." Another staff member said, "I feel valued by the people I care for. They are always pleased to see you and when you

leave someone clean and comfortable you feel like you've done a good job." A third told us, "I feel valued by the clients as they will ring the office and ask for me – that makes me feel valued."

People told us staff supported them to maintain their independence. One person said their care staff supported them to be independent which was important to them. A relative told us that the staff member always encouraged their husband to do things for himself, like washing himself. A staff member said, "I will always ask people if they wish to do things for themselves. For example, I'll give them the flannel to encourage them to wash their own face or body."

People had access to information about their care and the provider had produced information about the service. People were given a brochure which set out all the relevant information about GES Care and the service to which they were entitled. This included the aims and objectives of the agency, what support could be provided and a copy of a contract they would be required to sign. This information was available in various formats at a person's request. For example, braille, large print or another language.

Good

Is the service responsive?

Our findings

Before people received care from the agency an assessment was carried out to ensure the agency could meet people's needs. One person confirmed an assessment was completed before they started with the agency and this was reviewed when their needs changed. A relative told us, "The registered manager came and discussed the care with us. She was more sympathetic so we went with this agency." A second relative said, "They asked what we wanted and they do review that." Staff told us they received an overview of people's care needs before visiting someone for the first time. One staff member said, "We get a briefing which is usually sufficient. However we are always invited to go into the office to read the full care plan before we go for the first time if we wish to."

An individual care plan had been developed for each person, which people were encouraged to be involved in. Relatives were also consulted about their family members' care plans where appropriate. This was confirmed by people and relative's we spoke with. The care plans we reviewed included information about a person's care needs. This included their communication, nutrition, medical, mobility and continence requirements. Where people required equipment to assist with moving and handling relevant information was recorded such as the type of equipment (standing hoist or full body hoist) and which sling size.

Care plans were person-centred in the way the routine of care should be provided. They gave good guidance for staff who may not know a person well to help them understand exactly how a person liked to receive their care. One person did not like anything cold and this was clearly recorded with reminders for staff to warm towels prior to providing personal care. Another person likes eggs on toast and porridge for breakfast and this had been recorded and a further person liked the crusts cut off of their bread. We noted however in care plans that although people's medical conditions were recorded and we were confident people were receiving the care they required there was little information for staff on people's personal histories or background. This would be beneficial to staff in order to give them a point of reference for conversation. We spoke with the registered manager about this at the end of the inspection who told us they would start to collect and record this information.

The registered manager told us care plans were reviewed constantly as they were often out working on the field and always asking people if the care they received reflected their most up to date need. We read in care plans that they had been reviewed more formally on a monthly basis or more frequently if people's needs changed.

Relatives told us staff did their best to respond to requests for changes, for example requests for additional visits or changes to visit times. One relative said, "We rang to ask her if she could come earlier one day and she accommodated this." They added they were given choices around when they wanted the care staff to be present. Another said, "If we have a hospital appointment they (staff) do their best to accommodate this." Staff told us if there were changes to a person's care needs they were informed of this straight away. One staff member said, "The office keep you informed – we are all kept in the loop they (the office) are quite brilliant at that. Even if it is not a client we go to we have the full picture. We'd put a client at risk if we didn't."

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. People said they were confident the registered manager would address any complaints. One person told us they had complained and it was dealt with and that they had felt listened to. Another said, "When I complain they listen to me." They told us they had complained about the timings of the calls when they first commenced with the agency and the registered manager had resolved this. A relative said, "My husband will ring up. We absolutely feel listened to."

We checked the complaints file and found that no complaints had been made in the last 12 months. However, we found a complaint from a relative in their family member's care plan and when we spoke with the registered provider they told us they had received this and another complaint and they were currently dealing with both. Although they had already spoken verbally to the complainants, they had not recorded this anywhere. We spoke with the registered manager about holding a central log for complaints in order that they could monitor progress against complaints and check satisfactory conclusions were reached.

Good

Is the service well-led?

Our findings

People and their relatives were happy with the care the agency provided and we noted from the recent satisfaction survey that overall people though the agency was 'reasonably well managed'. One person told us, "(The registered manager) has been here and observed the carers doing care. She has asked us if we are happy with the care. For the service we are getting there is nothing to improve. If we need anything we just ring up and negotiate. We stipulate a time and they accommodate. (The registered manager) is very good." A second person said, "I feel it's (the agency) very well managed. The manager is my type of person." A relative said, "The agency is very good. They have never let us down." Another told us, "I'm very happy with them." A staff member told us, "The best thing about the agency is they make sure calls are not missed, they keep people informed and they try to accommodate people."

The registered manager had good management oversight of the agency and she and the provider were able to answer all of our questions about people without having to refer to records. They told us this was because they were regularly out in the field carrying out care, particularly when the agency was short staffed. The registered manager also said that as they were a small agency they spoke with people on a regular basis and when staff visited the office people's care and needs were discussed. We did not have any concerns that people were not receiving the care they required. However, we found that more support was needed to allow the registered manager to carry out her management duties and to be able to monitor data to identify trends, such as accidents and incidents or complaints.

Furthermore, as a result of the registered manager covering shifts, it meant that some records held in the office were not as well maintained as they could have been. For example, the MAR chart information in relation to people's allergies and GP information, information on people's personal histories and backgrounds, over-arching logs for accidents and incidents and complaints to enable good monitoring and ensuring care plans reflected the care staff provided or gave guidance when necessary. We also found some information in care plans that was not complete, although this was minor. We discussed this during our inspection with the registered manager and provider who informed us they were currently 'training up' a member of staff into a care co-ordinator role to support the registered manager.

We recommend the registered provider ensures the registered manager is given the support and tools to enable them to carry out the role required of them as part of their registration with CQC.

People were asked for their views about their care and their opinions were listened to. People and their relatives told us they were regularly contacted by the manager with requests for feedback. We also found that the registered manager sent out an annual satisfaction survey. We noted from the 16 responses to the last survey (August 2016) that people, knew about their care plans and were involved, felt the care staff were well trained, felt a complaint would be handed quite well and timekeeping for most care staff was 'excellent'. We did note some comments that people had asked that they were informed if staff were running late. We were shown a response to the survey compiled by the registered manager and circulated to everyone receiving care from the agency. This registered manager also showed us a memo sent to staff to remind them of the importance of calling into the office. When we spoke with people and their relatives they

told us that since the autumn communication this had improved. A relative told us they were asked to complete a survey and saw the results of this survey. They said, "It's useful to hear other points people bring up. There is nothing to improve."

Staff told us the provider and the manager were approachable and supportive. A staff member told us, "This is the first company I've worked for that I don't feel under pressure or stressed. I can talk to (the registered manager) or (provider)." Staff said there was an open culture in which they would feel able to raise any concerns they had and one staff member said, "We work as a team together." Another said, "There is an open door policy which is good. I'd rather have that. It's good sometimes to discuss something whilst it's happening." They added, "They (management) never make me feel like I've asked a silly question I was amazed at how respectful all the staff were." A third told us, "Yes, I do feel supported. The office will accommodate changing my hours to suit me."

The quality of care provided by staff was monitored through spot checks carried out by the registered manager. The manager visited people's homes to check staff arrived on time, dressed appropriately, carried proof of identity and maintained the security of the person's property. The registered manager also checked that staff promoted people's independence and treated them with dignity and respect.

Other audits carried out by the provider and the registered manager including the review of MAR charts, daily notes for people and a travel time audit. Where shortfalls were identified these were picked up and notified to staff by memo or individual face to face conversation. For example, it had been identified that some staff were falsifying records. The registered manager showed us a memo sent out to all staff in response to this as well as speaking directly to the staff involved.