

Girassol Community Care Ltd

# Girassol Community Care (Huntingdonshire)

## 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

### About the service

Girassol Community Care (Huntingdonshire) is a domiciliary care agency registered to provide personal care to people living in their own homes. The service supports younger people, older people some of who were living with dementia and people with a physical disability. At the time of the inspection, nine people were using the service, all of whom received personal care.

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

Staff knew how to safeguard and how to support people to keep them safer. The service and the staff team took on board learning when things went wrong.

Enough skilled and suitable staff had been safely recruited. People were supported by a consistent staff team who they felt comfortable with. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practise.

People's needs were assessed before the service provided them with care or support. Staff knew people's needs well and care plans were reviewed as soon as changes occurred. Staff had received the required training and ongoing support to help them maintain and improve their skills to fulfil their role and responsibilities. People said staff had the skills necessary to care for them well.

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 said staff were caring and knew their needs and preferences well. Staff gave people privacy, treated them with dignity and respect and helped promote people's independence.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs.

Monitoring and oversight of the service was effective in identifying and driving improvements. The registered manager led by example and had fostered an open and honest staff team culture. People came first and foremost, and they had a say in how the service was provided. The provider worked well with other organisations, to provide people with joined up care.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Cambridgeshire and Peterborough. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 04 January 2021 and this is the first inspection.

#### 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 well-led.

Details are in our well-led findings below.

Good ●

# Girassol Community Care (Huntingdonshire)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission (CQC). 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

This inspection was announced. We gave a short period notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 07 March 2022 and ended on 10 March 2022. We held a virtual meeting with the registered manager on 10 March 2022.

### What we did before the inspection

We reviewed information we had received about the service since it was first registered. We sought and obtained feedback from the local safeguarding authority and from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We received feedback from one health professional and a member of the local authority placements team. We spoke with six members of staff including the registered manager, senior care staff and care staff.

We reviewed a range of records. This included two people's care records and 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 were also reviewed, including training records, incident records, compliments, quality assurance processes and various policies and procedures.

### After the inspection

We reviewed information relating to medicines administration records and compliments we asked the provider to send us.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and they understood how to safeguard people, identify and report concerns if needed, and took action to help keep people safe.
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required and this helped keep people safer.
- Staff knew what signs, symptoms, or risks, of abuse to look out for and to whom they could report these to, such as the registered manager or the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management.

- Risks were identified and we found they were managed well such as, choking, malnutrition and people's home environment. One relative said, "Two staff are required to hoist my [family member]. They do it carefully and safely using the hoist. I am assured staff know exactly what they are doing."
- Staff understood how to provide care and support to people to reduce the risk and potential of avoidable harm. Information in care plans about managing risk gave staff information based on people's needs, training and guidance from health professionals.
- Staff worked safely by using equipment correctly and making sure people at risks including choking, malnutrition or pressure sores had these prevented.

Staffing and recruitment

- A robust process was in place to help ensure there were enough staff who were suitable and safely recruited. One relative told us, "We have a consistent team of staff for the majority of care visits. Their time keeping is very good and we have never had a care visit missed."
- Various checks had been undertaken including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they had to provide previous employment references, photographic identity, proof of a right to work in the UK and evidence of good character. Records viewed confirmed these had been checked.

Using medicines safely

- Staff knew how to manage and administer medicines safely whilst promoting people's independence to take their own medicines
- Staff received training and support to help ensure they were competent to safely administer medicines including liquid medication and the application of topical skin creams.
- Not all staff used the correct codes to record if people had not taken their medicines. The registered

manager told us they would remind staff and issue a newsletter to only use the correct codes. One relative said staff had never missed administering a medicine and this meant their family member remained healthy.

- Staff recorded the application of skin creams using a body map. Guidance and clarity was in place for those occasions relatives supported people with their medicines.

#### Preventing and controlling infection

- Staff were trained and supported to promote good standards of infection prevention and control (IPC).

- They followed government guidance about COVID-19 testing, vaccination and wore personal protective equipment (PPE). They undertook effective handwashing, used PPE effectively and disposed of it safely. This helped prevent the risk of infection and cross contamination.

- The provider's IPC policy was up-to-date and staff adhered to this, to minimise the risks of infections.

#### Learning lessons when things go wrong

- The registered manager supported staff to learn when things went wrong. For example, wearing the right PPE and recording medicines administration correctly. This helped reduce the risk of recurrence.

- Staff were reminded of their responsibilities and other actions were taken if there was a repeat of any incidents. One person told us, "I only had to remind the odd staff member to do what I ask. It only happened once and never since."

- The registered manager used a positive approach to improving staff performance and shared more general learning through a newsletter, staff meetings or supervisions.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs prior to providing care and support. They said, "I spend at least an hour gathering details about the person. Everything from their home environment to all health conditions." This helped inform people's care planning and the delivery of it.
- The registered manager kept up to date with current guidance and ensured that this was shared with the staff team. Guidance was implemented into policies and staff training. For example, medicines administration in the community and the use of equipment for people's repositioning.
- The registered manager supported staff with guidance and knowledge based on people's needs, such as dementia care. This guidance focused on people's preferences. One relative said, "Staff are extremely good at responding to the changes in equipment and guidance following discharge from hospital."

Staff support: induction, training, skills and experience

- Staff were trained in areas relevant to their roles, such as medicines administration, dementia awareness, moving and handling and The Mental Capacity Act 2005 (MCA).
- Staff told us they were well supported, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff received an induction to the service involving working with more experienced staff to get to know people before they worked alone. One staff member told us, "I spent two days shadowing experienced staff and had specialist training on equipment. I had previous care skills so I just had to watch what was being done and learn everything about people's needs." Another said, "One person needs very careful support with eating a pureed diet. The speech and language therapist is happy with what we are doing."
- One person told us, "The [registered] manager has observed how staff support me and how they speak with me. They praised staff for doing everything properly and safely." A relative said, "[Staff] use a hoist and are very aware of my [family member's] health status. They are always very kind. We have a small band of staff who notice everything (about changes to the person's health) and alert me about actions taken."

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

- People were supported to eat a balanced and healthy diet whilst also having full freedom of choice around their meals.
- Relatives were positive about the way that people were supported to eat healthily. One relative said, "My [family member] needs meals preparing, but they can then eat independently. Staff know what they like, lots of fruit and other healthy options."
- Records were in place for people at an increased risk of malnutrition including monitoring their weight and fluid intake. One relative told us staff encouraged good intake of food and fluids and always ensured a

drink was left within reach when they left.

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

- People were supported to see health professionals, such as community nurses and GP's when needed. All people and relatives we spoke with felt confident that staff knew when to request emergency or other healthcare support. Incident records showed how staff had responded to people falling or concerns about eating, swallowing or risks of pressure sores. A relative said, "[The staff] were extremely good when hospital stays were needed and good at responding to discharge from hospital too."
- The registered manager worked closely with various health professionals. Guidance from them including speech and language therapists had been implemented and staff were adhering to this.
- Staff supported people to stay healthy in areas such as nutrition, good standards of hygiene and safe use of equipment related to people's care.

Ensuring consent to care and treatment in line with law and guidance

The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were given choice and control over how they spent their time. Staff sought consent from people in a variety of ways, so their choices were respected.
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney. These representatives made decisions that were in people's best interests. A relative said their family member had a hospital type bed with rails, and that this was in the person's best interests having previously fallen out of bed. One relative said, "[Staff] are always polite and ask before supporting [family member] with anything or entering our home."
- Staff received training in the MCA and had a good knowledge of what this meant when it came to supporting people. One staff member told us how they would offer a selection of different drinks or pastimes the person could choose from.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and staff team put people first and foremost by ensuring wherever possible a consistent staff team. People and relatives were positive about the care and support they received. One person told us, "I look forward to [staff's] company. We talk about families, my favourite songs and we do laugh sometimes." A relative said, "[Staff] are very good at recognising when my family member needs the loo. They are very good at promoting dignity."
- People and relatives described the compassion staff showed when providing care and being respectful. One person said, "I get the same consistent female staff which I prefer. They promote my privacy and dignity, they get my towel warmed and get my toiletries ready. They give me privacy in the bathroom." A relative told us how good staff were at encouraging conversations and frequently having a laugh or responding to a person when they smiled showing their appreciation of the care provided.
- Staff treated people with kindness and respect and spoke calmly. In addition, staff told us they would speak with people at eye level by bending down, kneeling and allowing people time to finish what they were saying.

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

- People were offered choices in their day to day support. For instance, with regard to the gender or age of care staff. One relative said, "[Family member] gets on very well with the more mature staff. It wasn't easy to start with, but knowing we mainly have these staff is comforting."
- People felt involved in decisions about their care. One person said, "I let my [family member] sort all that out for me. They tell me what's in my care plan and I am happy with everything [staff] do for me." Another person told us, "I had one staff member I didn't gel with, but with the staff who come to me now get on ever so well. [Staff] are trustworthy, genuine and show me compassion every time."
- People and their relatives said care was being provided as agreed, and changes in people's needs resulted in care plans being amended. Staff told us they were always made aware of these changes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to live fulfilling lives, enabled them to do things at their own pace and at a time they chose to. Staff did this politely and respectfully when speaking with people. Staff gave people time in private if this is what the person wanted.
- Staff supported people to retain, or gain further, independence. One person said, "[Staff] help me to eat. They get everything ready, but I'd rather keep doing as much as I can for myself." A relative told us how good staff were at always ensuring safe use of a walking aid and encouraging mobility of their family member.
- Staff respected people's privacy and dignity, closed curtains and doors and kept people's information

confidential.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew how to respond to the finer points of people's lives based on individual preferences. For example, being sensible as when to have a laugh or joke. Staff's daily notes included information about the care provided and enabled reviews of these to highlight what worked well.
- People and relatives were positive about the support provided. One relative told us they were very pleased their family member had the support with their religion as it meant so much to them. Staff were respectful of people including having general conversations about similar interests, such as families.
- People's care plans included all appropriate information and staff were very knowledgeable about them, including the type of toothpaste people liked or their favourite cereal. One compliment had thanked the staff for always bringing a Saturday newspaper for which the person was 'very appreciative'. A social worker had reviewed a person's care and found that everything was going well without a need for reviews outside those of an annual basis. One staff member told us how they helped a person with oral care to remain independent eating. This meant people's needs were met in a person-centred way.

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 were supported to communicate in various ways, such as using a relative's support if necessary. This also included staff giving people as much time as needed to be understood. People who were not able to communicate verbally had support in their best interests. A staff member told us how they knew if a person was happy or not just by the way the person spoke. Staff adjusted their approach if the person needed some support to be less anxious or happier.
- Staff knew how to communicate with people and training was being organised to support staff to improve further in this area. One relative praised the consistent staff team as this had reduced confusion and anxieties. A staff member told us, "I always listen to what people say. It can be their body language or emotions as well; sometimes you just need to be there for them."
- Policies and procedures, such as those around safeguarding were available in accessible formats as required. The registered manager was aware of when to provide information to people or staff in an alternative format such as larger print if needed.

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable to raise any concerns, and compliments were used to identify what worked well. One person said, "I raised a concern about a [staff member]. I asked for a different one and everything is now perfect. We get on very well." Examples of compliments about what worked well included, "Thank you [staff] You are one in a million", and "You all have given us something to smile and laugh about."
- There was a complaints procedure in place, and this was available in accessible formats for people to use. A relative told the registered manager was very good at addressing small issues in a timely way before there was a need to complain.
- Complaints were responded to through the provider's complaints process and were analysed for any potential trends. If needed, lessons were learnt to prevent recurrences.

#### End of life care and support

- People were supported, where needed, to make end of life decisions such as to stay at home, have support for pain and anxiety and to maintain dignity.
- The registered manager had previous experience of, and was passionate about, end of life care and told us this was an area they wished to develop even further. They ensured people's choices, religious beliefs and values were respected and upheld by all staff. One compliment praised staff for all the help, support and compassion staff had given a person before they died.
- The registered manager involved health professionals as soon as the need arose and supported relatives with bereavement. Staff adhered to end of life decisions about resuscitation or emergency healthcare and people's nutrition.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; 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 when to notify us about incidents occurring when staff were providing personal care or as a result of this.
- They undertook a range of monitoring such as, unannounced spot checks on staff. This was to ensure staff were providing care at the planned time and duration. It also enabled the registered manager to observe care and speak with people in confidence after staff had left. This helped identify any areas for improvement.
- Areas monitored included feedback from people, reviews of care plans and risks assessments. The registered manager acted promptly about improvements when needed. For instance, ensuring care visits always had two staff present before commencing any care where this was needed.
- The registered manager understood the need to be open and honest when things went wrong. For example, if staff did not follow procedures detailed in care plans. One person said, "I contacted the office as most staff pay attention to detail but the odd one hadn't. They sorted [the matter] out."
- Staff were clear about their roles and explained these to us in detail. One staff for instance, was able to describe a person's morning routine, about their preferred clothes, breakfast, warming towels up and getting everything ready before starting personal care.

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

- The registered manager and staff team were passionate about supporting people to have a meaningful life as much as possible. Staff spoke with enthusiasm about how they supported people and how they planned to support people in the future. One person had praised staff for always being kind, cheerful and looking after them well. The person liked the fact that staff always had time to chat as this was important to them.
- A consistent theme throughout our inspection was that all people and relatives would recommend the service. Staff also felt very supported to be open and would recommend the service as a good place to work. One staff member said, "I always feel the [registered] manager listens to me."
- Relatives spoke about the caring attitude of the staff and management team and how effective and responsive they had always been. One relative told us, "The changes they have made have been successful with such a complex [range of medicines]. Every time my [family member] comes back home, I am impressed with how responsive the [registered] manager is."

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

- People were involved in all aspects of their support including day to day discussions with staff. Relatives were regularly asked to feed back about the service and about their involvement at the service. One relative said they got to provide feedback and that things had not gone well to start with. The provider had acknowledged where improvements were needed and things were now working better.
- The registered manager valued spending time with people and staff to have a thorough understanding if any changes or improvements could be made.
- Staff felt well supported and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feedback was taken on board.
- Another relative told us how well the service responded, often at short notice, to changes in their family members health status.

Continuous learning and improving care

- The registered manager was passionate about improving the service. They used feedback about improvements and compliments to put actions in place to remedy these.
- People's views were sought in a way they could best be listened to such as in writing, over a phone call or a visit in person. One feedback stated how satisfied a relative was that their family member had care that was kind, professional and reliable.
- The registered manager took action to improve the service based on the findings of their monitoring processes. For example, they had an action plan of when improvements were needed to some risk assessments and actions taken after an incident.

Working in partnership with others

- The registered manager and staff team linked with health professionals to support good outcomes for people. A proactive approach helped ensure better outcomes for people.
- A social worker had praised the registered manager and staff team for improving a person's wellbeing and the flexibility around care visit times had always ensured the person's needs were met.
- One relative told us the involvement of various health professionals and joint working had been key to their family member still living at home. This had "meant the world" to them.