Gloucester Homecare Services Ltd

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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

This inspection took place on 8 and 14 March 2016 and was announced. Gloucester Homecare Services is a domiciliary care service which provides personal care and support to people of all ages with physical needs as well as people who are living with dementia, have mental health problems and sensory impairments. The service provides care and support to people who live in their own homes. At the time of our inspection Gloucester Homecare Services were providing support to 29 people.

There was a registered managed in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People felt safe. People's risks were managed effectively. Care staff had a good understanding of people's preferences and history.

People and those important to them were involved in planning their care and their care plans reflected their needs and were reviewed regularly. People knew how to make a complaint.

People's medicines were managed safely and there were sufficient staff to meet their needs.
People told us the care staff team who supported them with their personal care were kind and caring.

Recruitment checks had been carried out to ensure care staff were suitable to work with people.

Care staff felt well supported and had the training they required to meet people's needs. Care staff understood their responsibilities around protecting people from the risk of harm or abuse.

The care staff lived the values of the provider and there was a visible leadership presence in the service. Quality assurance processes were in place to ensure care was delivered safely and to help drive improvements.

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.

People's individual risks were assessed and managed. Care staff understood their role to protect people from harm and abuse.

People's medicines were managed and administered in line with their needs.

People benefited from being cared for by suitable care staff because there were robust recruitment processes in place.

People's needs were met by sufficient numbers of care staff.

Is the service effective?

Good

The service was effective.

People were supported by care staff who had been trained and supported to carry out their role.

People's consent to care was always sought.

People were assisted to access healthcare as needed.

Is the service caring?

Good

The service was caring.

People's dignity was respected.

Care staff treated the people they supported with respect.

People were cared for my staff that knew them well

Is the service responsive?

Good

The service was responsive.

People's care records were detailed and person centred

People knew how to make a complaint and were confident they

would be listened to.

Is the service well-led?

Good

The service was well led

The registered manager and deputy manager ensured they were visible and instilled the provider values into their team

Care staff and people were positive about the management of the service.

Systems were in place to monitor the quality of the service being provided.

Gloucester Homecare Services 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 checked whether the provider is 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 8 and 14 March 2016 and was announced. 48 hours' notice of the inspection was given because the service provides a domiciliary care service; we needed to be sure that someone would be available.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we visited two people using the service in their own homes. We spoke with them and their relatives. We also spoke with two relatives and three people who use the service over the phone. We spoke with five staff and the deputy manager. We received feedback from four people using the service in response to questionnaires we sent out, eight staff and one health care professional. We reviewed care records of five people using the service, five staff files and various other records relating to the management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe when being supported by staff in their own homes. A relative said "I am always so pleased to see her (care staff) I couldn't manage without". A person told us "Always someone comes – four times a day. I feel quite safe". Another person said "They (care staff) make sure I'm alright". All the people who replied to the questionnaires sent out by us confirmed that they felt safe.

Staff were aware of the importance of protecting people by the prevention and control of infections. We saw that staff ensured they washed their hands often and utilised personal protective equipment such as gloves and aprons.

People were protected from the risk of abuse because staff had been trained to understand their safeguarding responsibilities. A staff member told us "I would feel confident to place a call with the manager if something was unsafe". Relatives confirmed they felt their people were protected from harm and were safe when supported by the service.

People's risks were assessed and reviewed regularly. For example moving and handling risks and use of bed rails. Where people had been identified as at risk of falls, actions had been taken to contact other health care professionals. For example, one person had fallen several times first thing in the morning over a short period of time. Records showed the staff had contacted the office and the person had been referred to their GP for further investigation.

People told us staff generally visited them on time or within an acceptable timeframe. A person told us "They (staff) always turn up. One might get held up but that's very rare". A relative told us "On occasion staff arrive late but they always apologise and it is rare".

For the most part people's needs were met by sufficient numbers of staff. Travel time between visits was taken into account and the deputy manager told us that their aim was to get the smallest area for care staff to travel as possible. We were told that care staffs' visit schedule was planned according to traffic and days of the week. It was the aim of the service to try and ensure as far as possible that the same care staff supported specific people for better continuity of care. The deputy manager said that they would not take on a package of care if they felt they couldn't meet that person's needs. If there were shortfalls in staff numbers then the deputy manager and registered manager would undertake the hands on care. There were however some mixed views about staffing levels from the care staff we spoke with. One care staff member said "There are times when there is only one staff for a person who needs two". Another member of care staff said "Yes I think there is enough staff, enough to give good standards of care. I wouldn't work for a company that was shoddy".

People were protected from the risk of being cared for by unsuitable care staff because there were effective recruitment processes in place. Checks on care staffs' previous employment history, references and criminal records had taken place. If there were any concerns about care staff we saw evidence of actions taken to monitor and check competency.

People's care plans gave care staff an understanding of people's requirements when managing and administering people's medicines. Information on the storage arrangements and disposal of people's medicines was clearly documented. Records showed when staff had administered people's prescribed medicines. Senior care staff checked care staff competency through shadowing and completion of a medicines competency form. This was then linked in with their medicines training.

Good

Is the service effective?

Our findings

People were supported by care staff that had access to the training and support required to carry out their role. Care staff had received training such as medicines management and safeguarding. The Provider Information Return stated that all care staff had access to further training such as the Quality and Credit Framework (QCF). QCF provides different levels of a nationally recognised qualification in Health and Social Care. The questionnaire we sent out confirmed that all care staff who responded felt that they had the training necessary to meet people's needs. The deputy manager confirmed with us that as well as training the provider deemed as mandatory there was also training given that was tailored to meet people's specific needs such as catheter and stoma care. Care staff competency was checked regularly by senior staff as well as spot checks to include observations of care staff's interactions with people.

People had the benefit of being supported by care staff who had access to the support they needed. We saw evidence of regular one to one meetings and appraisals. Although some one to one meetings were not held as often as set out in the organisation's policy. However care staff told us they felt supported and said that someone was always available to talk to them if they rang the office.

Care staff were further supported through the close involvement of the registered manager and deputy manager. When there was a new person into the service the registered manager and deputy manager would visit first and make an initial assessment. They would then accompany the care staff when providing support to ensure that the staff were competent and able to care for the person before leaving them to provide the support on their own. If the person's needs were complex then senior care staff would be asked to provide the support.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. 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.

Most people who were supported by staff from Gloucester Homecare with their personal care were able to consent to the care being provided and make day to day decisions for themselves. Those that lacked capacity to consent had a best interest decision in place involving health care professionals and those that were important to them. Care and support plans evidenced that people were given choices and that if they declined care this was respected.

Care staff supported people in line with the principles of the MCA. Care staff explained to us how they supported people to make decisions such as offering them choices and respecting their decisions, including the refusal of care or support. One care staff member said, "We always ask them before doing anything".

People were supported to maintain a healthy diet. Their care plans gave care staff information about their

eating and drinking and the support they may need around this. A person told us "They make me a sandwich at teatime and cook a meal for me at lunch time. I'm happy with my meals". The deputy manager told us that they made sure care staff were always aware of the importance of good nutrition and fluids for the people they supported.

Care staff told us the actions they would take if they felt a person was unwell or required additional support from health care professionals. For example records confirmed that care staff had noted a person's skin in one area had become red. This then led to a referral to the district nurse for assessment and advice. If people had been assessed as needing specific equipment, such as bed rails or slide sheets then care staff ensured this was ordered without delay. In another instance a person was experiencing increasing mental health concerns. A referral by the care staff was initially made to the crisis team and then the provider worked closely with the commissioner to ensure the person had the support they needed.

Good

Is the service caring?

Our findings

The provider was clear that caring was at the core of their business and ensured that their staff were made aware of this through promoting it as a value. People and their relatives were positive about the care and support they received from the service. One relative told us "We are very happy with our agency and don't want any changes". One person said, "I wouldn't swap them for the world." Another told us "It's like having friends coming to me". A relative told us "They are caring respectful and friendly. They always have a laugh with my mum".

One relative wrote to the service saying "I would like to thank each and every one of you…..dad regarded you all as his friends". Another relative wrote saying "You were all very professional but also very caring".

People were supported by care staff who respected their dignity and privacy. We saw care staff chatting with people in a respectful way. They were interested in the people they supported and took their time to do things with them so people didn't feel rushed. Care staff understood of supporting people to be as independent as possible

Care staff were aware of the need to protect people's dignity. They told us how they ensured they knocked before entering a room and made sure curtains were closed when providing personal care. A person told us "Yes they respect my privacy. They look after me well".

We observed care staff's interactions with the people they supported and noted that they were gentle and attentive in their approach. They chatted through the care being delivered always making sure people were comfortable.

Care staff were able to describe to us how they cared for people in a person centred manner. One care staff member said "I tend to see the same people and that helps to build a rapport".

People received care and support from care staff who knew and understood their support needs as well as their personal preferences. For example one person enjoyed talking about their dog and we observed care staff engaging with them about their dog throughout their time providing care.

Good

Is the service responsive?

Our findings

People received care and support which had been developed to meet their individual needs and requirements. Their care plans were personalised, detailed and reflected their needs and choices. There was attention to detail for example it was recorded that a person had a fear of falling when being repositioned in bed. The care plan detailed exactly what steps the care staff should take to lessen the person's anxiety.

People and those important to them were involved in all aspects of the care planning. All of the people who responded to our questionnaire stated that they were involved in decision-making about their care and support. The Provider Information Return stated that the service aimed to provide person centred care by working with service users to an agreed care plan and encourage and maintain people's independence.

Care staff were observed checking the care plans before providing the support to ensure they were aware of any changes to their needs. If there were any changes in care and support needs care staff contacted the office to inform them, and the changes were reflected in the care plans.

Annual reviews of care plans were undertaken and the deputy manager told us that people could request a review at any time. For example one person's family requested a review every 3 months which was done until they went into a care home.

The provider had a complaints policy in place. People had information about how to make a complaint in their homes. There were no complaints recorded for this year. People told us any concerns they raised were managed promptly by care staff and that they felt comfortable raising any issues with care staff. A relative told us "I have had no complaints in the past, it's a very good service and there is nothing to be improved".

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager was supported by a deputy manager. The registered manager and the deputy manager were aware of their roles and responsibilities. They had notified the Care Quality Commission about incidents affecting the safety of people using the service.

The deputy manager discussed the importance of instilling the provider's values into the care staff. Care staff explained to us the values of the service – the six C's – Care, Compassion, Communication, Commitment, Courage and Competence.

The deputy manager told us that if care staff have any problems they can come into her office and work through it together. Care staff felt supported by the management team. One member of care staff told us "The manager is very approachable. If you phone the office you can always get someone to talk to". Another member of care staff said "I talk to (registered manager) if I have any concerns. You never feel completely alone". The deputy manager said "It's all about enjoyment in your work".

Accidents and incidents were monitored to understand any developing trends. There was evidence that if any trends were noted action was taken to prevent a reoccurrence.

Quality assurance processes were in place to ensure that safety and effectiveness of the care being delivered. For example there was a regular medicines audit in place that looked at areas such as signing of medicine administration chart and storage of medicines.

Annual questionnaires were sent out to people to elicit feedback about the care and support they were receiving. Any concerns raised were acted upon although at the time of the inspection the questionnaires were anonymous making it difficult for the registered manager to identify and act on specific issues. Going forward the deputy manager said that they would ensure people were able to give their names.

The registered manager and deputy manager tried to ensure they visited each new person to the service to undertake the initial assessment .Some people said that they hadn't seen anybody from management for a while. However the majority seemed to think that they had sufficient contact with management. One person told us "I get phone calls from the management to see how I am. They listen to me".

Care staff were aware of the provider's whistleblowing process and procedure. Whistleblowing is a way in which staff can report any concerns they may have anonymously.