Gaps Healthcare & Training Services Limited

G4 Enterprise House

Inspection report

Foleshill Enterprise Park, Courtaulds Way
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Tel: 07877381229

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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

The inspection took place on 30 July 2018 and was announced.

G4 Enterprise House is registered to provide personal care to people in their own homes and was registered with us in March 2017. This was the first inspection of this service following registration with us. At the time of this inspection, the service was providing personal care to ten people.

There was a registered manager in place. 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. Both the registered manager and provider were managing the service and are referred to as 'the management team' in the inspection report.

People received care from a consistent staff team who arrived when they were expected and stayed the allocated time. People felt safe with staff because they had been trained to provide effective care that met their individual needs and preferences. The provider had a recruitment system which included a number of pre-employment checks to ensure staff were suitable to work with people.

People's needs were assessed before they received a service so that any potential risks to providing their care and support could be identified and minimised. Care plans contained instructions for staff to follow to ensure people's care needs were met consistently. Staff understood how to support people safely and to report any concerns about people's health and wellbeing to the management team.

People were fully involved in planning and reviewing their care and any likes, dislikes and preferences had been recorded in care plans to ensure people received person centred care. People were supported with food and drink when needed.

Staff sought consent from people before each care intervention and understood the importance of supporting people's independences and wishes.

People were treated with care and kindness by staff who took time to get to know them and understand their needs. Staff had received training in equality and diversity and treated people with respect. People told us staff communicated effectively with them to ensure their wellbeing.

People were given a 'handbook' which contained details of the providers' complaints procedure if they should need it and people knew who to approach with any concerns.

Staff spoke positively of the management team and told us they felt supported to carry out their role, including out of hours, when needed. However, whilst there was governance and accountability arrangements in place, as the service was quite new, systems and processes were still being embedded. We

found records were not always sufficiently detailed to demonstrate effective processes were in place to support people's needs and monitor the quality of service.

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 received safe care from a consistent staff team who arrived when people expected them and stayed the allocated time. Risks to people's health and wellbeing were identified and plans mostly informed staff how those risks should be managed. Staff understood their responsibilities to protect people from the risk of abuse and knew how to identify potential signs of abuse and how to report any concerns.

Is the service effective?

Good

The service was effective.

People were supported by staff who had either completed training or were in the process of training to ensure their skills and knowledge was sufficient to meet people's needs effectively. Staff sought people's consent before providing care and supported people to access healthcare support to maintain their health when needed.

Is the service caring?

Good

The service was caring.

Staff were caring in their approach to people and understood people's needs. Staff took time to get to know people and how they liked their care provided. Staff were respectful and professional towards people and maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support and information they shared was reflected in care plans for staff to follow. People were regularly asked about their care and any changes in their needs were updated in care plans. People knew how to raise any concerns but had no complaints to share about the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People spoke very highly of the management team and the quality of care they received. Staff told us they worked well as a team and management support was available when they needed it. The service was still embedding effective systems and processes. There were a number of records that needed updating and reviewing to demonstrate safe practices were followed, and to ensure quality monitoring was effective consistently.

G4 Enterprise House

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 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.

The office visit took place on 30 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us at their office. The inspection was conducted 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.

The provider completed a Provider Information Return (PIR). This 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 reviewed the statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send to us by law.

During our visit we spoke with the registered manager and provider. Prior to our visit we spoke on the telephone with three care staff and nine people (or their relatives) about their views of the service.

We reviewed two people's care plans and daily records, to see how their care and support was planned and delivered. We looked at duty rotas, call schedules that showed when staff visited people and checked recruitment records to see if staff were recruited safely. We looked medicine records and quality monitoring records. These included satisfaction surveys, spot checks of care staff (completed by the management team) and quality audit checks. We looked at the providers policies and procedures and checked if these were followed so the provider could assure themselves people received a quality service.

Good

Is the service safe?

Our findings

People felt safe with the staff who visited them in their home. One person told us, "I feel safe knowing that it's only a few hours till my carer will be back to help me. I know now not to struggle and try and do something which will very often lead me to falling over and I don't want that to happen anymore. Knowing that my carer will soon be back, allows me to just sit and wait patiently until she arrives." A relative told us, "It was a real struggle to persuade [Name] to have carers coming in to help them with the things that they really can't do any more. However, they have really bonded with [staff member] and for the first time in ages we are going to be going away on holiday knowing that they are in safe hands. We wouldn't be able to do that had it not been for the great support [staff member] has been to them."

Most staff had completed training in safeguarding people from abuse and those spoken with were able to tell us of the signs to look for that a person may be at risk of abuse or had experienced it. One staff member told us, "Their mood in general could have changed, they could be more jumpy, they might not be as open as they were. Seeing bruising could be a sign." Following our visit, the registered manager told us they had made arrangements for those staff who had not completed safeguarding people training to complete this online the following week. Staff knew to report any concerns they had to the management team.

People told us staff had a good understanding of their needs and how to support them safely. People had an assessment of their care needs completed before they started to use the service that identified any potential risks in regards to providing their care and support. This included a risk assessment of the person's environment to ensure this was safe for them and staff to work. Care plans were in place which instructed staff how to manage any risks. For example, where a person was at risk of infections due to having a catheter (a flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid), there were clear instructions to staff on how staff should deliver personal care to prevent the risk of infections.

Where people were at risk of skin damage due to poor mobility, care plans instructed staff to check people's skin on a daily basis. Where staff had identified concerns, we saw they had written in their daily report the action they had taken. For example, the application of a prescribed cream to reduce the risk of further damage to the person's skin. Staff told us, how they managed risks associated with a person's mobility following a fall and hospital treatment to help them become more independent. They told us, "[Name] had a fall and we got assigned to them after they came out of hospital, they cannot walk… it scared [Name] to walk. They have got a frame and we do support them to take little steps."

There were enough staff to support people safely. The service employed six care staff and the management team told us they also supported calls to people if there was a need. This included for example any unplanned absence of care staff, or in an emergency situation, where a care staff member may have been delayed. The registered manager told us there had been an issue with staffing arrangements earlier in the year that had impacted on the service but this had been resolved and arrangements in place now worked well. They told us of their plans to further develop the service and take on more care packages when possible.

People told us staff always arrived when they expected and stayed for the allocated time. We checked duty rotas, staff allocation sheets and records completed by staff when they visited people's homes. Records showed that most of the time staff visited at regular times and people received support from a consistent staff team. Where there were variances, the registered manager told us this was because the person, or a family member, had asked if staff could arrive earlier or later and an explanation was given as to why this was.

Staff recruitment records demonstrated the manager had checked the suitability of staff to work in people's homes. References and Disclosure and Barring (DBS) checks were recorded. Some of the dates such as start dates had not been clearly documented and we discussed this with the registered manager so that it was clear all appropriate checks were carried out before staff were employed.

Accidents or incidents that had happened were recorded and staff knew to report these to the management team who would normally provide advice on what action to take. The registered manager told us staff knew they could also ring the emergency services direct if it was clear emergency services were needed. Staff confirmed they knew to do this if needed.

Where people received support from staff to take their medicines, they told us they received them when required. One person told us, "I really rely on them because my doctor has told me that I mustn't take more of my tablets than is prescribed, because they are potentially life-threatening. I have the carers help me with them because these days I do struggle with my memory, so I rely on them to make sure I have just the amount of tablets at the right time. You could say that they keep me alive."

Staff had completed specific training in the safe handling of medicines to ensure they had the knowledge to manage medicines safely. Staff recorded any medicines they administered on a medicine administration record (MAR) and had recorded some instances where medicines had not been given for a specific reason.

Staff had received training in infection control and food hygiene and understood their role in preventing the spread of infection. Staff told us they used PPE (Personal Protective Equipment) such as gloves and aprons to reduce the risk of cross contamination. One staff member told us, "We wear aprons when we shower people and use gloves every time. We wash our hands and put gloves on for any personal care and always wear gloves even when putting cream on." The registered manager told us supplies of these were kept in people's homes so that they were accessible to staff when needed.

Good

Is the service effective?

Our findings

The management team told us new staff completed training to achieve the Care Certificate. The Care Certificate assesses care workers against a specific set of standards. Care workers have to demonstrate they have the skills, knowledge, values and behaviours to ensure they provide high quality care and support. However, at the time of our visit there were four new staff who had not completed the Care Certificate training who had been supporting people. The registered manager told us this was because they were awaiting training places to become available with the training provider. The management team told us they had worked alongside these staff during their induction. They said this was to train, guide and show staff how to support people safely until they could complete the care certificate training. Staff told us the induction training was sufficient to support them in completing their role. The registered manager told us they were looking at online (computer based) training so that staff could access this training sooner.

Most staff had received training in the areas the management team considered essential in meeting people's needs safely and effectively. This included, infection control, moving and handling and safeguarding people from the risk of abuse. Staff spoke positively of the training they received. One staff member told us, "I did my training pretty much before I started which was really nice." They went on to say the training was "100% helpful and effective." The registered manager told us following our inspection visit that arrangements had been made for staff to complete some of their outstanding training online.

People said staff delivered their care effectively and they felt the staff were sufficiently trained to support them. One person told us about how staff supported them with their continence needs. They stated, "They are very good and very hygienic, I haven't had a single infection since they've been coming to look after me. So far as I'm concerned, their training has really helped me." Another person told us, "I only really need help with my shower and then to get my breakfast. I've never had any problems with their skill levels and they seem to have regular training sessions because they usually talk about it when they are with me."

We checked whether the service worked within the principles of the Mental Capacity Act. 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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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.

The registered manager understood their responsibilities under the Act and told us they regularly discussed this with staff so that they also understood how to apply the principles of this when supporting people. They told us all people who received personal care were able to make their own decisions. Where people chose to involve family members in decisions about their care, records confirmed this.

People told us staff sought consent before delivering any care to check they were happy for staff to support them. One person told us, "I don't always feel like having a shower every morning and my carers have been

very good and they always ask me each morning whether I would like one or not. Sometimes I just get them to help me with a strip wash instead. They never force me to do anything that I'm not completely happy with."

Staff supported some people with food preparation or drinks and said they always offered people a choice of meals and drinks. Where staff had concerns that people may not be eating or drinking enough, they kept a record of food and fluids provided. A care plan for one person instructed staff to provide the person with snacks to help encourage them to eat something if they didn't eat their meal. It was not clear what snacks the person particularly liked or what food preferences the person had to help staff encourage the person to eat if they refused their meals. The registered manager told us they would address this and make records more detailed. Daily records confirmed snacks such as biscuits were provided to the person during staff calls. Records also confirmed people were left with a drink at the end of their visit. One staff member told us they had suggested to a family member to obtain a specific water bottle so that when the person was on their own they always had easy access to plenty of water if they needed.

Staff told us if there was a change in people's health or wellbeing they would notify the management team who would refer it to the appropriate healthcare professional to ensure the person received the treatment they needed. For example, on one occasion staff had noticed a bandage on a person's leg needed changing. This had been communicated to the management team who made contact with district nursing service. A district nurse then visited the person to replace the bandage. Staff told us they also supported people to arrange healthcare appointments if they were unable to do this themselves. This was confirmed by a relative who told us, "I will usually arrange all of this (healthcare appointments) for [Name]. On one occasion recently when they were concerned about [Name] health, the carer who was with them phoned the surgery and organised for the doctor to come and visit [person] that morning. I was grateful that they did because by the time I would've got there in the afternoon they could have been a lot worse."

Good

Is the service caring?

Our findings

People told us staff were kind towards them and some described staff as being like their "family". One person told us, "We often put the world to rights every morning when we're having a chat. They (care staff) are all like members of the family now." Another told us, "You know, they have been brilliant to me. My relative usually gets my food shopping in for me but they are going away on holiday in a couple weeks' time and when I spoke to [registered manager] about this, she said that I wasn't to worry about it and if I told her what I would like, she would pick it all up for me on her way in to see me. She didn't have to say that, but I really appreciate her kindness and her help."

A relative told us, [Name] needs a particular type of carer to be able to cope with them. I was round there the other day and [Name] told me that [staff member] had gone out and got [Name] fish and chips because they hadn't fancied anything in the fridge that I got for them to eat. Considering [Name] was really adamant that they wouldn't have a carer anywhere within five miles of their home, they have completely changed their opinion of care and that's all down to the hard work and kindness that [staff member] has shown them. I can't thank them enough."

We asked staff what made them caring. One staff member told us "I try to be friendly, when I go there, greet them, ask how they are, ask how their day has been, so they feel comfortable. Putting their needs first, making sure they are happy and contented and not in pain, and if they are, sort a solution to make them more comfortable."

Another staff member told us how they had supported a person who felt "lonely" to access a local social group. They told us, "To get them out of the house, I have encouraged [name] to join some groups around their area. They wanted to get out and meet people because they felt a little bit lonely in their flat. There is a group that meet …. they do activities, there is a raffle, they have cakes and [name] since going seems more themselves, and has come out of their shell. [Name] says they are really enjoying it and is happy they joined." They went on to say how this "little bit" of independence had meant a lot to the person.

Some staff had received training in equality and diversity so that they understood the importance of supporting people equally regardless of their gender, disability, religion, etc. Further training was to be arranged. Staff and the management team told us there was nobody they supported that had any specific cultural needs but stated they would address these if needed. They told us people independently accessed religious services if they wanted to.

People said they were involved in planning and reviewing their care and we saw family members had also been involved where people had requested this. Staff told us they encouraged people to be involved in their care and to be independent where possible. For example, one staff member told us how they supported a person to be independent. They said, "I always ask [Person] things first before I do them and make sure their house is safe for them to walk around. I give [Person] their walking stick or walker. They can walk independently. They are very independent."

Care records explained what support staff should provide and what people could do for themselves. For example, in one care plan it advised staff to, "Break down tasks into smaller managements steps" and to encourage the person to wash their own face and front "as much as they are able."

People spoke highly of the staff and told us staff were respectful and professional. One person told us, "I'm certainly pleased with the two main carer's that I have. My favourite carer is [Name], who is just like a member of the family. They really make sure that I'm as comfortable as I can be. Every time they visit they are always doing little things that they don't have to do to make my life a bit more easy, like sorting all my washing into loads for me."

Good

Is the service responsive?

Our findings

People told us how their needs had been assessed by the registered manager before they started to use the service so that the number of calls they received were suitable for their needs. Where people had requested, their relatives had also been present during this assessment. One relative told us how they had been involved. They said, "We went through everything that my [relative name] needed help with. I think we were involved as much as we certainly wanted to be about how their care was organised. It was very much down to us to let the agency know what times we would like the visits to happen and how my [relative] wanted the help to be organised, as well as, whether they would prefer male or female carers. As far as we are concerned, they have delivered everything we asked of them and more."

People were supported by a consistent group of staff and call schedules showed staff completed regular calls to the same people each week. As there was a small team of staff, most people knew staff well. The registered manager also covered some of the calls when needed which included when there were staff absences at short notice.

Staff told us they supported people without feeling rushed and worked together as a team to ensure people's needs were met. Staff said there was flexibility within their working arrangements to ensure they could respond to any emergency situations or specific requests people made for support. This was confirmed when we spoke with people. One person told us, "I had an early hospital appointment a couple of months ago and I really wanted to make sure I could still have a shower before I went. I rang and spoke to [registered manager] and she said that she would come and do an early morning call for me instead of my usual carer. I was grateful to her because I was then able to still make my hospital appointment in good time."

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was aware of this framework and told us none of the people they supported needed information in different formats such as large print or different languages. They stated, 'easy read' formats would be considered as and when needed.

Care plans also included information about people's communication abilities and preferences. For example, they stated if people had a good memory and speech and if they were able to express their needs.

We reviewed the care records of two people who received a personal care service. Care plans provided staff with the information about what support they may need in areas such as personal care, medication, nutrition and mobility. Plans were person centred and contained information about people's preferences and wishes in regards to how they wished to receive their support.
People had a 'person centred care plan' which provided staff with detailed step by step guidance on how to support a person during each of their calls. This included instructions on exactly what staff should do. For example, for one person there were instruction when providing the person with a wash to, "Half fill the sink with warm water and give a full body wash with a light colour flannel and dry." This detailed information

helped staff to deliver care in accordance with people's preferences. Staff spoken with were aware of information in care plans demonstrating they used them to support people's care needs.

The registered manager told us, they had spoken with staff about promoting people's independence and the importance of ensuring staff worked in accordance with people's choices and preferences. They said, "We also embrace them being actively involved in their own care." Staff were mindful of promoting people's wellbeing and told us they always talked with people about items of interest and what they had done during the day. One staff member told us they talked about "everything and anything".

The registered manager told us they usually completed a review of people's care every six months and at this time they checked to make sure care plans continued to be reflective of people's care needs. The registered manager said they also used this time to ask people directly if the service continued to support their needs effectively.
People told us they knew who to approach if they wished to raise a concern or complaint. People were issued with a handbook when they started to use the service which informed them of how to make a complaint if they needed to. There had been one complaint received by the service and we saw this had been investigated by the management team and resolved. Records showed prompt action had been taken to address this to help prevent the issue raised from happening again.
Staff told us if people had any concerns they would tell them to contact the office and speak with the management team.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post and they worked closely with the provider of the service to ensure people were supported safely and effectively. The registered manager told us they worked with other professional agencies, such as the Local Authority social, services to support care provision for people.

Before our inspection visit to the office, we spoke with people who used the service about their experiences of the care and support they received from the care agency. Feedback people provided was consistently positive. People said they felt the service was well run because the care staff arrived at the times agreed, stayed the full amount of time they expected and were always helpful. Nobody had experienced any missed calls and people said on the rare occasion care staff were running late, they rang them to let them know.

People felt that the support they received had helped them to have improved health and regain some of their independence. Some stated they had been able to reduce the number of calls they had which demonstrated the support provided resulted in a positive impact on people.

We found that some improvements were needed in regards to records to make sure information around actions taken by staff was clear. For example, a medicine record for one person showed they needed to have a prescribed medicine patch applied to their skin every 72 hours. Records showed on one occasion this was administered too soon and on another too late. Records did not demonstrate why this had happened. The registered manager told us this was because the patch had fallen off. The completion of clear and sufficiently detailed medicine records is important as there is potential for people to receive too much or too little medicine that could impact on their health.

Some of the care records we reviewed did not contain clear instructions on the management of risks. For example, a care plan for a person who used oxygen did not contain any references to the risks associated with this specifically for the person. The lack of information around the management of the oxygen had also not been identified as part of any care plan audit process. The registered manager showed us there was a standard document around risks of oxygen usage available to staff but they would ensure there were suitable records available to staff regarding individual risks to the person.

A risk assessment completed for one person regarding the management of their catheter (a flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid) did not contain clear information so that any concerns linked with this were promptly identified and acted upon.

Records relating to the call times people had agreed for their support did not always match with the times staff had recorded when they completed the calls. Daily records completed by staff did not explain why there were variances in the times. This meant the provider could not assure themselves people received the service they had been assessed as needing. The registered manager told us variances in times was usually because people had requested a different call time. They stated this would be checked so this was clearly demonstrated.

Although no concerns were raised by people in regards to staff training, we identified sufficient arrangements were not in place to ensure all staff completed basic essential training that demonstrated their competence prior to supporting people. The registered manager told us they had completed quality checks, such as 'spot checks' of these staff to ensure their competence but told us following our visit, arrangements had been made to bring forward online training planned so staff could start completing the Care Certificate training with immediate effect. They also confirmed they had completed risk assessments to show how any risks associated with the lack of staff training had been assessed and minimised until the training was complete.

Staff attended regular meetings with the management team where issues related to the day to day running of the service were shared and discussed. This helped staff to feel involved in the service and in driving improvements. One staff member told us, "We talk about confidentiality and if there are any problems what to do." There was also a handover system to support good communication between staff. Staff were able to share information related to changes in people's health and care support needs. Staff communication systems included the use of a group messaging 'app' (An 'app' is a piece of electronic software that runs on a mobile phone and passes information quickly over the internet). The registered manager told us this enabled them and the staff team to communicate any important or key messages with one another with immediate effect.

People spoke positively of the managers who they described as supportive and flexible to their needs. One person told us, "They (the managers) are very much a visible part of the agency and it's in no small part down to their leadership and management style, that makes everything run so smoothly. You don't have to wait months for a manager to visit for a quick review of the care plan. If you need changes made, you just pick up the phone and one of these lovely ladies will be out to see you within a matter of days."

Staff told us they felt valued and well supported by their manager's. One staff member told us, "The [Registered Manager] is amazing, she is very professional, any time I have a problem, she is so lovely, never had a nicer boss if I am honest she is really good." Another told us, "I think they are amazing I think they do a brilliant job, I can't say a bad word about them." Staff said they enjoyed working for the service. One commented, "I enjoy it, they are very friendly and they have good leadership."

People were encouraged to provide feedback about the care they received through care reviews or satisfaction surveys, we saw the feedback received was positive. However, there was no analysis of the results to show that peoples feedback had been analysed and acted upon. For example, a relative had commented more time during one of the care calls would help their family member to have a meal prepared for them. There was no record to show this had been addressed, however, the registered manager told us one of the call times had been increased. The registered manager told they would ensure an analysis was completed to demonstrate any areas for action were identified and acted upon.

The registered manager understood their responsibilities and the requirements of their registration. For example, they knew what statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR) as required by the Regulations. The registered manager knew what statutory notifications they were required to send us and further clarification of these was provided during our visit. A statutory notification is information about important events which the provider is required to send to us by law.

The manager told us in the long term they had plans to "grow" the service and provide care to more people. They told us about ongoing actions they planned to develop their own systems of record keeping and quality assurance procedures as the service developed. They recognised records needed improvement and

told us of plans to do this with immediate effect so they could demonstrate the systems and processes they had in place were effective and demonstrated good practice was followed.