

Guardian Homecare UK Ltd

Guardian Homecare (Basildon)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Guardian Homecare is a domiciliary care service providing personal care to people who live in their own houses and flats. At the time of our inspection, people were being supported by the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service also provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at personal care and support. Support is primarily provided to people with learning disabilities and autistic people. People live in shared houses.

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

The provider was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

Staff did not always support people with their medicines in a way that promoted their independence. People were supported to make decisions and staff communicated with people in ways that met their needs. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

Staff understood how to protect people from poor care and abuse and how to recognise and report any concerns.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

The provider did not have effective systems in place to monitor the quality and safety of the service. For example, we found concerns with the provider's oversight of call times and medicines management. Not all staff had felt valued and supported but this was improving following the involvement of the provider at the service.

People and those important to them, were involved in planning their care; however, we received some

mixed feedback about how well the provider communicated with others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published March 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care and right culture.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement and recommendations

We have identified breaches in relation to medicines management and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we inspect next.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Guardian Homecare (Basildon)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of 3 inspectors.

Service and service type

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

This service also provides care and support to people living in a 'supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave notice of the inspection because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 17 March 2023 and ended on 23 March 2023. We visited the office location on 21 March 2023, and we visited people on 22 March 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 visited 2 houses and met with 5 people who used the service to get their feedback about the care provided.

We had contact with 2 relatives and 8 people for feedback about the service. During the office visit we met with the regional manager, the service improvements officer, and the learning disability manager. We also spoke to 5 members of staff. The registered manager was unavailable for the inspection. We reviewed a range of records. This included 7 people's care records and selected medicines records. We looked at 5 staff files in relation to training and supervision and a variety of records relating to the management of the service.



Is the service safe?

Our findings

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

At the last inspection this key question was good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely. A member of staff told us they recorded when medicines were given on a medicines administration record (MAR). However, gaps were identified on the MAR chart and staff were unable to clarify why there were gaps. This meant we could not be sure people had been supported to take their medicines as prescribed.
- We found protocols missing in some records for medicines prescribed as required (PRN) including a controlled drug. Protocols are important as they help staff understand when it is appropriate to offer PRN. Staff told us they will update medication records to include a PRN protocol.
- At the supported living accommodation, staff had responsibility for managing and administering medicines for people. Medicines were not stored securely. Medicines were kept unlocked, in a kitchen cupboard. Some medicines were kept in a blister pack and some in its original packaging. There was an excessive amount of PRN medication kept in its original box in the kitchen cupboard which could cause harm if administered incorrectly.
- A PRN medication had been administered frequently. This was not in line with the prescriber's instructions, placing the person at potential risk of harm. The daily records did not evidence the rationale for the administration and they did not concur with the MAR chart.
- People's medicines records were not always collected regularly from people's homes and this meant the management team were not able to review them to ensure no errors had been made.
- A medication audit was completed however; this was not robust or completed regularly which meant management did not have clear oversight of the safe management of people's medicines.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Following the inspection, the regional manager sent an action plan to show how they would improve medication management. This included a senior care worker visiting people on a weekly basis to complete reviews.
- Staff administering medication had received medication training and medication competency assessments were completed for all staff administering medication.

Staffing and recruitment

- Variable comments were raised relating to call times during the inspection. A person told us, "They are not punctual and they are often late. They don't always call to let us know if they are running late and they often

have to arrive at the next place at the same time as they leave here." Another person told us, " They have changed my times recently but they discussed it with me first as they are short staffed."

- An electronic call monitoring system was used that enabled the office staff to monitor people's call times. We ran an analysis of data provided by the registered manager. Our analysis identified 25% of people's care visits lasted less than half the agreed duration. There were 186 pairs of calls where staff had logged in at 2 locations simultaneously and out of 11896 calls, 7969 had no travel time. This had not been picked up by the registered manager which meant their current call audit was not effective.
- We reviewed staff files to check the registered provider had followed safe and effective recruitment procedures. We found relevant checks had been completed before staff worked at the service. Staff files included application forms, copies of passport or driving licence, references, health checks and criminal record checks, proof of addresses and right to work in the United Kingdom.
- The registered manager had processes in place to ensure all staff received an induction and staff we spoke with told us they had an extensive induction.
- The supported living accommodation had enough staff, including for one-to-one support for people to take part in activities. A person told us, "I can go out whenever I need to. There's always someone to help me."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise concerns. A member of staff told us, "I know how to report any form of abuse and I would take immediate action. I would know who to report to and I would continue to escalate further to the Local Authority if I needed to."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. For example, staff told us they would know what to say and how to manage a person's distress when they became anxious.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. This included a detailed risk assessment for catheter care where relevant. However, a daily catheter care record for one person was not in place. It is important catheter care is recorded accurately to ensure a person's catheter is maintained appropriately and to reduce the risk of infection. Staff told us they would implement this and include in the daily records.
- Risk assessments were reviewed and remained up to date to meet people's needs and reduce risks.
- People's care records helped them to receive the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents. Lessons learned from incidents were shared and discussed at team meetings and used to improve people's care.

Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protective equipment (PPE). Staff told us they had enough PPE available and what they were required to wear.
- Risk assessments were in place for people to mitigate risks from infections.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality assurance and governance arrangements in place were not always effective in identifying shortfalls in the service.
- Medication audits were ineffective and not reviewed regularly. Systems were not robust enough to demonstrate medicines were being managed safely or effectively.
- Call time audits did not identify the shortfalls we identified at this inspection. The current system was unable to identify the shortfalls identified at this inspection.

We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were not in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The day to day running of the service was managed by the registered manager's. There was a clear staffing structure in place which included a Learning disability manager. The regional manager and service improvements officer told us they would be working closely with the service to make improvements.

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

- People's comments relating to communication with the domiciliary care service were variable. Not all people or those acting on their behalf felt the service's communication arrangements were effective. One person told us, "I would give them a 5/10. This is due to the timings and a lack of communication. It's not really well managed, they are alright sometimes but it's really hit and miss."
- Where positive comments were recorded these included, "The office staff are helpful, there's usually someone there."
- The registered manager sent surveys to relatives and people using the service to gather feedback about the service. The results were analysed for themes and trends.
- People's equality and diversity characteristics had been considered and integrated into their care plan. The regional manager told us, "We work closely with people, families and health professionals when formulating and reviewing the support plans."
- Staff meetings were held 3 monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about training.

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

- The regional manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Some staff were positive about working at the service and promoting good outcomes for people. Staff told us, "The manager is very supportive, and we all work well together. I like my job and I enjoy supporting people." However, some staff told us, "I don't feel the service is managed well. We don't often get the support we need."

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The regional manager and service improvement officer told us they were always discussing how to move forward and improve the service.
- The provider worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.
- Staff were aware of the importance of working alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP and pharmacy when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were not in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>