

Mrs Miranda Telfer

Georgina House Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Georgina House is a domiciliary care agency that provides care and support to people living in their own homes. At the time of this inspection the service was providing support to 19 people.

Not everyone who used the service received personal care. 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.

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

Lack of governance systems and knowledge of regulatory requirements had meant people who used the service were at risk of receiving care not of the expected quality. Lack of audits had meant the provider was unaware of most of the concerns we identified at this inspection. Where they were aware of poor visit call times, there had been a delay in rectifying this and was ongoing at the time of this inspection. The provider had failed to notify CQC of specified events they are required to by law. At the time of the inspection, the provider had also failed to display the rating from their last inspection on their website; this was rectified shortly after this inspection.

People did not receive a rota so was unaware of which staff would be supporting them and when. Call times for people varied considerably and this meant people were unable to plan their day. Not enough staff were adequately deployed to ensure people received calls at the same specified time each day and this caused them anxiety. Robust checks on staff's suitability for the role were not in place. Some incidents had occurred which put people at risk and the provider had not reported these to the appropriate stakeholders including the local authority's safeguarding team. The processes the provider had in place to help protect people from the risk of abuse were not fully effective.

People's needs had not been assessed in a holistic manner and not all their needs and associated risks had been planned for. Formal reviews of people's care needs and the service they received were not in place. However, due to people being supported by a small and stable staff team, their personal and emotional needs were met as staff knew 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 and people told us this.

People's nutritional and healthcare needs were met, and they received their medicines as prescribed. They were protected from the risk of infectious diseases and received information in accessible formats. Staff treated people with respect and kindness, maintained their dignity and encouraged their independence. A complaints policy was in place in the events concerns were raised.

Staff felt supported and morale was good amongst the staff. They received regular supervisions and attended regular meetings which were open arenas for discussion, sharing information and testing

knowledge. Mandatory training was not up to date. However, people told us staff were effective and they received a variety of additional training; all had qualifications in health and social care. The service worked with other agencies to meet people's individual needs.

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 (report published 26 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection we have identified breaches in relation to staffing, governance, safeguarding and notifying CQC of specified events.

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

Follow up

We will request an action plan for 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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Georgina House Domiciliary Care Agency

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 Care Act 2014.

Inspection team

The inspection site visit was completed by one inspector. A second inspector assisted with telephone calls to gain feedback on the service from those people that used it and their relatives.

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 who was also the provider. This person was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 72 working hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 February 2020 and ended on 19 February 2020. We visited the office location on 17 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the care coordinator and two care assistants.

We reviewed a range of records. This included three people's care records and the medication records for two of these people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one further relative.

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 rated as good. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

- Staff were not adequately deployed meaning people did not receive their care calls at consistent times. The provider had no formal system in place to assess staffing levels nor an effective system to deploy staff.
- People did not receive a rota to tell them which staff would be assisting them, and they were not given set times for their care calls. This negatively impacted on people and their relatives.
- One person who used the service said, "Staff just turn up. I have no choice [of times], it depends how busy they are." This person told us they liked to get up early but that their calls were sometimes as late as 10:30.
- For another person who had several calls each day which included for meal preparation, we identified several instances where these calls had been made close together meaning insufficient time was left between meals.
- A relative told us how varied call times impacted on them. They told us that on several occasions they had to assist their family member with personal care due to staff running late, particularly at night. They told us they were tired by the end of the day and late calls further impacted on this. This relative also told us how anxious it made their family member not knowing which staff were due to make their care calls. A fourth person who used the service also told us the lack of rota made them feel anxious.
- Rotas showed that staff were allocated time spans to complete their care calls. Staff did receive text messages to indicate if a person required a specific time for their visit due to an appointment for example. However, as a matter of routine, staff were simply given an order in which they had to complete calls rather than specific times.

The provider's failure to adequately deploy staff and assess staffing levels meant people's preferred call times were not consistently met. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The lack of rota had been mitigated to some degree by a small staff team and people telling us they consistently saw the same staff. For one person who the service knew became anxious without a rota, staff recorded at each visit which staff member would be arriving next.
- The provider had not completed recruitment checks on staff as required by schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This requires providers to gain full employment histories for staff together with explanations of any gaps in employment. This had not been completed by the provider.
- Furthermore, the provider had failed to have robust systems in place to assess the competence and skills of potential staff. Whilst basic practical information was recorded during staff interviews, the formal recording of an assessment of competence, abilities and skills was not kept. Therefore, the provider could

not be fully assured that staff were fully suited to their roles.

The failure of the provider to complete robust recruitment checks constituted a breach to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff confirmed, and records demonstrated, references and DBS (Disclosure and Barring Service) checks had been sought prior to staff starting in their roles.

Systems and processes to safeguard people from the risk of abuse

- The systems the service had in place to protect people from the risk of abuse were not fully effective and this put people at risk of harm.
- During our inspection, we identified four incidents that had not been referred to the local authority safeguarding team as required although the service had taken other action to help protect people. One of these incidents was recent and was referred to the local authority by the CQC following our inspection.
- Out of the five staff employed, one had not received mandatory training in safeguarding despite being employed for over 12 months and another two had not received this training since 2016. Safeguarding was discussed regularly in staff meetings where staff knowledge was tested however formal training that the provider deemed mandatory was not up to date for all staff.
- All of the staff we spoke with could identify the potential symptoms of abuse and knew how to report these inside the service. Two knew how to report outside of the service. However, a third did not. This was raised with the registered manager who told us they would raise this in the staff meeting that was arranged for the day after our inspection site visit.

Lack of robust procedures to help protect people from abuse put people at risk. This constituted a breach to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People told us they felt safe when they were receiving support from staff and had confidence in their abilities to maintain their safety.
- Most risks to people had been identified, assessed and managed. For example, where there were risks associated with the use of equipment or accessing people's property.
- However, risk assessments were not consistently in place for each person. For example, the service had failed to record the risks associated with a person's health condition.
- A business contingency plan was in place for the service and this assessed the risks associated with adverse events such as flooding, loss of utilities and staff shortage.

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff had received training in the safe handling of medicines and demonstrated they knew what actions to take should a medicine error occur.
- Medicine Administration Records (MARs) confirmed people received their medicines as prescribed. MARs were legible and consistently completed.
- Medicines management and administration mostly followed good practice. However, we did identify that where medicine doses had been hand transcribed onto the MARs by staff, rather than printed, these had not been signed and countersigned to confirm accuracy.

Preventing and controlling infection

- People were protected against the risks associated with infectious diseases.

- People who used the service told us staff adhered to good infection prevention techniques and always used personal protective equipment, such as gloves and aprons, when supporting them.
- Staff had received training in infection prevention and control and told us they had adequate access to personal protective equipment.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed, and actions taken as appropriate to seek, for example, medical assistance. However, opportunities to seek safeguarding assistance in some cases had been missed.
- We asked the registered manager for examples of learning lessons when things went wrong; they were unable to verbally give us any examples. We therefore gave them the opportunity to submit any instances after the inspection visit via email; none were received.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People told us their personal and emotional care needs were met, however the service had not holistically assessed people's needs. The care plans we viewed demonstrated this.
- Whilst most people had received an assessment of their needs prior to using the service, only basic information was taken by staff; this did not contribute to a holistic assessment based on good practice such as the National Institute for Health and Care Excellence's 'Home care: delivering personal care and practical support to older people living in their own homes'.

Staff support: induction, training, skills and experience

- The people who used the service, and their relatives, told us they had confidence in the staff and their abilities.
- One person who used the service said, "Staff are definitely well-trained, they know what they're doing and know it quite well." Another person told us staff were, "Very good." Relatives agreed.
- The provider had a programme of mandatory training in place however not all staff were up to date with this programme. However, a vast array of appropriate and additional training was in place and all staff had qualifications in health and social care. Furthermore, staff knowledge was tested on a regular basis in staff meetings.

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

- People's nutritional and hydration needs were met, although one person sometimes had visits too close together meaning food was prepared with inappropriate time between meals.
- One person who used the service told us staff prepared meals for them and ensured they had plenty to drink. The person was happy with the service they received.
- Although care plans gave staff information on whether support was required with eating and drinking, it was basic and did not, for example, state people's likes, dislikes or preferences.

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

- We spoke with three professionals who worked with the service and all said communication was good between them and the registered manager.
- One professional said of the registered manager, "They try very hard to offer solutions to problems." They went on to tell us the registered manager was communicative, accommodating and updated them regularly and appropriately.

- Another professional told us, "I would have no hesitation in going to Georgina House Domiciliary Care Agency for packages of care."
- Records showed health, and other, appointments were recorded with outcomes which ensured the service always had an overview of people's health needs and interventions.
- Staff stayed with service users if emergency medical assistance was required and did so until the issue was resolved or was necessary. One person who used the service told us how staff stayed with them for several hours whilst they waited for an ambulance. They said, "Staff do the best they can, they've been very helpful indeed."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular 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.

- The people we spoke with who used the service told us they were in control of the care they received, and that staff always sought their consent before assisting them.
- Most staff had received training in MCA and the service had started to prepare staff for the changes due to come into effect. For the staff we discussed MCA with, they understood the legislation and how this impacted upon people and the care provision.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Due to people's preferences not being consistently and fully met we could not be assured that people were always treated with dignity and respect. This was because the service failed to respect people's wishes around the time they received care and support.
- People were treated with kindness and compassion by the staff that supported them. A health professional told us of the service, "Being caring is at the forefront."
- One person who used the service said, "I didn't know people were so kind as what they [staff] are, they fall over themselves to help." Another person told us, "They're good carers, I love them to bits. They're excellent, and kind."
- People's relatives agreed with one stating, "[Family member] can have a laugh and joke with them [staff]." Another relative told us how well staff knew their family member's needs.
- Staff spoke kindly about people and told us they found their job rewarding; they put this down to helping people. One staff member said, "I like looking after people, helping them improve; making sure they are happy in themselves."
- The registered manager told us how important it was that staff demonstrated the right empathetic and caring attributes. They told us they worked alongside any new staff members to ensure the right characteristics were demonstrated.

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

- People told us they were involved in the care and support they received at the point of delivery and that their needs were discussed at the start of the service provision. However, no formal reviews took place and we could not be assured people were fully involved in the service they received.
- Staff consulted people before supporting them and people felt involved in decisions about their care when being supported by staff. Most people told us they saw the registered manager regularly. The registered manager told us they used these visits to people to gain their feedback and informally assess the service they were receiving.
- Staff told us when they reported to the registered manager any changes to people's needs, these were promptly reassessed and appropriate updates made as required.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by the staff that supported them and they had encouraged people to remain independent.
- One person who used the service said staff were patient when supporting them with their declining

abilities. Another person said staff gave them space and time to complete tasks themselves but were there if they needed support.

- People told us staff maintained their dignity and, through discussion, staff demonstrated knowledge of how to support people with this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People were supported by staff who knew them, and their needs, well. This meant people received individualised personal care. However, care plans did not reflect the care delivered nor did people consistently receive their care at a time of their choosing.
- People told us they received continuity of care in a person-centred manner delivered by a stable and consistent group of staff. One person who used the service said, "I'm quite happy with the staff, I feel they know me well." A health professional told us the service had been, "Wonderful" at meeting the needs of one person with complex needs.
- There were good care plans in place that gave staff an overview of each person's needs making it easy for them to see at a glance what support people needed. However, they did not contain person-centred information nor cover all aspects of people's daily living needs.
- Lack of person-centred care plans was mitigated, to some degree, by the fact there was a small, stable staff team in place who supported the same people consistently. However, without accurate, regularly reviewed and person-centred care plans in place, people risk not receiving appropriate care and support.

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.

- The registered manager was not aware of this requirement and communication care plans were not in place however, people told us staff communicated appropriately with them.
- The relative of one person who had complex health needs told us how well staff communicated with their family member.
- Through discussion, the registered manager demonstrated they met people's communication needs and confirmed information was available in different formats as required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place should people raise concerns however none had been received since our last inspection.
- One person who used the service told us they had raised a complaint when they first started using the service. They told us they were given an explanation and they were happy with the response they received.

End of life care and support

- No end of life care was being delivered at the time of our inspection.
- A policy was in place to manage people's needs at the end of their life. This instructed that a plan of care should be initiated at the time a person was nearing the end of their life.
- The registered manager confirmed that should a person require palliative care a plan would be written involving the person and appropriate others.
- A health professional told us how well the service met the needs of a person with a terminal illness who had been reluctant to accept care. They said, "[The service] managed to make this person feel at ease whilst offering excellent support to their partner."

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 as good. At this inspection this key question has now deteriorated 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.

Continuous learning and improving care

- The provider had no formal system in place to monitor and assess the service. Most of the issues we identified at this inspection had not been established by the provider themselves. This meant issues within the service ran the risk of not being identified and rectified effectively.
- No dedicated plan was in place to drive improvement and no auditing system had been established to feed into this.
- Whilst the provider had sought feedback from people in August 2019, the issue of irregular visit times raised as a result of that process was still ongoing at the time of inspection.
- The results of the feedback sought in August 2019 had been evaluated and fed back to those that used the service. However, the onus for improvement had been entirely put on those that used the service. For example, people had been asked to make the service aware of cancellations of care visits with at least 24 hours' notice. One relative told us they had been asked to give this notice if their family member was admitted into hospital. They told us this was not possible due to their family member being taken seriously ill suddenly.
- From this evaluation we saw that the service aimed to attend call visits within half an hour either side of people's preferred times. However, records of visits attended this year showed this did not consistently happen.
- Formal reviews of people's care did not take place despite one of the provider's objectives in their Statement of Purpose stating, 'Georgina House Domiciliary Care Agency will hold review meetings at least once a year, or as and when required to ensure levels of care provided are maintained, increased, or decreased as the individual's needs determine.' The relative of a person who had used the service for some years confirmed a review of their care had never taken place.
- The provider had failed to share safeguarding concerns with the local authority safeguarding team. This meant opportunities were lost to seek professional guidance to identify and make improvements as/if required.
- At the time of this inspection, the provider's website was not displaying the rating from their last inspection completed in 2017, as required by law. The provider rectified this shortly after this inspection.
- The registered manager was not fully aware of their regulatory responsibilities. They had failed to report safeguarding concerns to the local authority, was unaware of the Accessible Information Standard, had failed to display the last inspection rating on their website and had not made CQC aware of specified events.

Due to poor governance systems, people were placed at risk of harm. This is a breach of regulation 17 of the

Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Regulatory requirements were not fully met.
- The service had failed to notify CQC of specified events which had occurred whilst services were being provided.

The failure to notify CQC of specified events prevented the organisation from assessing the events and taking any follow up action if/as required. This is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Good outcomes in meeting people's personal and emotional care needs were achieved. However, the service did not meet people's expectations regarding visit times or having enough information to allay their anxiety around which staff would be supporting them.
- Most people told us they saw the registered manager regularly and that communication was good. However, one relative told us they found it difficult to get through to the office and that their messages often went unanswered.
- Lack of formal care reviews meant people did not get the opportunity to be involved in their plan of care and their opportunity to make informed decisions had been removed as a result. However, they told us that at the point of care delivery, they had choice and control and felt involved in their care.
- Staff told us they felt supported, engaged and able to contribute to the service delivery. Regular supervisions and staff meetings meant they could voice their opinions and suggestions; staff told us they felt valued. One staff member said, "I feel looked after and important to the company."
- Professionals told us the registered manager was communicative and regularly updated them regarding the people they worked with.

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 their responsibilities around the duty of candour requirement. They told us it was about being, "Open and honest."

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 | Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of specified incidents that affect the health, safety and welfare of people who use the service. Regulation 18(1)(2) |
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to have robust procedures in place to protect people from the risk of abuse. Regulation 13(1)(2)(3)(4)(d) |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(a)(b)(c)(d)(e) and (f) |
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment systems were not in place. |

Regulation 19(1)(a)(b)(2)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to deploy enough staff to meet people's needs.

Regulation 18(1)