

G & M Senior Care Ltd

G&M Senior Care Limited t/a Home Instead Senior Care

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 well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on the 10 May 2018. At the last inspection on 9 August 2017 the service was rated Requires Improvement overall.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service offers care and support to people living with dementia, learning disabilities and mental health conditions, as well as older people and young adults with physical disabilities or sensory impairments.

Not everyone using G&M Senior Care Limited t/a Home Instead Senior Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At this inspection the provider was offering support to 60 people, 39 of whom were receiving personal care. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 9 August 2017 had been made. The team inspected the service against three of the five questions we ask about services: "Is the service well led", "Is this service safe", "Is this service effective." This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective and Well-led to at least good. The provider sent us an action plan on the 3 November 2017 and agreed to have all actions in place by 14 February 2018. At this inspection we found that actions in the plan had been carried out by the provider.

At our inspection in August 2017 we found one breach of the Regulations in Safe care and treatment in the Safe key question. This was because the provider did not assess all the risks to people's welfare and there was not sufficient staff guidance to mitigate those risks. We found the provider had undertaken assessments of the risks and staff had guidance to support them to work with people in a safe manner.

The provider also did not have safe processes for the administration and recording of medicines. At this inspection we found that the provider had ensured all care staff who administered medicines received training to do so and checked and audited to ensure care staff were adhering to the medicines management procedures. Where mistakes were found these were addressed with the individual care worker and common errors were addressed with the care staff team.

In the Effective domain we made a recommendation about working within the principles of the Mental

Capacity Act 2005. and a second recommendation relating to obtain training for staff who worked with people who behaved in a way that challenged the service. We found that staff had received training in both these areas and the provider was ensuring that people's permission was sought prior to offering care.

In the Well-led domain, we had found in August 2017 that the provider did not have sufficient auditing, checking and tracking processes in place to ensure the service being offered was effective and of a good quality. During this inspection we found the provider now had an oversight of safeguarding concerns, accidents and incidents and near misses. In additions checks and audits identified errors and omissions and addressed these concerns with the care staff.

There was a registered manager in post, however we were informed the week of the inspection that the registered manager had resigned but was still available to speak with and would continue working for the agency in a different capacity. 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 and their relatives told us staff arrived on time and there were no missed calls. The provider assessed people's needs to ensure there were enough skilled and competent staff to meet people's support needs before offering a service.

The registered manager had reported safeguarding adult concerns and care staff demonstrated they could recognise signs of abuse and would report concerns appropriately.

The provider ensured staff received supervision and training to equip them to undertake their caring role.

People were supported to remain healthy and staff monitored people's oral intake where indicated, to ensure they ate well and drank enough to remain hydrated. Care staff liaised with health professionals to ensure they had access to appropriate health care. Relatives told us care staff kept them informed of any changes in people's health.

Initial assessments were undertaken prior to a service commencing to ensure that people had the right support to meet their needs. Reviews took place on a regular basis and in response to changing circumstances.

The service had a clear company ethos and vision that they shared with staff.

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. The provider undertook assessments to identify the risks to people. Risk assessments contained guidance for care staff to mitigate the risk of harm.

The provider had systems in place for the safe administration of medicines. Staff had received medicines administration training and the management team undertook checks and audits to identify and address errors.

Staffing levels were assessed by the management team who ensured they had suitably experienced staff to meet people's support needs. The provider followed their recruitment procedure to ensure the safe recruitment of staff.

The care staff had received safeguarding adults training and could tell us how they would recognise and report concerns. The registered manager demonstrated they reported safeguarding adult concerns appropriately and kept an overview of safeguarding concerns, incidents and accidents and near misses.

The care staff demonstrated they understood the importance of good practice in relation to infection control. People and relatives confirmed care staff used protective equipment.

Is the service effective?

Good ●

The service was effective. Care staff had received training to support them to undertake their role. This had included training about managing behaviour that challenged the service and the Mental Capacity Act 2005 (MCA).

The provider was working in line with the MCA and obtained people's consent prior to offering a service. People's representatives were asked to provide evidence they could legally act on people's behalf, before they undertook this role.

The provider undertook a thorough assessment with people prior to offering them a service. Reviews of the service took place on a quarterly basis and in response to changing circumstances.

Care staff and the management team supported people to

access appropriate health care. Staff ensured people remained hydrated and reported to the provider if people were not eating and drinking well.

Is the service well-led?

The service was well led. The provider had made improvements regarding their quality assurance and monitoring systems and these were more effective and consistently used to assess and monitor the quality of the service.

People, staff and relatives were encouraged to contribute their views and opinions about the service and there was an open, transparent and inclusive culture within the service.

The provider worked in partnership with health care professionals on behalf of people using the service to help provide seamless care to people.

Good ●

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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.

This inspection took place on 10 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in the office to give us access to the records.

This inspection was carried out by one inspector.

Prior to this inspection, we reviewed information we held about the service. This included previous inspection reports, the provider's action plan that told us how they intended to address the breaches of regulations found at the previous inspection and notifications we had received. A notification is information about important events that the provider is required to send us by law.

We reviewed four people's care records. This included associated documents such as risk assessments, recording charts and daily notes. We also reviewed three people's medicines records.

During our visit we spoke with two care staff, the field supervisor, the registered manager, the administration and compliance manager, the scheduler, the care co-ordinator and two directors.

Following our inspection, we spoke with three people who used the service and three people's relatives.

Is the service safe?

Our findings

When we inspected the service in August 2017 we found that medicines administration was not being undertaken in a safe manner. During this inspection we found that the provider had implemented their action plan to address this. All staff who administered medicines had received training to do so and had yearly refresher training. Medicines training included a competency assessment to ensure care staff could administer medicines in line with the provider's medicines policies and procedures. Medicines training was thorough and included what different types of medicines were used to treat people. To monitor that care staff were adhering to the medicines administration policy the management team reviewed people's Medicine Administration Records (MARS) monthly. The audits had identified for instance when care staff had not signed appropriately. This was then addressed with the individual care worker and the staff team were made aware of ongoing commonly made errors.

Relatives and people told us their medicines and ointments were administered appropriately. We reviewed three people's MARs. People's records stated clearly who had responsibility for administering medicines. In the daily records we reviewed there was no evidence of staff administering medicines when it was not part of the agreed package of care. The medicine records gave clear guidance for staff. Some people's medicines were in blister packs and the medicines contents of the blister pack was recorded so staff knew what medicines they should be administering to people. Medicines that were not in a blister pack were highlighted in red in the medicines front sheet and were only administered if they were in their original packaging. Care staff signed MAR appropriately. As and when required medicines and ointments were now recorded in people's MAR.

During our last inspection in 2017 we found that the provider was not assessing all the risks to people and therefore there was not sufficient guidance to staff to mitigate the risk of harm. During this inspection we found that the provider was assessing risks in an appropriate manner. Risks to people were assessed prior to them receiving a service and these assessments were reviewed on a regular basis and in response to changing circumstances. The director explained they always undertook a service review if a person was discharged from hospital to ensure new risks to the person were identified and to check the service provided was still appropriate. Risks assessed included those related to moving and handling, environment, nutrition and hydration, skin integrity, speech and swallowing and medicines. The risks to people were rated to show if there was a low, medium or high risk. When for example, a person was at a high risk of poor skin integrity the risk assessment referred the care staff to the person's care plan where there was detailed guidance to mitigate the risk of harm.

Care staff could tell us how they would recognise symptoms of abuse and what action they would take to ensure concerns were reported. Their comments included, "I would report if there was a bruise on the body or if they seemed jumpy or they say something about someone or if they were not eating properly." The provider had ensured that there were several reminders displayed in the office for staff about reporting safeguarding adult concerns. The registered manager and provider reported safeguarding adult concerns to the local authority and notified the CQC.

The registered manager and provider demonstrated that they had an overview of the service and that they acted to learn from mistakes that had been made. They were identifying and investigating safeguarding incidents or near misses and they looked as a management team as to how they can prevent reoccurrences. They gave an example that they had investigated why there had been several medicines errors where the medicines had been given on the wrong day. They had found that the errors had occurred when care staff turned some blister packs over to push the medicines out of the blister, they inadvertently pushed the wrong blister as they could no longer see the correct date. Following this they had alerted all staff to the danger of doing this and had provided specific blister pack administration training to mitigate the risk of this reoccurring.

The provider ensured that there were enough staff to meet people's needs and keep them safe. People and their relatives told us their care staff arrived on time and that there had been no missed care calls. The director informed us there was ongoing recruitment of care staff. They explained that when there was a new request for a service or for increased care they would assess to ensure they could meet the staffing levels for the care required. Care staff told us they thought there was enough staff to meet people's needs. Their comments included, "Yes I do think there are enough staff now," and "I know they are employing people so yes, there are enough staff, but they are not always available." The scheduler told us, "Yes we have enough staff, we are doing well at the moment." The field supervisor explained that when staff phoned in sick just prior to their shift commencing they would phone other care staff to cover or step in themselves to ensure calls were not missed.

The scheduler described to us that they matched care staff with a person who would get on with their personality. This was as well as matching people with care staff who had the right level of expertise and training. In addition, they ensured that the individual care staff availability would match the person's support needs. The care staff was introduced to the person prior to a service commencing. One relative told us, "We have never had a situation when they have not turned up [person] knows the carers, they are always people [person] knows and has met before."

The provider used an electronic system to monitor calls and to ensure all people received their care calls at the agreed time. Staff received their rota via their mobile phone including changes to their rota and the scheduler phoned care staff to ensure these had been received and understood. Care staff logged in when they arrived at a person's home and the electronic system flagged to the scheduler or 'on call' staff, if it was outside office hours, if a care staff was ten minutes late. This mitigated the risk of missed or late calls as the scheduler or 'on call' staff would then check and make alternate arrangements if necessary.

The provider had procedures in place for staff recruitment. Staff completed an application form that detailed a full employment history and attended an interview to assess their knowledge and aptitude to work as a care worker. The provider made checks that included confirmation of their identity, and requested information from the Disclosure and Barring Service about any criminal records. The provider undertook employment background checks and obtained references from former employers and ensured staff had the legal right to work in the UK.

People and their relatives confirmed care staff used gloves and aprons when providing care. Care staff received training about infection control. Medicines training also included the importance of hand washing and e-mails to the staff team from management reminded them of the importance of infection control when working with people. Care staff confirmed they were issued with protective equipment such as gloves and aprons to use when they were supporting people in their homes.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

During our last inspection we found that staff required further training about MCA and the provider was not always obtaining people's consent prior to offering a service. We found at this inspection the provider was working in line with the principles of the MCA. People who had mental capacity had signed to give their consent prior to a service commencing. When people did not have mental capacity to agree to their care, their care plans were signed by their legal representative. The provider had asked appropriately for evidence that the representative had the legal authority to make those decisions on the person's behalf. When people's capacity to make a decision was questionable there had been a mental capacity assessment and best interests decision to determine the best way forward.

Staff had received MCA training refreshers and could describe how they obtained people's consent before offering support. The provider had displayed in the office several leaflets, including an easy read leaflet, to support staff to understand and remember the main principles of the MCA. Staff told us how they gave people choice, their comments included, "I ask would you prefer this? or are you sure you want this?" and "I always ask their preferences, I respect what they want, it's their choice they come first."

At the last inspection we found that care staff had not had training to manage behaviours that challenged the service. During this visit we found all staff had now completed inhouse challenging behaviour training. This had included a quiz to check that the learning from the training had been understood. Care staff confirmed that the registered manager was approachable and offered support and advice. One care staff told us they had on occasion asked for advice, "I spoke quite often to the office about how I should approach something and now having the training I feel it will help, I get the reassurance I'm doing it right."

Care staff confirmed they felt well supported by the provider and that they received two face to face supervision sessions a year. The provider also supported and monitored staff performance through spot checks visits and yearly appraisals. There was an open door policy and care staff confirmed they could request extra support at any time if they felt it was needed.

Records reviewed showed that new care staff received an induction that included relevant training, shadowing of experienced staff and introductions to people to whom they would be offering care and support. Care staff told us they received training. Their comments included, "The training is good enough, you also learn when you're out doing the work", and "Very informative, and regular training updates, I have training this afternoon for Alzheimer's and dementia as some of my clients have this." Another care staff told

us, "Yes of course, lots of training, we are provided training all of the time, they ask what type of training do you need, they are keen to train us."

Staff that supported people who had health support needs had undertaken specific training. This included training on catheter and stoma care. The provider was ensuring staff were receiving ongoing training to give staff a greater depth of knowledge so they could provide informed support to people. This included a vocational training certificate on Alzheimer's and dementia for eight staff. The provider told us that they had taken a decision that this course was to become mandatory for all staff and there was a planned schedule of training. In addition, the provider had identified five care staff to commence a vocational training in End of life and palliative care. The provider also displayed a good range of information leaflets to support staff to understand specific conditions such as Parkinson's disease and diabetes. The provider was offering appropriate training to staff to equip them to meet the changing support needs of the people they worked with.

The registered manager undertook an assessment of people's needs prior to commencing a service. Assessment included background information and contact details of the person and an assessment of their support needs with daily activities. Information included how people wanted their care provided. The registered manager told us two of the management team always went on an assessment that they called a, "Care conversation." They could both observe the person and cover all assessment areas then how best to meet person's needs. People and relatives confirmed they had been involved in the initial assessment and that care was provided as they wanted it to be undertaken.

One relative told us their family member required encouragement to drink sufficient fluids to remain well hydrated they said, "They record drink and food eaten...they leave fresh water around as a prompt for [person] to drink when they leave. They say the right things to [person] so they drink and there have been no issues with dehydration." Daily records reviewed detailed what food and drink were taken by the person. Care plans told staff what support people required to eat and drink and risk assessment had been undertaken when people were at high risk of malnutrition. Staff told us they would report to the management team if people were not drinking or eating sufficiently.

People's care records showed that they had support to access health care professionals. This included the GP, district nurses and pharmacist. The management team and care staff contacted health professionals on behalf of people when necessary. Care staff on occasion had worked with the palliative care team to provide support to people who were at end of life and had chosen their home as their place of treatment.

Care staff told us how they had contacted the emergency services when necessary. People's relatives confirmed they had been kept informed when people were unwell or had required emergency treatment. One relative said, "Carers highlight in records if there are concerns, carers might even phone from [person's] home to let me know."

Is the service well-led?

Our findings

During our previous inspection in August 2017 the provider did not have adequate systems to monitor, check and audit the quality of the service provided. During this inspection we found that the provider had put into place systems to track safeguarding, accidents and incidents and near misses and to recognise and address trends in the service effectively. Audits of care files, daily records and Medicine Administration Records (MARS) were now taking place monthly. We saw that omissions and concerns were now identified and addressed with both individual care staff and the staff team.

The directors gave a presentation to all new staff during their induction. They explained this was to share the ethos and values of the company. They made the new care staff aware that G&M Senior Care Limited t/a Home Instead Senior Care was a franchise of an international brand Home Instead Senior Care and shared this with prospective care staff. Information about the company stated, "Our brand promise of Responsive, Trust, Reliable and Trained Care Givers." All documentation was headed "To us it's personal" to emphasise the brands commitment to offering a tailored person- centred service.

People and their relatives spoke positively about the service their comments included, "Very good, excellent in fact, we are very pleased with the service," and "Yes I find it satisfactory, they are very nice people," and "Very, very good I have no complaints," and "Just been really good in all aspects, very attentive." People and relatives attended quarterly reviews where their opinion of the service provided was gathered. There were also annual surveys of the service undertaken that showed there had been positive feedback from people and their relatives.

The provider's circulated a company newsletter to people using the service that kept them informed of activities, changes to the service and told people about initiatives they could use to remain healthy.

Care staff told us they liked working for the provider. Their comments included, "Yes they are a good company, supportive and always here to try and accommodate you," and "They are kind people in this company, supportive very kind to the clients and members of staff," and "I believe they are a good organisation. Since the new owners it's better, they are on the ball. I feel more confident they will get things done. A bit more authority is given and it is better organised now.

The registered manager and directors told us they believed staff must feel able to raise concerns and there must be clear lines of communication with all staff, both management and the care staff. To share information and obtain care staff views they had held care staff meetings, these were arranged twice a year and held four times over two days so care staff would be able to attend at some point during their working week. Outstanding staff performance was recognised and celebrated through monthly carers awards where there was a monetary award and care staff winner photos were displayed in the office.

To engage all the staff, the directors sent frequent e-mails to both individual care staff and the staff group to highlight concerns, they said, "We have open and transparent correspondence with staff." Amongst the e-mails sent to care staff were for instance, that prescribed creams must be put on the MARs when

administered, asked staff to confirm that they had read the medicines policy and letters were sent to care staff who made mistakes when administering medicines. There was an e-mail reminder to staff team to ensure people remained hydrated in the warmer weather and to let care staff know the registered manager had resigned but hoped to remain working with the company.

Staff were asked for their feedback about the service. This happened at a yearly event called Pursuing Excellence by Advancing Quality (PEQQ). The staff event for 2018 was advertised for all staff attendance during a themed fun activities week in June where staff were asked to complete an anonymous survey as part of the company's quality control. The director stated they were asking staff, "For some honest feedback." Survey results were then analysed and published as a report.

The directors shared the company mission statement which contained short term goals of "Improve CQC rating and care giver numbers increasing." They had increased care staff numbers from 32 to 45 demonstrating they were working towards their goal. They had put in place their action plan to improve their CQC rating.

The provider was working with health care professionals to provide a service to people and had joined charity fundraising events to support the local population to demonstrate they were an inclusive part of the local community.