

# Gozone Care Limited

# Gozone 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 19 and 23 January 2015 and was announced.

At the last inspection on 8 January 2014, we asked the provider to take action to make improvements in the way that medicines were managed, and this action has been completed.

Gozone care is a domiciliary care service that covers West Sussex. There are four area teams, in Chichester, Billingshurst, Petworth and Pulborough. The agency supports older people, people living with dementia, people with a physical, learning or sensory impairment

and those with mental health conditions. They also provide palliative care. At the time of our visit, they were supporting 139 people with personal care. The majority of the people they support are older people, most of whom are privately funded.

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

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The agency's philosophy of care is, 'As a family run care agency that encourages freedom of choice and independence, we believe that everyone has the right to enjoy life. We take the time to understand your needs, your likes and dislikes and what makes you tick'. We found that this was people's experience and that the culture of the agency was open and friendly.

People spoke highly of the support that they received. One said, "They're absolutely brilliant, I can't think of one thing to say against them. They have a cracker group of girls there". Another told us, "We're very pleased. The carer (male) we've got is top of the tree". They told us that they had confidence in the ability of the staff who supported them. People were involved in planning and reviewing their care and felt that staff listened to them and understood how they liked to be supported.

People felt safe. There were enough staff employed and the rotas were managed effectively. People were usually able to make changes to their call times or durations to suit their needs. Risks to people's safety were assessed and reviewed. Staff understood local safeguarding

procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse. People received their medicines safely and at the right time.

People were treated with kindness and respect. They were each supported by a small team of care workers which meant that they developed good relationships with them. Where people had not felt at ease with the staff supporting them, the registered manager had made changes to the rota to accommodate this. We observed that people got along well with their care workers and were relaxed in their company.

People, their representatives and staff were asked for their views on how the service was run and were invited to make any suggestions for improvement. Ideas and concerns had been acted upon and complaints had been responded to appropriately.

The registered manager had a system to monitor and review the quality of care delivered. This included spot checks on staff as they supported people, gathering feedback via surveys and reviewing records of the care delivered. As the business was growing, the registered manager was making changes to the staffing structure to support this and help ensure that people received safe and appropriate care. One member of staff told us, "It's the best company I've worked for. They really care about people and staff".

# Summary of findings

## 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 safe.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Staff numbers were sufficient to meet people's needs.

Risk assessments were in place and regularly reviewed to ensure people were protected from harm.

Medicines were administered safely.

Good



### Is the service effective?

The service was effective.

People's care had been planned and reviewed to ensure that it met their needs.

Staff understood how consent should be considered.

People were offered a choice of food and drink and given appropriate support to eat and drink if required.

The provider made contact with health care professionals to support people in maintaining good health.

Good



### Is the service caring?

The service was caring.

People told us that they were very happy and that staff were supportive.

Staff involved people in making decisions relating to their daily needs and preferences.

People were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

The staff knew people well and understood their wishes and needs. They provided personalised care that met people's needs.

People, their representatives and staff were able to share their experiences and any concerns, which had been responded to promptly.

Good



### Is the service well-led?

The service was well-led.

The culture of the service was open and friendly. People and staff felt able to share ideas or concerns with the management.

Staff were clear on their responsibilities and told us they felt listened to and valued.

Good



## Summary of findings

The registered manager used a series of checks on care records and unannounced visits to monitor the delivery of care that people received and ensure that it was consistently of a good standard.

# Gozone Care

## 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 19 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. We returned on 23 January 2015 to complete the visit.

One inspector and an expert by experience in older people's services undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 Provider Information Return (PIR) and two previous inspection reports. This enabled us to ensure we were addressing potential areas of concern.

We visited the office where we met with the registered manager, three of the management team, and four care workers. We looked at five care records, six staff files, staff training and supervision records, medication administration records (MAR), visit comment sheets, quality feedback surveys, minutes of meetings and staff rotas. We then visited four people in their homes and met with a further three care workers. The following week we telephoned people to ask for their views and experiences. We spoke with 13 people and ten relatives by telephone.

# Is the service safe?

## Our findings

At the last inspection on 8 January 2014, we asked the provider to take action to make improvements in the way that medicines were managed. This was because the agency did not have appropriate arrangements in place for the recording of medicines, especially controlled drugs. There was no system whereby the provider regularly checked that medicines had been given to people as prescribed. At this visit, we found that the action had been completed and that people received their medicines safely.

Before staff supported people with their medicines an assessment was carried out. This looked at potential risks and determined the level of support required, for example if staff would simply prompt the person or whether they would administer the medicines. One person who we visited in their home told us they were very satisfied with the support they received from staff in taking their medicine. The agency had made improvements in the way that medicines were managed. The registered manager had introduced a checklist to review Medication Administration Records (MAR) on a monthly basis. Care workers had received training in handling medicines. They were able to clearly describe the different levels of support and the records they were required to keep. Where medicines needed to be administered at specific times, staff managed this appropriately. There was a system of alerting the office if a care worker had not logged in at a call where a person needed to take medicine at a specific time.

People told us that they felt safe. The results of a provider survey in October 2014 showed positive responses when people were asked if they felt comfortable and safe when using the service. Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They told us that they felt able to approach the registered manager. The registered manager showed us an example of a recent concern staff had shared with them. We saw that prompt action had been taken to share the information with the local safeguarding team.

Before staff provided care, they carried out a detailed assessment involving the person and, where appropriate, their relatives. Risks including moving and handling, self-neglect and malnutrition had been assessed. Care plans had been drawn up to meet people's needs and reduce the risk insofar as possible. These had been reviewed on a six monthly basis, or more frequently if there were changes in a person's support needs. In addition to risks related to personal care, the assessment considered the home environment, arrangements for clinical waste and whether there were any pets. This helped to ensure that the person received safe and appropriate care and that staff were not put at risk.

People told us that staff were reliable. They told us that they generally arrived at the expected time and stayed for the duration of the call. The registered manager explained that retention and recruitment of staff was a key challenge. They explained that they sometimes had to refuse new clients if they did not have the staff resources to cover the package of care. We found that the agency actively managed their staff to ensure that there were sufficient numbers of staff to keep people safe and meet their needs. This meant that where an extra call was needed or if people wished to make changes to their visit times, the agency was usually able to accommodate this. One relative spoke of how they had been concerned what would happen should they be admitted to hospital. They explained how the registered manager said to them, 'One phone call and we will look after your wife', which had greatly reassured them. Staff told us that their teams were well resourced. One care worker told us, "The rota is well planned". Another said, "Eighty percent of the time we can add in an extra call, but you're not pressurised".

Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service. In addition, one or two references were obtained from current and past employers. This helped to ensure that new staff were safe to work with adults at risk.

# Is the service effective?

## Our findings

Staff had received training to help them carry out their roles effectively. In addition to training that the provider had made essential for all staff, individual members of staff were supported to pursue further training, including diplomas in health and social care. One member of staff said, “If you express that you want more training they will find it to offer you”. Another told us, “I’ve done some outside training on dementia from a local college. There’s lots of different training”. People spoke highly of the staff. One person told us that staff were, “All very pleasant and know what they are doing”. A compliment recorded by the office and shared with the individual care worker read, ‘You are a delight, know just what to do and get on with it’.

New staff followed the provider’s induction programme which included shadow shifts. This helped them to get to know people and to understand what was expected of them. They then attended training in the office. The registered manager and members of the management team were trained as trainers in areas such as moving and handling, infection control, safeguarding and medication. This meant that new staff could receive training when required, even if they were the only new starter. We noted that two new courses, in first aid and dementia awareness, had recently been added to the in-house training provision. One recently recruited care worker told us, “The training was good. I feel confident. I can always ring the office if I have queries”. New staff also received a booklet entitled, ‘Essential guide to care in the home’. This covered their role and included what to do in an emergency, common health conditions, supporting people with dementia, food storage and supporting people with medicines.

Staff attended regular supervisions and had an opportunity to discuss further professional development. They also received an annual appraisal. A system of appraisal is important in monitoring staff skills and knowledge to enable them to deliver safe care. Staff told us that they felt supported. One said, “I’m happy with the hours I do and the support I get”. Another told us, “I’ve stayed because of the support they give you and the flexibility of the job”.

People’s support needs were clearly detailed in individual care plans. These were available to staff via an electronic portal that they could access from their mobile telephones and in printed form in people’s homes. The care plans contained detail on the purpose of the support, people’s

preferences and what was required on each visit. There was detail on equipment such as hoists or stand aids and practical information on the layout of the home and where they could park. One care worker said, “The care plans go step by step so they are clear for anyone to read”. Another told us, “If anything changes or there are concerns, all you need to do is call the office straight away. It does get updated”. At each visit, staff were expected to fill in a comment sheet detailing the support they had given. These had been completed and showed that the care had been delivered in line with people’s support needs and preferences.

People were involved in decisions relating to their care and treatment and staff understood how consent should be considered. Care plans included guidance on people’s preferences and prompted staff to involve them. We read, ‘Please ask if she would like a shower or a strip wash’. One member of staff explained, “You can’t force anyone to do anything”. The registered manager had been involved in a best interest meeting for one person and understood their responsibilities under the Mental Capacity Act (MCA). Best interest meetings should be convened where a person lacks capacity to make a particular decision, relevant professionals and relatives invited and a best interest decision taken on a person’s behalf.

Some people required assistance with preparing their food and drinks. We visited three people at mealtimes. They were offered choices by the care workers. One person was shown the available options and they pointed to indicate their preference. Another person told us, “They’ll cook a ready meal, do a casserole or cook whatever I want, they’re very good”. Where people required support to eat and drink they were assisted. At the time of our visit no one required detailed food and fluid monitoring, though a record of the food and drink provided was maintained in the visit record. Care workers explained to us how they monitored one person who sometimes experienced difficulty swallowing. They demonstrated an understanding of people’s needs and skill in supporting them.

Where healthcare professionals were involved in people’s care, this was documented in the care plan. The registered manager had also been in touch with professionals such as the GP and occupational therapist when care workers noticed changes in people’s needs and a review was required. This helped to ensure that people received ongoing healthcare support.

# Is the service caring?

## Our findings

People were very happy with the staff who supported them. They told us that they were usually visited by the same staff and that they felt comfortable with them. We observed staff during visits to three people in their homes. There was a natural rapport and the atmosphere was friendly and relaxed. One person said, “They’re all very pleasant, very cheerful, which is nice”. Another told us, “We adore them, they are like part of the family”. Others used words such as, considerate, gentle, helpful and kind to describe staff. The praise for the care workers was consistently high. Staff spoke positively about their roles and told us that they had regular clients. People and staff had developed positive and caring relationships.

People and, if appropriate, their relatives were involved in making decisions about their care. They confirmed that they had been involved in setting up and reviewing the care provided. People received a guide to the service which included information on what they could expect and who to contact if they had questions or concerns. We observed that people were offered choices by care workers and that their preferences were respected. One person did not wish to have a hot evening meal, and opted instead for a light supper. A relative explained, “The carer involves her by

getting her to hold the report papers and talking with her”. People told us, “The girls work with me, I’ve got no complaints” and said, “The carers are very good, they do what I want. They are very efficient and very willing”.

Where people wished to change the time of their visits, this was accommodated insofar as possible. When we were in the office we heard staff making calls to see if a change in call time could be accommodated. One person told us, “When I was let out of hospital they changed the time. The girls were here waiting for me. It was excellent. I needed them to get into bed”. We found that people were actively involved and that their views and decisions were respected.

The agency had a slogan; ‘A dignified look at life’. Staff had received training and information around the meaning of dignity and how the principles should apply in their work. One of the management team described dignity as, “Offering as much choice as possible”. We noted that care plans included particular details such as how many sweeteners a person liked and if they liked their bedside lamp to remain on at night. People told us that staff respected their privacy and dignity. They also told us that there had been an improvement in staff letting them know when they were running late. This had been reflected in feedback survey results from October 2014. Staff explained how they were careful to maintain people’s privacy when talking with other clients. They had all been required to sign a confidentiality agreement to this effect.



# Is the service responsive?

## Our findings

People told us that staff were helpful and amenable to their requests. One said, “She’s (the care worker) a very capable young lady, she’s responsive and a very great help”. A relative told us, “They act upon my requests very well. The care my husband gets is as he wants it”. The registered manager told us, “We try to be as flexible as humanly possible. The carers are really supportive in that. They’ll help us out if they can”. People shared examples of when they had altered the times or duration of their calls, to accommodate social engagements or health appointments.

We noted examples of reviews that had been booked in response to changes in people’s support needs. An assessment, involving one person, an occupational therapist, their relatives and regular care workers had been booked. The primary purpose was to review the equipment used to help them move as they were finding it increasingly difficult to transfer safely using a stand aid. There was also a system of six monthly care reviews. We saw that these included questions on whether people were happy with the care they received, if they felt staff were correctly

trained and whether they were friendly and helpful. Where concerns or ideas for improvement had been raised at these meetings, we saw that the registered manager had taken action. This was evident from the care notes and from changes in the staff members attending the calls or changes to the care plan. One person said, “I just couldn’t fault them. They’re always on the ball”.

People and staff told us that the registered manager and office staff were open to suggestions. One person told us, “They’re very good, polite people”. A member of staff said, “You can get your opinion across” and, “They sort it out when you bring things up”. We noted that there were regular staff meetings which provided an opportunity for staff to meet and share ideas or concerns.

People and their relatives understood how to complain. Information was provided in a guide, which was included in people’s home care folders. There had been just one formal complaint received since our last visit. The records included a summary of the complaint and the action taken. People told us that they had not had reason to complain. One said, “I’ve got no complaints whatsoever”. Another told us, “I’ve got no problems at all”.

# Is the service well-led?

## Our findings

Members of the management team were proud of the fact that the agency was a family run business. They told us, “We’re relaxed and friendly. We treat everyone as part of the family”. We found that the culture was open and friendly. In their PIR the registered manager wrote, ‘We train our staff to lead a no-blame culture to inspire staff to be honest and open’. People and staff felt able to visit or call the office and were confident that they would be listened to. One member of staff told us, “We all know that if we have a problem we can come in. It is welcoming, it isn’t scary to say how you feel”. Another said, “There’s a homely feel to the business”. One person shared, “They’re a family business, lovely people”. The provider had a philosophy of care and five core values of ‘dignity, privacy, independence, choice and fulfilment’. Staff understood these values and demonstrated them in their approach to supporting people.

Staff felt valued by the registered manager. One said, “She knows what we want and what they (people receiving a service) want”. Another told us, “They do their best to help us out” and said, “I’ve recommended working here to other people”. One person shared, “The boss lady is very helpful. I would recommend Gozone to anyone who needs a carer. I’m very satisfied”.

The registered manager was assisted by a care manager, a finance manager and an operations manager. They were in the process of promoting and recruiting to new area coordinator posts. This would give oversight of the four geographical teams and support the expansion of the provider’s service. Staff explained that this would provide additional resources for rotas, spot checks, care reviews and checks on monitoring records. Staff were informed of these changes. One said, “We’ve had staff meetings. We know what the next move is and what is going to change”.

Since our last visit, the registered manager had introduced changes and upgraded systems to provide better oversight.

Care workers had been given mobile telephones which gave them real time access to schedules, care plans and client and colleague contact details. Office staff were able to monitor calls and set alerts to inform them if a call was late. Care workers received spot checks from senior staff. These were unannounced checks on their practice and included an observation of the care they delivered, their adherence to procedures such as for infection control and whether they had the correct uniform and their identity badge. There was evidence that these checks had been used effectively to identify shortcomings and drive improvements. One person told us, “I’m very happy with the service provided. I think they do a very good job”.

In addition to care reviews, the provider requested feedback from people in the form of six monthly satisfaction surveys. We noted that the feedback was largely positive but asked how the provider used the data to identify any trends or areas for improvement. A member of the management team said, “We get a feel for if there are any issues there”. They explained that there was no formal analysis on the present system.

We found that the service had systems in place to monitor the quality of the care delivered. They had also identified areas for improvement and ways to support the growth of the business. These included a contract with an external company to support them in compliance with the regulations and health and safety. This would include a survey system that would provide an analysis of the data. The other big change was the appointment of area coordinators, who were currently being recruited. We saw a template for a weekly report they would be required to submit to the provider. This included details of the calls provided, any calls not covered, care reviews, staff spot checks, medication checks and shadowing hours with new staff. A member of the management team explained that this would provide greater oversight in the community and improved monitoring of the care delivered.