

Guinness Care and Support Limited

# Guinness Care At Home Hampshire

## Inspection report

33 East Street  
Havant  
Hampshire  
PO9 1AA

Tel: 02392714952  
Website: [www.guinnesspartnership.com](http://www.guinnesspartnership.com)

Date of inspection visit:  
18 December 2019  
15 January 2020

Date of publication:  
16 March 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Guinness Care At Home Hampshire is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes or people in supported living arrangements. At the time of our inspection 59 people received personal care as the regulated activity.

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.

The policies and systems in the service supported people to have choice and control of their lives. However, these policies were not always followed which meant people were not always supported to have maximum choice and control of their lives. The registered manager had not always followed legislation in terms of seeking consent.

Medicines management was not based on current best practice. Risks to people were not always managed safely. The systems in place to monitor the quality of service were not always effective.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People's care plans contained personalised information which detailed how they wanted their care to be delivered. Staff knew people and expressed care and affection for them when speaking with us. People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 December 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvements had been made and or sustained and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified three breaches in relation to the oversight and governance of the service, medicines and risk management and consent.

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 safe findings below.

**Requires Improvement** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

**Requires Improvement** 

# Guinness Care At Home Hampshire

## **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 team consisted of one inspector, an assistant inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service had a manager registered with the Care Quality Commission. 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.

#### Service and service type

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

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 18 December 2019 and ended on 17 January 2020. We visited the office location on 15 January 2020.

#### What we did before the inspection:

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people, nine relatives to gather their views. We looked at records, which included 10 people's care and medicines records. We checked recruitment records for four staff. We looked at a range of records about how the service was managed. We also spoke with the provider, the registered manager and seven staff.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

Assessing risk, safety monitoring and management; Using medicines safely

- Some care records were lacking in guidance for staff on reducing the risks associated with people's on-going health needs. For example, two people were at risk of having seizures and were prescribed anti-seizure medication. These people did not have risk assessments or care plans in place that guided staff of what to do in the event of a seizure taking place. This is not in line with good practice and we could not be satisfied that the registered manager had taken all necessary steps to reduce the harm associated with these people's care.
- Care needs relating to two people who had diabetes were lacking in guidance for staff on recognising and reducing the risks associated with their on-going health needs. The care plans did not guide staff of what to do in the event of people experiencing ill health associated with their diabetes.
- People required the support of bedrails to prevent them from falling out of bed, it is known that bedrails pose a risk surrounding the entrapment of limbs. However, these people did not have risk assessments in place to guide staff in reducing these risks. When we spoke with the registered manager about these concerns they told us that staff were not responsible for raising and lowering bedrails and that this was the responsibility of relatives. However, we spoke with staff who confirmed that they carried out tasks relating to bedrails. The absence of an appropriate risk assessment is not in line with The Health and Safety Executive's guidance on the use of bedrails.
- Two people were prescribed patches. However, these people's Medicine Administration Record (MAR) and care records did not give guidance or provide an accurate record of where patches had been applied to people, therefore in the absence of an effective robust system for the application and removal of patches we could not be satisfied that the appropriate rotation of patches was taking place.
- Some people were prescribed medicines, on an 'as required' basis (PRN). There were no protocols in place to guide staff about when these should be offered, or how people may express their need for them. We asked the registered manager for people's individual PRN protocols and they told us "No, we don't do them here".

The above issues are a continued breach of regulation 12 (Safe care and treatment) of the Health and Social

At our last inspection the provider had failed to ensure there were enough staff deployed to so people received care and support in a safe and timely manner. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

#### Staffing and recruitment

- Prior to the office visit of Guinness Home Care, we contacted people to gain their views on the service they received. We received a varied response surrounding staff deployment. We looked into this on our inspection and where we raised concerns about the timing of care visits we were provided with evidence that confirmed these concerns were outside of the control of the service. We also checked staffing rotas for six weeks and concluded, the service had enough staff to support people in a consistent way.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

#### Learning lessons when things go wrong

- There was a system in place to record and report accidents and incidents.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at supervision and on an individual basis.
- The provider ensured they reflected on occurrences where a lesson could be learnt and the team used this as an opportunity to improve the experience for people.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe because the carers would call and get the GP if necessary".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member told us "I would tell my line manager"
- The provider had safeguarding policies in place. Staff knew how to report concerns externally.

#### Preventing and controlling infection

- People were protected against the spread of infection.
- People told us staff washed their hands and used personal protective equipment (PPE) such as gloves, when providing care. One staff member said, "We get everything we need".
- The registered manager ensured staff had enough stocks of PPE. Staff had been trained in infection control and demonstrated a good understanding of how to support people safely.



# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- People were not always supported in line with the principles of the act. For example, one person's care plan stated that a family member made decisions on behalf of the person. However, the relative had no legal authority to make decisions on the person's behalf. This meant people's rights were not always protected.
- Where people required the support of bedrails to prevent them from falling out of bed, the service had not followed the appropriate best interests process and gained the appropriate consent.

Due to people's rights not always being protected the appropriate consent to care was not always sought. This is a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although the registered manager had not always ensured people's rights were protected. People were supported by staff who understood the principles of MCA. One staff member we spoke with told us "We have to do all we can to support people making a decision, we can't conclude that they can't make unwise decisions if that's what they want to do".

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

- The provider ensured people's needs were assessed before they started with the service to ensure their individual needs could be met. People and relatives told us they were involved in the assessment process.

- Assessments took account of current guidance. This included information relating to data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified, and care and support was regularly reviewed and updated. Where necessary referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

People were supported by trained staff. All staff completed an induction programme when they first started work. Staff told us, and records confirmed that they had the necessary training to support people effectively.

- Staff told us, and records confirmed, that they received regular supervision.
- Staff told us "I feel happy that I'm very well supported, they're a very supportive company".

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

- Support plans set out each person's eating and drinking requirements.
- People were supported to choose the meals they wanted to eat.
- Staff were aware of each person's dietary needs and preferences.

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

- People were supported to live healthier lives through regular access to health care professionals such as their GP's occupational therapists and district nurses. One person told us "I had a sore and the carers pointed it out and something was prescribed for it".
- Where appropriate, reviews of people's care involved relevant healthcare professionals. Guidance and advice from healthcare professionals was incorporated into people's care plans.
- Staff worked closely with other agencies to provide effective care to people.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The diverse needs of people using the service were met. This included individual needs relating to disability, gender and ethnicity.
- People were positive about the care they received and told us staff were very caring. One person said, "Carers have been so patient, kind and careful. I have two visits a week, they get me washed and dressed. They do it with excellence. They listen to me." A relative said "[Person] has Alzheimer's and the carers are very caring, very good with her and will gently wake her up when they need to".
- Staff talked about people with real consideration and kindness. They emphasised their desire to be kind and compassionate in the support they provided. One staff member said, "'I like making a change to people's lives, I love when people say, 'Oh I'm glad to see you'".

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

- Care plans were completed with people to ensure they reflected people's wishes. One person told us "Every six months the care plan is reviewed. There is good communication".
- Records clearly showed that people's views and needs were considered, in particular, what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- Staff described how they assisted people to make decisions. Examples included listening carefully and speaking slowly to people when appropriate and always asking them and involving them in decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care plans guided staff to encourage people to do what they could for themselves. One relative described how staff encouraged a person to do as much for themselves as possible.
- People were treated with dignity and respect. When staff spoke with us about people, they were respectful and displayed genuine affection. Language used in care plans was respectful. Staff told us people's privacy was respected.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- People's individual care needs had been identified and care plans had been developed and regularly reviewed with the involvement of the person and their family members where appropriate. One relative said, "Care plan discussions went well. Reviews annually and reports in folder are kept undated".
- People's care plans contained information about people's likes and dislikes. Staff we spoke with were knowledgeable about people and their individual preferences.
- People's care plans were updated when things changed. One person's needs had changed in relation to how they wanted their care delivered. Their needs were reviewed, and the care plan was updated to include information for the service to support them effectively.

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.

- People's initial assessments captured people's communication and sensory needs.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received. These were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. People and their relatives told us any concerns were dealt with immediately. A relative described how they had recently complained and that this was dealt with appropriately.
- People told us their care records which were kept at their homes contained information on the company's complaint procedure. One relative told us "All information we need is in the pack provided."

End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
- At the time of our inspection no one was receiving end of life care (EOLC). However, records confirmed

that staff had received appropriate training in EOLC.

- Staff told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.



# 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 requires improvement. At this inspection this key question has now remained the same. 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.

At our last inspection the provider had failed to ensure effective systems and processes were in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The systems in place to monitor and improve the quality of service were not always effective. For example, the concerns that we found in relation to medicines management, risk management and MCA had not been identified by the registered manager or provider. An audit carried out by the provider had identified 'newly updated care plans had missing information to sufficiently manage risk'. The audit was not specific in what these risks were and how they would be rectified and by whom.
- The registered manager completed an action plan after the last inspection to show what they would do and by when to improve. This action plan included the use of 'a new audit tool for medication, which was being initially trialled at the (previous inspection) which has now been effectively rolled out across the service'. This new auditing system had failed to identify the concerns raised in relation to medicine management.
- Information to support the registered manager in the day to day safe running of the service was not always accessible to them. For example, the system used to log care visits showed a significant shortfall in the number of visits that should have been logged by staff when visiting people. We asked the registered manager how they could be assured that this significant amount of calls had not included missed visits. The registered manager told us "Customers would ring us" and "We can check their daily records". We asked the registered manager to evidence how they had identified these shortfalls within the system and what action they had taken. The registered manager was unable to do this. We explored this further with the provider and identified that this was a recording shortfall and that people had received their care visit. Therefore, the registered manager did not have access to information that would support an effective analysis of care visits to ensure the safety of people using the service.

The above issues are a continued breach of Regulation 17 (Good governance) of the Health and Social Care

- The registered manager was clear about their responsibilities for reporting to the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour responsibility

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Notwithstanding the above concerns, from speaking with staff and the manager and provider it was clear there was a positive culture at the service and staff worked with the values of person-centred care.
- The provider and all the staff we spoke with, demonstrated a commitment to provide person centred, high-quality care. The staff we spoke with talked about the satisfaction they gained from making a positive difference to someone's life.

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

- The provider involved people in various ways. People had opportunities to, complete surveys or raise any comments via an open-door policy at any time.
- The staff told us they felt listened to, valued and praised the team work. One staff member said, "The office is managed really well if I have any concerns I'm happy I could go to people here, and they would help me".

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.
- The provider worked with other agencies to ensure people received holistic care.
- Care records showed regular contact with GPs and healthcare professionals involved in people's care.

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 11 HSCA RA Regulations 2014 Need for consent  People's rights were not always protected and the appropriate consent to care was not always sought.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The Service had not taken appropriate measures to mitigate the risks associated with peoples care.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to monitor the service were not always effective