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63 Gauntlett Court

Inspection report

63 Gauntlett Court
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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 ●

Summary of findings

Overall summary

About the service

63 Gauntlett Court is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were three people using the service.

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

People's experience of the service was positive. People were kept safe from avoidable harm because care workers knew them well and understood how to protect them from abuse.

The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and oversight of the service.

Care workers had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.

The service used effective infection, prevention and control measures to keep people safe. Care workers used personal protective equipment (PPE) effectively and safely.

Care workers acted in line with best practice, policies and procedures. They understood the importance of quality assurance in maintaining good standards.

The service checked staff's competency to ensure they understood and applied training and best practice. Staff received support in the form of supervision and appraisal.

People received kind and compassionate care from staff who used positive and respectful language which people responded well to.

People had support plans that were personalised and reflected their needs and aspirations. People, their relatives and staff reviewed plans regularly together.

The service sought feedback from people and their relatives and used the feedback to develop the service.

The service engaged with other local health and social care providers and participated in local authority forums.

There were effective governance processes, which helped to hold staff to account, kept people safe, protected their rights and provided good quality care and support.

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

Rating at last inspection

This service was registered with us on 25/11/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection scheduling.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

63 Gauntlett Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

63 Gauntlett Court is a 'domiciliary care service' where people receive care and support in their own homes. The service had a manager registered with the CQC. 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.

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.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection

We contacted three relatives to help us understand the experience of people who could not speak with us. We spoke with the service director, who was also the registered manager, and a care worker. We reviewed three care records of people using the service, two personnel files of staff, audits and other records about

the management of the service. We also received information relating to the provider's governance systems and some care records throughout the course of the inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Their relatives told us people were safe in the presence of care workers. One relative told us, "We feel safe with the care workers and we are happy with them around my [relative]."
- There were policies covering adult safeguarding, which were accessible to staff. They outlined clearly who to go to for further guidance.
- Care workers had received up-to-date safeguarding training appropriate to their role. They knew how to identify, and report concerns, and the service worked well with other agencies to do so.

Assessing risk, safety monitoring and management

- There were adequate systems to assess, monitor and manage risks to people's safety. Each person's care and support file contained an individualised plan of care for preventing identified risks. For example, one person was at risk of falls and their care plan identified factors and conditions that contributed to their risk. An individualised plan of care for preventing falls was in place. This was also true of all care plans reviewed.

Staffing and recruitment

- There were sufficient care workers deployed to keep people safe. People and their relatives told us care workers were always on time and stayed for the allotted time. A relative told us, "The care worker has been very good. I noticed that she spends more time than she is allocated to spend many times. This gives me confidence that the care worker cares very much for my [relative]."
- Appropriate recruitment checks had been carried out for all care workers. Their personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed appropriately and regularly audited. People told us they received their medicines on time.
- Care workers had received medicines training. They had been assessed as competent to support people to take their medicines.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with

appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.

- People's relatives told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness.

Learning lessons when things go wrong

- There were no incidents recorded at the time of the inspection. However, the registered manager was aware of their role in recording, investigating and monitoring accidents and incidents. There was a process in place to monitor this.
- Care workers were aware that raising concerns and recording incidents and near misses helped to keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us their needs, choices and preferences were met. One person said, "Staff have taken the time to understand my particular needs and are very good in providing support for my needs."
- People had care and support plans that were personalised and reflected their needs and aspirations, including physical and mental health needs. People, their relatives and staff reviewed care and support plans regularly together.
- People's needs were assessed before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place, including National Institute of Health and Clinical Excellence (NICE) guidance.

Staff support: induction, training, skills and experience

- People told us care workers were skilled at their jobs and knew what to do. One person said, "Care workers are highly knowledgeable and competent in supporting me."
- People were supported by care workers who had received relevant training. This included moving and handling, basic life support, communication, dignity, equality and diversity, fire safety, infection control, medicines management and mental capacity and liberty safeguards.
- The service checked care workers' competency to ensure they understood and applied training and best practice. We were able to view a training matrix and documentation that confirmed the required competencies had been achieved.
- Newly employed staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- Care workers received support in the form of continual supervision and appraisal. Monthly spot checks were also carried out to monitor the performance of staff when supporting people.

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

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Whilst people's relatives normally prepared their meals, care workers supported and involved people in choosing their food, shopping, and planning their meals.
- People were able to eat and drink in line with their cultural preferences and beliefs. One person was from Black and minority ethnic background and liked African food. Their care plan reflected their food preferences, including Fufu (common in West African cuisine) with chicken, plantain and yam.
- Care workers were aware of action to take if there were significant variations in the people's weight. They told us that they would report any concerns to the manager or the person's GP.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met. Their care plans identified their needs and input from a range of professionals, including GP and pharmacists.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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.

- People understood the care and treatment choices available to them and they were involved in making decisions about their care and treatment. People's relatives told us choices and preferences were always responded to.
- Staff knew about people's capacity to make decisions and this was well documented. People or their representative signed care plans. These showed consent to care and treatment had been obtained. A relative told us, "The manager carried out a meeting which I attended with my [relative] and we discussed everything and my [relative] and I signed a form to give consent."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us care workers were kind and caring. They said, "My care worker is very kind and caring and provide good company during the time they spend with me" and "The care workers are always very courteous and always treat me with dignity and respect."
- People were supported to maintain their independence. People's relatives told us about how care workers took time to support people to participate as fully as they could.
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

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

- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person told us, "I am very pleased with the level of care services that they provide. Staff have taken the time to understand my particular needs and are very good in providing support for my needs."
- Care workers had a good understanding of the need to protect the people's human rights. They had received equality and diversity training and were familiar with relevant policies, including The Human Rights Act 1998. This ensured people's individual needs were understood and reflected in the delivery of their care.
- The service treated the peoples' values, beliefs and cultures with respect. There were practical provisions for observing people's differences. People told us their religious and cultural needs were met.

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

- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. One person told us, "Our choices and preferences are always responded to."
- Staff supported people to express their views using their preferred method of communication.
- The registered manager maintained regular contact with people through telephone calls and reviews. This gave people opportunities to provide feedback about their care. Records showed people had been consulted about their care.
- People, and their relatives, took part in making decisions and planning of their care and risk assessments. As addressed earlier, the service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The service met the needs of people using the service. A relative told us, "We had a meeting with the care worker's manager at the beginning to establish what they will be doing and how they will care for my mum."
- The registered manager spoke knowledgeably about tailoring the level of support to individual's needs. People's care files contained meaningful information that identified their abilities and the support required to maintain their independence. This ensured they received care that met their needs.
- People's care and support plans showed they had been involved in the assessment process. The care plans were written to reflect people's choices, likes and dislikes.
- Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage.

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.

- Staff ensured people had access to information in formats they could understand. Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way people preferred.
- People were matched with care workers on grounds of a mutual language. People spoke a range of languages, and the service employed staff who spoke as many languages.

Improving care quality in response to complaints or concerns

- People, and their relatives knew how to complain or raise concerns. However, they had not found cause to do so since they started receiving care from the service. The service had received several compliments from people's relatives.
- The service had a complaints procedure. The procedure gave details of the process for reporting complaints. The registered manager was aware all concerns and complaints must be treated seriously and investigated.

End of life care and support

- None of the people receiving care was on end of life care. However, the registered manager was trained to provide end of life care. The registered manager explained they would ensure that all care workers received

the training and support they needed to provide people with end of life care if the need arose.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management and staff put people's needs and wishes at the heart of everything they did. One of compliments read, "We are so grateful to you with the way that you have been looking after my relative. The weekly updates about what you have done and how our [relative] is doing are very much appreciated."
- The service sought feedback from people and their relatives and used the feedback to make improvements. For example, same gender care had been implemented in response to feedback.
- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality and protected their rights. This was reflected in people's care records, staff training and minutes of staff meeting.
- The registered manager was alert to the culture within the service and spent time with staff, people and their relatives discussing issues that mattered to them. This was evidenced from relative's feedback.
- Staff felt able to raise concerns with the registered manager without fear of what might happen as a result.
- The service gave honest information and suitable support, and applied duty of candour where appropriate. The registered manager confirmed they apologised to people when things go wrong. We had been notified of notifiable events and other issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- There were effective governance processes, which helped to hold staff to account, keep people safe, protect their rights and provide good quality care and support. Regular audits, surveys and care reviews had been carried out to make sure staff delivered good quality support consistently.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked in partnership with other health and social care agencies to provide care to people.