

G.H. Quality Care Limited

G H Quality Care Limited - 63 Taunton Road

Inspection report

63 Taunton Road
Bridgwater
Somerset
TA6 6AD
Tel: 01278 445068

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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 was announced and took place on 22 September 2015. We gave the provider short notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to telephone them.

The last inspection of the service was carried out on 28 August 2013. No concerns were identified with the care being provided to people at that inspection.

G.H Quality Care provides personal care and support to people living in their own homes. At the time of this inspection the agency was providing support with personal care to 50 people.

There is a registered manager in post. 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.

People and their relatives were very complimentary about the quality of the service provided and of the management and staff team. One person told us "The girls are all so very kind, helpful and considerate. I really look forward to seeing them." Another told us "All the carers are really lovely. They are always bright and cheerful and will go out of their way to help you." A relative described the agency as "The best care company in Bridgwater."

People had consistent staff that they were able to build trusting relationships with. This ensured people received care from a small number of staff who they got to know well. This aspect of the service was very much valued by people.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence.

Staff were well trained and people were confident they had the skills to meet their needs. One person told us "They are all marvellous and certainly know what they are doing." Another person said "They must get good training. They are all very professional and knowledgeable."

Staff were well supported which led to high morale and a happy workforce. Many people commented that staff were always cheerful. One person told us "All the carers are really lovely. They are always bright and cheerful and will go out of their way to help you." A relative said "This agency is a care company that really does care. I would recommend them to anybody."

The agency had a robust recruitment procedure that ensured staff were thoroughly checked before they began work. Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the registered manager. People felt safe with the staff who supported them.

There were systems in place to monitor the quality of the service and plan on-going improvements. People using the service and staff felt involved and able to make suggestions or raise concerns.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were robust staff recruitment procedures which helped to reduce the risk of abuse.

Good



Is the service effective?

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Good



Is the service caring?

The service was caring.

People felt staff were very caring and went out of their way to make sure they were comfortable and content.

People were supported by small teams of staff who they were able to build trusting relationships with.

People were involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Good



Is the service well-led?

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered manager and staff team were committed to providing people with a high quality service.

There were systems in place to monitor the quality of the service provided.

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 22 September 2015 and was announced. We gave the provider short notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to telephone them. It was carried out by an adult social care inspector.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection the agency was providing support with personal care to 50 people.

During the inspection we met with the registered manager and we spoke with five people who used the service, four relatives and four members of staff on the telephone.

We looked at a sample of records relating to the running of the agency, staff recruitment and care of the people who used the service. These included the care records of five people who used the service and recruitment records for three staff members. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One person said “The girls are lovely. They never rush me. Everything is done at my pace. They always make sure I have everything I need.” A relative told us “They [the agency] have not only changed my [relative’s] life; they have changed mine too. I have peace of mind knowing my [relative] is safe and very well cared for.”

Staff told us rotas were well organised and there was always flexibility to ensure everyone received their care, even in emergencies or when care staff were off work at short notice. The agency employed an additional carer to be on ‘stand by’ each day. This meant they would be available to provide cover at short notice. Staff told us they always knew who they would be supporting and knew the times and length of each visit. One member of staff said “We are given a rota each week which gives all the information we need about who we are supporting and the times of the visits.” People told us staff arrived at the agreed time. One person said “They have never missed a visit and they always arrive on time.” A relative told us “On the very rare occasions where the carer is going to be a bit late; we get a call from the office straight away. I think it only happened once and it was only ten minutes.”

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Care plans contained risks assessments which outlined measures which enabled care to be provided safely in people’s homes. Risk assessments included the risks associated with people’s homes and risks to the person using the service. Risk assessments in respect of assisting

people with mobility recorded the number of staff required and the equipment needed to minimise risk. For example one person’s assessment said they required to be assisted to move using a mechanical hoist and two staff. Staff told us two staff were always available to support the person.

To protect people from the risks associated with unsafe moving and handling procedures all staff received regular training safe moving and handling procedures.

The agency did not supply any equipment, such as moving and handling equipment, to people in their own home. This meant people were responsible for ensuring equipment remained safe to use. However; the registered manager told us they kept a record of all equipment used by people and the dates when equipment should be serviced. They told us they would remind people to arrange servicing and would assist them with this where required. Staff told us they visually checked any equipment when they visited people.

Risk assessments outlined measures in place to minimise risk whilst enabling people to maintain their independence. For example, one person required assistance with their meals and drinks and they preferred to eat food using their fingers. A risk assessment and care plan had been agreed with the person and there were clear instructions for staff about how to serve the person’s meals and drinks so that the person could be as independent as possible.

People who required support to administer medicines received support from staff who had received training in this area. There were risk assessments in place to show the level of support people required with taking medicines. The majority of people required only gentle reminders and monitoring. Where staff administered medicines to people they recorded this on a medication administration record. Records seen were well completed meaning it was easy for other carers or visitors to see if the person had taken their medicines.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us “They are all marvellous and certainly know what they are doing.” Another person said “They must get good training. They are all very professional and knowledgeable.” A relative told us “All the staff are very good at what they do. Couldn’t fault any of them.”

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people effectively. One member of staff said “My induction was really informative and I was able to shadow other staff so I could get to know people.” They also told us they were not asked to work alone until they had received all required training and they felt confident in their role.

Staff received training appropriate to the needs of the people who used the agency. This included end of life care and caring for people living with dementia. Staff told us they always received the training they needed to meet people’s specific needs. For example, a member of staff told about one person who used to use the agency that required feeding through a tube. They explained they had been provided with appropriate training by a district nurse. The registered manager maintained a staff training matrix which detailed training completed by staff and when refresher training was due. This helped to make sure staff knowledge and practice remained up to date.

Staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain

decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The registered manager told us the people who were currently using the service were able to consent to the care and support they received. Staff were very clear about the rights of the people they supported. One member of staff said “You can’t force people to do something they don’t want to do. I’ve never experienced any problems as our clients tell us what help they need.” A person who used the service told us “All the staff are so polite. They always ask my permission before helping me.” Another said “Goodness; no. They never force me to do anything. It’s all at my pace and the way I want.”

The staff monitored people’s health and liaised with relevant health care professionals to ensure people received the care and treatment they required. A relative told us “The carers noticed my [relative’s] skin was getting sore so they suggested I got the doctor out, which I did. A district nurse also came out and now my [relative] has special cushions to sit on. Without the carers quick action in alerting me; I wouldn’t have known. They are very good indeed.” Staff recorded clear information about any health issues, action taken and the outcome of people’s contact with health care professionals. One person told us “I know for sure that if I said I wasn’t feeling quite myself; my carer would ring the doctor for me.”

A member of staff told us the small staff team meant they got to know people really well and would notice if somebody appeared a little off colour. The office manager told us “Continuity and consistency is so important and this helps to make sure clients get the care they need.”

Is the service caring?

Our findings

Without exception everyone we spoke with was extremely complimentary about the agency and the staff who supported them. One person said “The girls are all so very kind, helpful and considerate. I really look forward to seeing them.” Another told us “All the carers are really lovely. They are always bright and cheerful and will go out of their way to help you.” A relative described the agency as “The best care company in Bridgwater.” They added “They are like angels. Amazing girls and there is nothing they could do better.” Another relative told us “This agency is a care company that really does care. I would recommend them to anybody.”

The office manager told us they planned staff rotas around the preferences of the people who used the service. For example, they knew certain people preferred certain staff to support them and they were able to facilitate this. They explained the small team of staff meant people were supported by staff who got to know them really well and were able to build up trusting relationships. One person who used the service told us “I have three regular carers who visit me. They feel more like family and they are so caring.”

People and their relatives told us staff were always willing to do little extras for them. One person said “The carers are all so helpful and polite. When they have finished helping me in the morning they always ask if there is anything else they can help me with. For example, the other day the carer

helped me to prepare some food. She didn’t have to. It was so kind.” A relative told us “Nothing is too much trouble. The girls will go out of their way to help my [relative]. They are a great support and help to me too.”

People told us staff assisted them in a way which maintained their dignity and respected their privacy. One person told us “I have help with a shower and they are so very considerate. I don’t feel uncomfortable in the slightest.” Another person said “They are all very professional and so polite.” A member of staff said “The clients are so important to us. We always make sure they are treated with dignity and respect. That is something which is really emphasised here.”

There were ways for people to express their views about the service they received. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received. One person told us “I am always being asked if I am happy with everything or if I want anything changed.” A relative said “The supervisor often comes to see us to make sure everything is satisfactory.” They also said “[Name of office manager] is always so helpful and accommodating. You can ring anytime and she will do anything she can to help you.”

The agency had received numerous thank you letters and cards praising the service provided. Comments included “Thank all the girls for the wonderful care they gave my [relative]” and “Your staff are the best and we would like to thank you for your professionalism, kindness and respect.”

The results of a satisfaction survey had been very positive and people had expressed a high level of satisfaction with the service provided.

Is the service responsive?

Our findings

Each person had their needs assessed before they started to use the agency. This was to make sure the agency was appropriate to meet the person's needs and expectations. These assessments gave details about the assistance the person required and how and when they wished to be supported. A relative told us "[Name of care supervisor] came to visit us at home and spent time chatting and getting to know what was important to my [relative]. We were asked about what time we wanted the carers to visit and I have to say; they have never let us down."

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said "The girls know just the way I like things done. They are marvellous." A relative told us "Because we have regular carers, they have got to know my [relative] so well. They know about all the little things which mean so much to my [relative]."

Care plans provided staff with the information they needed to provide people with care and support in accordance with their needs and preferences. People had been involved in regularly reviewing their plan of to make sure it reflected their needs and wishes. One person told us "[Name of care supervisor] regularly visits me to check I am happy with everything and to see if I want anything changed." A relative said "The carers always check we are

satisfied with the level of support. The supervisor also comes to see us and we go through my [relative's] care plan. If we want something changed; it's changed. You can't fault them at all."

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example providing extra visits if people were unwell and needed more support, or responding in an emergency situation. One person told us "If you need extra support or help like going to the doctors or something, they will sort it out for you. A member of staff told us "I phoned the office to tell them about one person whose visits were taking longer than normal as they needed more help. Straight away the client was allocated more time."

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person told us "I don't have any concerns at all but I know I can ring the office any time and it would be sorted." A relative said "We've never had cause to complain. [Name of office manager] often calls us just to see how things are going. I know if we had any concerns, we would just pick up the phone."

The service had received one complaint in the last year. Records showed the complaint had been taken seriously and appropriately responded to. The care supervisor had visited the person straight away to discuss their concerns further. Following an investigation the registered manager wrote to all staff to remind them about some of the agency's policies and procedures.

Is the service well-led?

Our findings

There was a management structure which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was also the provider as they were the owner of the service. The office manager and a senior care worker co-ordinated the day-to-day running of the service such as completing the rosters and speaking with

people and staff. However, the registered manager and office manager worked together when recruiting new staff and making decisions about taking on new work.

The registered manager, office manager and care supervisor showed a great enthusiasm for wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about people.

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

The office manager planned visits to make sure staff arrived to each person at the agreed time.

Staff were very positive about how their work was allocated. One member of staff told us "We get really good

travel time between visits. I've never had a problem." Another member of staff said "There is plenty of travel time and we even get 15 minutes additional time between visits just in case we run over time. It's brilliant and really well organised here."

There was an on-call rota which meant someone was always available to deal with concerns and offer advice to staff. One member of staff said "I know for sure that if I needed support or advice somebody would be there."

There were systems in place to make sure high standards of care were delivered. All staff received formal supervision and there were regular spot checks on staff working in people's homes. Supervisions and spot checks were an opportunity for staff to spend time with a senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.