

## Gee Professional Services Limited

# Gee Professional Services

### Inspection report

27 Norfolk Grove  
Great Wyrley  
Walsall  
West Midlands  
WS6 6JS

Tel: 01922416634

Website: [www.geehealthcare.co.uk](http://www.geehealthcare.co.uk)

Date of inspection visit:

27 June 2018

28 June 2018

Date of publication:

23 July 2018

### 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

This announced inspection took place on the 27 and 28 June 2018. The provider was given 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and support to people living in their own homes and we wanted to make sure staff would be available to talk to us about the service. Gee Professional Services is a domiciliary care agency registered to provide personal care to people living in their own homes. The service currently provides care and support to 13 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 06 and 13 July 2017 we rated the service as 'requires improvement'. We found the provider was in breach of the regulation regarding notification of incidents. We asked the provider to take action to meet this regulation and to make improvements in relation to risk assessments, recruitment systems and quality monitoring systems. At this inspection, we found these improvements had been made and the regulation had been met.

People were safe because they were supported by a consistent staff team that had the skills and knowledge to meet their needs. Staff had a good understanding of how to spot signs of abuse and where to report concerns to. Individual risks to people were assessed and staff knew how to reduce risks to people. People received their medicines as prescribed.

People were asked for consent before providing support and were supported to make their own decisions. People and their relatives were kept up to date and involved in their care and reviews. Information about people's support needs was personalised and staff knew people well including their likes, dislikes and history. People and relatives knew how to raise concerns.

People told us staff were kind and caring. People were supported in a dignified way and were encouraged to be independent.

Staff felt supported in their roles. The provider had quality monitoring systems in place and sought feedback from people and relatives to drive improvement within the home. People and their relatives spoke positively about the registered manager.

## 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.

Individual risks to people were assessed and staff were aware of how to minimise risks to people.

People were supported by staff who knew how to protect them from abuse and how to report concerns.

People received support from consistent staff. There were systems in place to ensure people received their medicines as required.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who has the required skills and knowledge to meet their needs.

People were asked to give consent before staff provided support.

People received the appropriate support with their meals and drinks and had access to healthcare professionals as required.

### Is the service caring?

Good ●

The service was caring.

People received support from staff who had a kind and caring nature.

People were supported by staff who respected their privacy and dignity.

People were encouraged and supported to be as independent as possible and were supported to make their own decisions.

### Is the service responsive?

Good ●

The service was responsive.

People and relatives were involved in the assessment, planning and review of their care and support.

People's care records were personalised to them and staff knew their needs well.

People and relatives knew how to raise concerns or complaints.

### **Is the service well-led?**

The service was well-led.

People and relatives were asked to provide feedback on the service to drive improvement.

People, relatives and staff spoke positively about the service and felt able to raise concerns.

Systems to monitor the quality of the service had been improved and identified areas for improvement and development.

**Good** ●

# Gee Professional Services

## 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 comprehensive inspection took place over two days on 27 and 28 June 2018. The inspection was announced and the provider was given 48 hours' notice. This was because the service provides personal care and support to people living in their own home and we needed to be sure that the registered manager and staff would be available to meet with us. The first day was spent with the registered manager and staff at the provider's office and the second day was spent making phone calls to people who use the service and their relatives.

The inspection team comprised of one inspector and an expert 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.

When planning our inspection, we looked at the information we held about the service. This included a review of any statutory notifications which are notifications about deaths, safeguarding alerts and accidents and incidents which they are required to send us by law. We also contacted the local authority and commissioners for information held about the service.

As part of the inspection process we spoke with one person who uses the service, six relatives, the registered manager, who was also the provider and five care staff. We were unable to make contact with more people who use the service due to unavailability. We looked at four people's care records to see how their care and support was planned and delivered. We also looked at medicine records, staff recruitment and training files, policies and procedures and the provider's quality monitoring systems.

## Is the service safe?

### Our findings

At the previous inspection in July 2017 we rated the provider as 'requires improvement' in this key question. This was because risks to people were not always individually assessed and improvements were required to the provider's recruitment systems. At this inspection we found these improvements had been made and the rating for this key questions is now 'good'.

At the previous inspection we found that risks to people such as sore skin were not consistently managed and risks to individual people had not always been assessed. At this inspection we saw that where people were at risk of developing sore skin, the person had a risk assessment and detailed care plan advising staff on how to minimise the risks. We also saw there were repositioning charts and body maps completed. Relatives we spoke with explained that they felt happy with how staff had monitored and managed people's sore skin or other medical conditions. One relative told us in relation to a person developing sore skin that staff had reported this to family and said, "Since the medical issue arose we now have four visits instead of two." Staff demonstrated they were aware of how to minimise these risks. One staff member said, "We have to turn them from one side to another and apply cream or spray to the area" and another said, "If they are in a chair, we will help them to stand for a bit and then we document on a skin chart."

We looked at recruitment checks and found that appropriate recruitment checks had been carried out prior to the staff member starting work at the service. The provider had completed reference checks, looked at any gaps in employment and Disclosure and Barring Service (DBS) checks had also been completed. We saw there was a system in place to monitor when the provider wanted to renew the DBS check and where required risk assessments were in place for individuals.

People told us they felt safe when supported by staff. One person said, "It is comforting to know that people who come through the door care and are concerned." A relative told us, "This is the first time I have had carers come into our home. I was apprehensive at first but now I leave the house to go work and know [person] is safe and looked after." Staff we spoke with told us they knew how to spot signs of abuse and how to report concerns. One staff member said, "Someone might be withdrawn or have marks on them, you need to talk to them" and another said, "If we suspect something then we would report it to the manager and I would whistleblow if I needed to." The registered manager also demonstrated a good knowledge and understanding of how to keep people safe and we saw that timely referrals had been made to the local authority when required.

There were systems in place to monitor safeguarding incidents and ensure lessons were learnt when things went wrong. We saw that where safeguarding referrals had been raised with the local authority, they were documented and information was shared with staff via team meetings. Staff we spoke with confirmed this and said, "We get feedback from safeguarding's or incidents. We have action plans to say what we are going to do."

People and relatives told us; they had consistent staff to support them, their calls were on time and they were informed if staff were running late. One person said, "They contact me if they are running late". A

relative told us, "The regular core team are absolutely brilliant. They let you know if they are running late." Staff told us they would contact the office if they were running late and felt they knew people well due to caring for the same people on a regular basis. One staff member told us, "If we are running late, we let the office know". Staff also told us that they felt they had enough time between each care call and had time to spend interacting with people. One staff member explained, "We don't rush, we have enough time to provide the care and we sit and have a chat to people and get to know them."

People told us and records viewed confirmed that people received their medicines as prescribed. One person said, "They give me my tablets and record it in the booklet" and a relative told us, "Medications given are recorded." Staff had received training in administering medicines and the provider had a system in place to ensure people received their medications correctly. This included staff competency checks being completed and auditing of Medication Administration Records (MARs). Following these audits, issues identified were discussed with staff in team meetings.

Staff were aware of procedures to prevent infection such as wearing protective equipment and washing their hands before making meals. Staff told us they had access to personal protective equipment when they needed it. Relatives and people confirmed the correct equipment was worn when staff were providing care. One relative said, "They wear gloves and aprons for personal care. They keep his flat spotless."

## Is the service effective?

### Our findings

Staff received an induction to prepare them for their role. This included face to face training, shadowing a more experienced member of staff and having reference to the provider's policies and procedures including safeguarding, equality and diversity and medication. As part of this process, all staff were required to complete the Care Certificate within the first three months of employment. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. Staff told us they found the induction useful. One staff member said, "The Care Certificate was positive, it was comprehensive and included everything."

People and relatives felt staff were well trained to provide the care and support required. One person we spoke with told us, "I have no worries. They always ask if there is anything else they can do before they leave." Staff said they felt well trained to meet people's needs and felt confident in their role. One staff member said, "I can say that I feel skilled to meet people's needs" and another told us, "We have on the job training as well." Records we looked at and staff confirmed that they had regular support from the registered manager. We saw regular spot checks were completed identifying issues for development. Staff confirmed that they received feedback following spot checks on how they could improve their practice.

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 people lack the capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff we spoke with demonstrated a good understanding of this legislation and what this meant for people. One staff member said, "Lacking mental capacity is when a client cannot make a decision".

People and relatives told us that staff gained people's consent before providing care and support. One relative said, "They always ask [person] first before they do anything." Staff demonstrated they understood the importance of gaining people's consent. One staff member said, "We will ask and if they say no, you can't force them". Another staff member explained how they will gain consent when someone cannot verbally communicate, they told us, "Sometimes they will nod, you can tell if they are happy or not, we use body language." We saw from people's care records that people had agreed to receive assistance with their care and support.

People and relatives told us they were supported with their meals. One relative said, "They cook all their meals, make sandwiches, plenty to drink, plastic jug of water and a flask of tea." Records we viewed and staff confirmed that people were supported with their meals as detailed in their care plan. Staff explained how they would ask people what they wanted for their meal and then prepare it for them and record what they had had to eat and drink to ensure people were having sufficient amounts.

People and relatives we spoke with told us that staff would notify them of any changes in people's health and contact professionals when required. One relative said, "They organise him with the GP." One staff



member told us, "If it [sore skin] gets worse, we escalate it to the district nurses" and another said, "We will call the office and the manager will ring other professionals." We saw that people's care records had detailed information and guidance about their health care needs, any conditions and what medications were prescribed.

## Is the service caring?

### Our findings

Relatives spoken with told us that staff were kind and caring in their nature. One relative said, "They are very kind, great people" and another told us, "They are marvellous, gentle, kind and nice. They are lovely to [person], I can't fault them. They help them with the commode and hoist." The staff spoke with compassion about caring for people. One staff member said, "It's not just a job, it's more of a calling and the clients can see that."

People were encouraged to maintain their independence and staff demonstrated they understood the importance of this. One relative told us, "They encourage his independence and mobility, they walk him down the garden, brilliant, I can't fault them" and another said, "They help [person] with his walking, they walk them along the passageway." Staff provided examples of how they encouraged people to be as independent as possible. One staff member said, "I'll let them do as much as possible for themselves, let them wash their own face, I'll let them wash themselves and help them dry."

We saw that staff had received equality and diversity training and care plans detailed people's wishes and included information about how to communicate with people in their preferred way. Staff knew people's needs well including their likes, dislikes and preferences. Staff told us they supported the same people on a regular basis so knew them well and spoke positively about their role and their relationships with people. People and relatives spoken with confirmed this. One person said, "They are lovely. I can chat and have a bit of fun with them." A relative told us, "She [carer] gets on with [person], we've got to know her well, like family" and another said, "The care is good and [person] is at ease with them [staff] and trusts them. They've built up a good relationship."

Staff had time to interact with people and get to know them. One relative told us, "They have a good chat with my wife" and another said, "He is very happy, I have no concerns." A staff member we spoke with said, "We have developed a relationship so they trust you, it's nice."

Relatives we spoke with told us that staff maintained people's privacy and dignity when providing support. One relative said, "I would know if [person] had a problem with staff as I have told them to tell me." Staff were able to give examples of how they protect people's privacy and dignity. One staff member explained, "We close the door, close the curtains, make sure it is in private and cover them up when providing personal care."

## Is the service responsive?

### Our findings

People and their relatives told us they were involved in the assessment, planning and reviews of their care. One relative explained, "They came to the hospital to sort the care plan and ask questions. I am quite surprised at how pleased I am." Relatives told us that they had regular contact from the provider to ensure the care and support was still appropriate to the person's needs and to ensure the person was happy with the care received. One relative said, "They have checked previously and someone came to check if all is okay yesterday" and another said, "Once or twice the same guy rings up to check if all is okay." Staff told us and records confirmed that regular reviews were completed and changes were recorded. We saw that where changes to a person's needs had occurred, risk assessments and care plans were updated as required and staff were informed. The provider had a communication book which was used on a daily basis to record any contact made with people, their relatives, staff and other agencies such as the local authority. This ensured that everyone involved in the person's care was kept up to date when required.

Records we looked at contained detailed and personalised information about people and included guidance for staff on people's health needs. Staff confirmed they had access to care records which contained information they required to meet people's needs. One staff member said, "The care plans are updated all the time" and another said, "They're very useful, easy to read." Staff understood how to deliver care and support individualised to people's needs and were able to tell us people's likes and dislikes as well as their care and support needs.

People and relatives we spoke with knew who to contact if they had any concerns or complaints. "I have had the odd phone call from management but I don't have any concerns". A relative we spoke with explained how they had previously raised a concern with the registered manager and was happy with the way it was dealt with, they said, "The manager came around personally on her day off and was very apologetic."

At the time of the inspection, there were no ongoing concerns or complaints being dealt with. However, we looked at how the provider had responded to historic complaints and found they had been investigated and responded to in an open, honest and timely way. We also saw that information had been discussed with staff and referrals made to other agencies where appropriate. Staff demonstrated they understood how to deal with complaints and how to escalate them to the registered manager. One staff member said, "They [people] have complaint forms in their files, they can ring the office if they want or I would talk to them and then speak to the registered manager." The provider had a complaints policy in place. However, it was not available in other formats for people if required. We discussed this with the provider and they advised us of their plans to implement this following the inspection.

The provider was not supporting anyone who was receiving end of life care. However, staff told us that they had previously supported someone and demonstrated a good understanding and knowledge of what may be required. One staff member said, "We would try to reduce their pain as much as possible, ensure they are comfortable and have their family with them."

## Is the service well-led?

### Our findings

At the previous inspection in July 2017 we rated the provider as 'requires improvement' in this key question. This was because they were in breach of the regulation regarding notifying CQC of incidents. We found the provider had not notified us of allegations of abuse. We also found that improvements were required to the quality monitoring systems to ensure they identified patterns and trends. At this inspection we found they were now compliant with the regulation and the required improvements had been made. The rating for this key question is now 'good'.

We found the provider had audits in place for areas such as daily log sheets and medication administration records (MARs). The provider had used these audits to identify errors, develop action plans and improve the service. For example, the daily log audits had identified that dates were missing from some of the entries and there was an action plan in place for this to discuss with staff at the next team meeting. We looked at the team meeting minutes and found this had been discussed. We also saw that where actions had been put in place, there was a system to check that these had been completed. This ensured that developments were completed in a timely way.

At the previous inspection, we found there were improvements to be made to quality monitoring systems to identify trends and patterns. At this inspection we saw that the provider had used information from incidents and audits to identify patterns and trends. For example, there was a number of people who developed sore skin within the same month. The provider identified this and put actions in place such as discussions and training with staff, skin monitoring charts, body maps and repositioning charts. Records we viewed showed that for those people who had developed sore skin, this had now cleared up.

We found that feedback from people who used the service and their relatives was used to drive improvement. Quality questionnaires had been sent out to people and an analysis and action plan completed as a result, identifying any areas of training for staff. This had also highlighted where they had scored a high mark on. For example, the service had scored 100% for consent, consideration of religion and culture and safety when supporting people to move around their home. We also found that verbal feedback was sort via weekly telephone calls to people to check they were happy with the care they were receiving. This was also used to discuss any updates to people's needs or any concerns.

Although we found that the provider had appropriate quality monitoring systems in place, at times this information was not always clear. For example, the audits for medication and daily log sheets were clear and easy to locate. However, for the analysis of incidents to identify trends and put actions in place, this information was more difficult to find and needed to be clearer. We discussed this with the provider and following our inspection, they had started to put this in place and make improvements.

The provider had good links with other agencies and professionals. We saw they had frequently been in contact to share information with the local authority, district nurses and local doctors surgeries to ensure people's health and wellbeing was maintained.

Records viewed and staff confirmed that team meetings were twice per month and covered areas for improvements and action plans identified from any audits or feedback. They also told us that they felt they could give feedback and ideas to improve and were listened to. One staff member said, "We discuss operational issues, any errors, medication issues, who is covering and updates on each person" and another said, "They listen to us."

People, relatives and staff members we spoke with said they were happy with the service and would recommend it to others. One relative told us, "We have no worries" and another said, "I have no qualms about recommending this service." A staff member told us, "I would recommend it, the team is very good."

Staff spoke positively about the support they received from the registered manager and felt confident raising concerns. One staff member said, "The manager is always in the field, we are very supported" and another said, "I would feel confident raising concerns, [registered manager] is only a phone call away." Staff also explained how the registered manager completes regular spot checks and feedback to them for them to improve. One staff member said, "When something is going wrong, she will tell you." We also saw from records that if areas for development were identified, actions were put in place and information was shared with individual staff members or with all staff via the team meeting.

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the service. The provider had notified us of any significant incidents and events that had taken place. This showed that the provider was aware of their legal responsibilities.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people and their relatives in relation to the care and treatment they received. We found the provider was working in line with this regulation and was open throughout the inspection process.