

Gutu Mirror Limited

32 Friar Gate

Inspection report

32 Friar Gate
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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

32 Friar Gate is a domiciliary care agency providing the regulated activity of personal care. The service provides support to older people, younger adults, people with a learning disability and people who have mental health needs. At the time of our inspection there were 56 people using the service.

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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Staff were recruited safely, there were sufficient numbers of staff with the necessary training to support people safely and meet their needs. People were protected from the risk of abuse and relatives told us they felt the service was safe. Risks to people and staff had been assessed and people's care plans were regularly reviewed and updated. Staff supported people to maintain their health and wellbeing by accessing healthcare services which positively supported their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

Staff understood how to promote people's independence and ensured the care they provided treated people with dignity and respect. Staff had received training in equality and diversity and staff supported people to express their views. People's communication needs were considered and met. The registered manager planned staff allocation in teams to provide people with continuity and allow people the opportunity to build relationships with the staff who were supporting them. Medicines were managed safely, and we were assured that the provider had sufficient infection, prevention and control measures in place.

Right Culture

The service promoted a person-centred culture. The registered manager understood their responsibilities and had identified areas to improve the quality of the service through the audit systems in place. People's needs were assessed prior to them receiving care and support from the service. People's needs and

preferences were highlighted in their care plans for staff to follow.

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

Why we inspected

This service was registered with us on 25 October 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

32 Friar Gate

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 December 2022 and ended on 29 December 2022. We visited the location's office on 20 December 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, care coordinator, senior support workers and support workers. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 of 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 abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Relatives told us they felt the service was safe. One relative told us, "Yes my [relative] is safe and the carers take a lot of safe care with [relative]." Another relative told us, "[Relative] does feel safe with the carers. They have had 3 months of support and are very happy."
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Risks which affected people's daily lives were documented and known by staff. People's risk assessments included guidance for staff to follow to reduce and minimise risks. For example, one person had been identified as at risk of falling, we found their care plan identified this risk and provided staff with clear information on how to mitigate this risk at each of the person's visits.
- Environmental risks had been assessed. This ensured staff were aware of any risks when carrying out visits to people.
- The registered manager had a plan in place to ensure people's care plans and risk assessments were regularly reviewed and updated.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff with the necessary training, skills and competence to support people safely and meet their needs.
- Relatives told us staff generally arrived on time and stayed the agreed length of time. Relatives also told us they were informed if staff were running late.

Using medicines safely

- Medicines were managed safely. Staff received training in the administration of medicines during their induction. Staff received regular checks and direct observation of their practice to ensure medicines were

administered safely.

- Audits of medicine administration records were conducted by the management team and appropriate actions had been taken to address any shortfalls identified.
- Person centred information was included in people's care plans which detailed how they would like to be supported with their medicines, this included details of medicines and their signed consent.

Preventing and controlling infection

- The service had an up to date infection control policy in place which staff followed. The service had a large stock of Personal Protective Equipment (PPE), and staff confirmed the provider always ensured they had an adequate supply.
- Staff had received infection, prevention and control training and were able to tell us of the actions they took to minimise the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to the registered manager, these were reviewed, and actions were taken to reduce any further risks.
- The registered manager demonstrated how they used feedback from people and staff, to improve safety and learning across the service.

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

- The registered manager ensured detailed assessments of people's needs had been carried out before they started to receive care and support from the service.
- The assessments included key information on areas such as people's health, communication and nutritional needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs. Staff completed mandatory induction training when joining the service which included training specific to the people they would be supporting.
- The service had effective systems in place to support and supervise staff. Staff received regular supervision, this included one to one sessions or spot checks of their competencies which included feedback on performance.

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

- People's care plans clearly detailed their eating and drinking needs, and when people had specific dietary preferences this was highlighted for staff to follow.
- Guidance had been sought from external health care professionals where people required additional support, or risks such as choking had been identified. The guidance professionals provided had been included in people's care plans and risk assessments.

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

- Staff supported people to access healthcare when required and assisted with raising any health concerns they identified.
- The registered manager included the advice other professionals when creating and reviewing people's care plans and risk assessments.

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 MCA 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's care plans included information about their ability to make independent decisions. Staff received training about the MCA and understood how to support people in line with the act.
- Staff recorded they obtained consent from people prior to supporting them with their care needs. Records also showed consent to care had been recorded when people joined the service.
- The registered manager had systems in place to check the Lasting power of attorney (LPA) authorisations for people's relatives to legally make decisions on people's behalf.

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.

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

- Staff had received training in equality, diversity and person-centred care. Care plans contained information about people's life history and personal relationships, this included the support staff were to provide to ensure people's individual needs were met.
- Relatives consistently told us staff treated people well. One relative told us, "The carers are fantastic, kind and caring." Another relative told us, "They are most caring, well-mannered and patient with [relative]. They don't rush, and only go at [relative's] pace."

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

- People and their relatives, where appropriate, were involved in their care planning and how they wished to be supported.
- Staff told us how they supported people to express their views. The registered manager showed us how they also provided information on advocacy services to people using the service.
- The service had developed questionnaires to send to people and their relatives to gather feedback. The registered manager told us of their plans to analyse the feedback and use this to make any improvements.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their independence. Staff told us how they promoted independence. One staff member told us, "I encourage people to do what they can for themselves, like if people can wash themselves, I allow this to happen."
- Care plans included information on people's preferences and routines. Staff told us how they treated people with dignity and respect. Relatives confirmed this was the case and told us staff were also respectful of their family member's homes.

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

- People received care and support from consistent staff who knew them well. The registered manager planned staffing allocation in teams to provide continuity and the opportunity for people to build relationships with the staff supporting them.
- There were established communication systems in place to ensure staff were informed about any changes in people's needs. For example, if a person's support plan had been reviewed and updated or if a person was unwell.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were detailed in their care plans and any support required to ensure these were met.
- Alternative formats were available on request such as large print, we asked about this and were assured that relevant support would be provided if other alternatives were required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place and provided people with information about how to complain when they joined the service. Relatives told us they knew how to complain. At the time of this inspection, the service had not received any complaints.
- We reviewed the concerns that people and their relatives had raised, we found prompt action had been taken to resolve the issues raised.

End of life care and support

- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- Staff had completed training and worked closely with other professionals to provide end of life care. The registered manager had also enrolled staff on to further end of life training to enhance staff knowledge in this area.
- The service had received compliments about the care staff had provided, these included compliments from relatives following the care and support their family members had received at the end of

their lives.

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

- Relatives spoke positively about the service. One relative told us, "We are highly delighted with the service, we can't fault it." And another told us, "It's a lovely company, we are very happy."
- The service promoted a positive person-centred culture. The registered manager and staff were passionate about meeting people's individual needs, they shared with us how they involved people in their care planning and adapted their care to meet people's individual preferences.
- Staff told us they felt the service was managed well and they would recommend working at 32 Friar Gate as the management team listened and were supportive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use the service and other people acting lawfully on their behalf in relation to care and treatment.
- The registered manager had been in post for 3 months at the time of our inspection and had identified areas to improve the quality of other service. We saw evidence of the changes the registered manager had made, such as the reviewing and updating of people's care plans and increasing communications with staff.
- The provider had commissioned an external consultant to provide an independent quality audit of the service. The provider had used the findings from the audit to create an action plan to strengthen the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to check the quality of the service. These included audits of medicines, recruitment files and accidents and incidents. Where issues were identified, actions were promptly taken. For example, where medication recording errors had been identified this had been promptly followed up.
- The registered manager and staff were clear about their roles and responsibilities. There was a clear process that staff followed if something went wrong. The service operated an on-call system which meant staff and people could seek advice outside of the office's opening hours.
- The registered manager had oversight of the service and communicated well with staff, people who used the service their representatives and external professionals.
- The provider was transitioning to an electronic care planning system, this meant care records would be

easier to access and update and would also assist the registered manager with their oversight of the service.

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

- The registered manager had a supervision schedule in place to ensure all staff had a regular one to one meeting. Staff told us they had regular supervisions and felt supported in their roles
- People and their relatives had opportunities to suggest improvements to the service through meetings with the manager or senior care staff. We saw evidence that the registered manager had actioned feedback they had received in relation to visit durations.
- The provider sent us questionnaires they had created and intended to send to people and their relatives to gather feedback on the service. The provider also told us of their plans to analyse this information and use the responses to drive any improvements needed.
- People and their relatives were able to access their care plan, visit plan and care notes through the providers electronic system if they chose, this particularly supported relatives who were also involved in providing care to their family member.

Working in partnership with others

- The registered manager and staff worked closely with other professionals such as social workers and pharmacists to ensure people's care needs were met.