Giles Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 23 January 2018 and was announced.

Giles Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults with mental health needs. At the time of the inspection the agency was supporting 20 people. Visits varied in length and frequency depending on people's individual needs. Not everyone using Giles Care receives a regulated activity, CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care is provided.

We last inspected Giles Care in December 2016 when three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices relating to safe care and treatment, good governance, fit and proper persons employed and staffing.

At our inspection in December 2016, the service was rated 'Requires Improvement'. We asked the provider to take action and they sent us an action plan. The provider wrote to us to say what they would do and by when to improve the key questions to at least good. We undertook this inspection to check they had followed their plan and to confirm they now met legal requirements. Improvements had been made, all breaches had been met, however, we have made recommendations for further improvement.

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 the service is run.

At the last inspection the provider and registered manager had oversight of the day to day running of the service, but had not kept up to date with regulatory requirements. Since the last inspection, they had attended forums to update their knowledge. There were now systems in place to ensure that the service was compliant with regulation and the quality of the service was audited. However, the audit of support plans had not identified the shortfall found at this inspection. We have made a recommendation about ensuring audits are comprehensive.

Potential risks to people's health and welfare had been assessed and there was detailed guidance for staff to follow to mitigate the risks. People had support plans, however, these did not contain detailed guidance for staff to support people in the way they preferred. The plans did identify people's goals and aspirations but not how people should be supported to achieve their goals. During the inspection, people told us how staff were supporting them to become more independent and achieve their goals. Support plans did not reflect the support being given. We have made a recommendation about sourcing guidance in planning support.

Previously staff had not been recruited safely and had not received training appropriate to their role. Since the last inspection, two new staff had been recruited and appropriate checks had been made, checks missing from previous staff files had been rectified. Staff had received essential training and were completing training in specialist health topics. Staff told us that they felt more confident following the training. There were sufficient staff to meet people's needs.

Staff received one to one supervisions and appraisals to discuss their training and development. The senior support worker completed spot checks to ensure staff were working to the required standard, any concerns were addressed during supervision.

Staff knew how to recognise signs of discrimination and abuse. They were confident that any concerns they had would be dealt with appropriately. Incidents were analysed and the registered manager worked with other professionals to put strategies in place to stop them from happening again. People were supported to take their medicines safely. Staff understood their role to prevent infection, staff used gloves and aprons when appropriate.

Before people received support from the service, the registered manager met with them to ensure the service could meet their needs. An assessment was completed with the person, their relatives and other professionals. Staff worked with healthcare professionals to ensure people received the support they needed. People were supported to lead healthier lives, they were encouraged to eat healthily and take up exercise. Staff supported people to attend appointments with GP's and other health professionals.

Staff supported people to be as independent as possible, people were supported to cook meals and keep their flats tidy. People were encouraged to express their views about the service and their support. The service had a policy for complaints, people knew how to raise complaints with staff, and these had been recorded and responded to promptly.

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

Staff supported people to enjoy activities of their choice and maintain relationships with friends and partners. People were treated with kindness and their dignity was respected. The support from staff had made a positive impact on people's physical and mental health. The service did not provide end of life care.

Senior staff met with people at least monthly, to discuss their needs and to monitor the quality of the service they were receiving. These meetings were recorded and any actions required were taken promptly. People were encouraged to be part of the community and join groups to meet people and gain confidence.

The provider had a clear vision for the service, this was to provide outstanding care which is safe and of high quality, that promotes dignity and open communication. The registered manager and staff told us that the service had improved since the last inspection and the support people receive was responsive and person centred. There was an open and transparent culture, staff told us they felt supported by the management team.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The manager was aware that they needed to inform CQC of important events in a timely manner.

This is the second consecutive time the service has been rated Requires Improvement.

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.

Potential risks to people health and safety had been assessed and there was guidance in place to mitigate risk.

There were sufficient staff to meet people's needs who had been recruited safely.

The registered manager made changes to people's support following incidents.

People were supported to take their medicines safely.

People were protected from abuse and discrimination.

People were protected from the risk of infection.

Is the service effective?

Good

The service was effective.

People's needs were assessed using best practice guidelines.

Staff received training appropriate to their role and met with senior staff to discuss their personal development.

People were supported to eat a balanced diet.

Staff worked with health professionals to meet people's needs.

People were supported to lead healthier lives.

Staff understood and worked within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People were supported to be as independent as possible.

People were encouraged to express their views and be involved in decisions about their support.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People received personalised support in line with their preferences, however, this was not reflected in their support plans.

People were supported to enjoy activities and hobbies of their choice.

People knew how to complain and felt that their complaints would be dealt with promptly.

The service did not provide end of life care.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Checks and audits were completed, however, support plan audits had not identified the shortfall found at this inspection.

There was an open and transparent culture.

People and staff were asked for their opinions and suggestions for the service.

The provider and registered manager updated their knowledge to ensure that the service improved.

The registered manager worked in partnership with other agencies to support people's social and mental health needs.

Giles Care Ltd

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 checked 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.

The inspection took place on 23 January 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site activity started on 23 January 2018 and ended the same day. It included meeting people and reviewing records. We visited the office location on 23 January 2018 to see the registered manager and office staff, and to review care records and policies and procedures.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We visited and spoke with two people who had agreed to meet us.

We spoke with the registered manager, the provider, a senior support worker and two staff. We looked at a range of records including five care plans, three recruitment files, training and supervision, quality assurance records and audits.

Good

Is the service safe?

Our findings

People told us they felt safe and trusted staff. One person told us, "The staff make me feel safe."

Previously, there was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had put people at risk by not recruiting staff safely and all relevant safety checks had not been completed. At this inspection the breach had been met.

The provider had policies and procedures in place to recruit new staff and these had been followed. There had been two new staff recruited since the last inspection, we looked at these files. There was an application form with a full employment history, proof of people's identity and two references from the person's previous employment. We reviewed a file we had seen at the previous inspection, there were now all the relevant checks in place.

The Disclosure and Barring Service (DBS) check was now being completed before a person started work at the service, previously this had not been done. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with those who use care and support services. The provider told us that they had updated all staff checks and these could be checked each year, to ensure staff were safe to work with people.

People told us there were enough staff, that calls to them were rarely missed and staff were rarely late. People could ask for their support time to be changed at any time and this was accommodated. Staff worked in teams covering a geographical area. There was a number of bank staff who covered sickness and annual leave. Staff worked a set rota, the senior support worker told us that if needed they supported people to appointments and was able to cover people's support at short notice.

At the last inspection, there was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks relating to people's care and support had not always been adequately assessed or managed. Staff had not been given detailed guidance on how to mitigate risks when providing care and support. At this inspection, the breach had been met.

Potential risks to people's health and welfare had been assessed and there were guidelines in place for staff to mitigate risks. The risk assessments had been completed and agreed with people. People we spoke with understood why the risk assessments had been put in place. Several people smoked in their homes and had not recognised the risks of smoking in their bedrooms. Staff explained to people what the risks were and worked with them to reduce the risk. People had agreed to smoke in one place near a window, that they chose, and a metal bin was provided for people to use. Audits showed that people were continuing to smoke as agreed in the risk assessment.

Previously, some people had been at risk of isolation, and this had led to behaviours that may challenge. The senior support worker had analysed the routine of people who were at risk of isolation. They had identified that if people were not contacted early each day either in person or by phone, they would leave

their home and not receive support. A plan was put in place to reduce the risk of people missing their calls and becoming isolated. People told us that this had been successful and they felt supported by staff, and episodes of behaviours that challenge had been reduced.

The registered manager and senior support worker analysed any accidents and incidents to identify patterns and trends. Both had worked with people to change routines and support for people when shortfalls had been identified. They worked with other agencies such as care manager's to identify what went wrong and put strategies in place to make improvements.
Staff were able to describe how they supported people to mitigate risks, these were the same as the guidelines that were in place in the risk assessments.

Staff were trained to recognise and respond to abuse and discrimination. Staff knew about the different types of abuse and discrimination and what to do if they suspected abuse. Some people that received support from the service were vulnerable to influences from people they meet in their everyday lives. Staff had recognised instances of abuse and had contacted other agencies to ensure that appropriate steps were taken to keep people safe. Staff supported people when they met with other agencies such as the police, to ensure people's views were heard and recognised as being important.

People were supported to have control over their own money. Some people preferred the service to look after their money. Previously, records kept by the registered manager were not accurate, there was more money available than recorded. At this inspection, the records were accurate, a new recording system had been implemented to record all monies that came in and went out.

People were able to administer their own medicines, however, staff prompted people to take their medicines from a tray prepared by the pharmacist. People were supported to order and collect medicines. The senior support worker had a close working relationship with the local pharmacists to ensure that people received their supply of medicines as needed.

Staff told us that they had access to personal protective equipment such as gloves and aprons. Staff described when they would use the equipment and how they supported people to reduce the risk of infection within their home environment. Staff supported and prompted people to keep their homes clean and maintain safe food hygiene.

Good

Is the service effective?

Our findings

People told us that staff supported them with all aspects of their lives including going to appointments.

At the last inspection, of there was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide staff with support, training, professional development and appraisals to carry out their role. At this inspection, the breach had been met.

Previously, the provider did not have records of the training that staff had received or when staff required their training to be updated. Now, there was a training record for each staff member. The provider had sourced essential training for each member of staff, including health and safety, infection control and fire safety. Staff were reminded when the training needed updating. Staff had also completed training in care planning and person centred care. Staff were just starting challenging behaviour training, there were plans for additional training in mental health and end of life care to meet people's specific needs. Some staff had completed vocational qualifications at level 2 since the last inspection and the senior support worker was working towards their management qualification.

New staff completed an induction programme; this included shadowing other members of staff until they were competent to work by themselves. New support staff completed the care certificate, this is an identified set of standards that social care workers work through based on their competency.

Staff told us that they enjoyed the training they were receiving. The training had boosted their confidence in supporting people and enabled them to make suggestions about the support people needed, for example healthy eating.

The senior support worker did spot checks on staff to assess their practice. Staff received monthly one to one supervisions to discuss their work and development. The registered manager and senior support worker discussed any issues about the member of staff's practice and any training needs they may have. All staff had received an appraisal since the last inspection to identify long term development.

The registered manager and senior support worker were always available to discuss any issues staff had at any time either by phone or in the office.

The registered manager met with people, their relatives and professionals that were involved in their support, who were thinking about using Giles Care to support them. The registered manager completed an assessment with the person to ensure that the service was able to meet their needs. The assessment included guidance from professionals such as therapists to ensure that the support provided is in line with guidance from the National Institute of Clinical Excellence and other professional bodies to meet people's mental health and behaviours that may challenge. The registered manager worked with groups such as Pathways, who worked alongside people to assess their needs and provide management strategies.

People were encouraged to use their mobile phone to keep in touch with staff. People told us that they felt

reassured that staff were at the end of the phone. During the inspection, one person phoned the senior support worker, who was able to reassure them and keep them calm. One person had a lifeline in place, this is a pendent worn around a person's neck that they push to alert an on call service if they have an emergency, to use if they needed it.

The Mental Capacity Act (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 much 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 decisions made in their best interests and be the least restrictive possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people are at risk of being deprived of their liberty and live in their own homes applications must be made to the Court of Protection. No applications had been made to the Court of Protection, as none were needed.

Staff told us that the people using the service had capacity to make their own decisions. Staff supported people to make decisions and respected the decisions they made including unwise decisions. Staff ensured people had the information they needed to make decisions, for example, healthy eating and taking medicines. Staff told us how they respected people's decision if they decided they didn't want support. One person told us, "Staff always check I am ok, but don't come in unless I ask them to."

People were supported to plan their meals and go shopping for the ingredients. Staff supported people to eat healthy foods. One person told us, "I am really enjoying eating fruit now, I have a blender to make smoothies now, and I have lost weight which is great." When people were finding it difficult to cook their own meals, staff supported them to ensure they had enough to eat. Staff told us, "One person could no longer cook their own meal, we worked with them and they decided to have frozen meals delivered. This has meant they have remained independent but have a balanced diet."

Staff worked with other professionals to support people and ensure they received effective care. People were referred to professionals such as therapists, when staff noticed people's moods and behaviour changing.

People were supported to attend appointments with GPs and other health professionals. Some people asked staff to book and accompany them to appointments. The registered manager told us that some people had not been able to get appointments at the GP's at times that suited them. They told us, "One surgery wanted the person to have the appointment at 08.30am, the person would not be able to attend at that time, due to their mental health problems. We worked with the surgery to make it possible for the person to attend at a later time."

Staff supported people to live healthier lives. People told us that staff accompanied them on walks and encouraged them when they decided to lose weight. One person told us, "I have lost weight and I feel great, staff come for walks but draw the line at running with me!" People told us how taking part in exercise had helped their mental health and reduced their behaviours.

Good

Is the service caring?

Our findings

People told us that staff were kind, caring and treated them with respect. One person told us, "I know the staff well and they look after me."

There was a mutual respect between people and staff. People told us that staff treated them as an equal and encouraged them to be part of the community and value themselves. One person told us, "With staff support I feel more confident and my anxiety and behaviour has improved.

Staff knew about people's goals and aspirations. People and staff worked together to meet their goals, people spoke with confidence that it may take time but they would reach their goal in the end.

People were encouraged to be as independent as possible. Staff supported people to clean their homes and do their washing. Some people had been supported by staff to achieve this as a goal and were keen to tell us that they had managed to clean their bathroom. Other people had been encouraged to apply to college, people undertook voluntary work and some people were supported to work part time. Staff told us how this helped people to become more confident and independent.

Staff understood how to encourage and prompt people to take part in different things or attend appointments. Staff worked with people to attend health appointments such as specialist breathing tests or the dentist. Some people were anxious about attending these appointments. Staff had agreed a strategy with them and worked with the health professional, so that people were able to attend.

People were supported and encouraged to start and maintain relationships with friends and partners. Staff supported people to express their sexuality and attend rallies and to stay well and safe in relationships.

Staff discussed people's health with them and identified areas that could be improved. Some people wanted to improve their fitness, staff had supported them to eat healthily and exercise. People told us that staff responded to their needs and recognised the level of support that they needed. Staff told how they recognised changes in people's mood and how they changed their approach to the person. One person told us, "Staff know my moods better than I do."

People told us and we observed staff knocking on people's doors and waiting to be invited in. Staff respected people's privacy. The senior support worker explained that people had been asked if they would speak to the inspector but people had refused. They told us, "I asked people but they didn't want to, I told them that you would understand."

Staff advocated for people, when people were being discriminated against. People told us that staff made sure that they were able to access services the same as everyone else. People were encouraged to discuss their support and request any changes they felt would help them. People told us that staff were flexible and worked around them and what they wanted to do.

Staff were aware of their responsibility to maintain people's confidentiality and documents were stored securely.

Requires Improvement

Is the service responsive?

Our findings

People told us that staff knew them well and responded to their needs, and supported them when they needed it. Despite these positive comments, we found that support plans did not contain detailed information about how staff should support people. This had been identified at our last inspection.

The support plans had improved since the last inspection; however, the guidance for staff to enable them to give day to day support was not detailed. One person's plan stated, 'Assist (name) to increase their knowledge of a healthy diet and improve their cooking skills.' There was no guidance for staff about how they should support the person to achieve this goal.

Staff told us about how they supported people, including how they encouraged people to be independent and to do activities. Staff knew people well and were able to identify and respond to people's changes in mood. People told us how staff had worked with them to identify a goal and put a plan in place to achieve that goal but these had not been recorded. People were being supported to apply to and attend college. Staff had put strategies in place to support people to go to the dentist, when they had not gone before as they had been scared. Staff recorded in people's daily records the support they had provided. However, the limited guidance for staff about how to support people they may not receive consistent support.
We recommend that the provider seeks guidance from a reputable source about person centred care planning.

Some people wanted to learn new skills or develop existing skills including cooking skills and housekeeping. There were no plans in place about how staff should support people to achieve these skills.

The registered manager and senior support worker met with people monthly to ensure that they were happy with their support and if there were any changes they wanted to make. The meetings were recorded, however, the support plans did not reflect the support and how staff were working with people to achieve their goals.

Although people told us staff knew them well and gave them the support they needed, without clear up to date information about people's needs, people were at risk of receiving inconsistent support.

We recommend that the provider seeks advice and guidance in regards to best practice for writing person centred care planning and goal setting for people with mental health needs and learning disabilities.

People were supported to enjoy their hobbies and interests. People told us that staff had found somewhere for them to play pool, where they felt comfortable. Staff encouraged people to join groups such Mencap, so that they could take part in activities that they enjoyed and people had formed friendships.

Staff were aware of people's cultural and spiritual needs. One person was a Jehovah Witness, they expressed in their support review, how staff respected their religion. At Christmas people went out for a meal, staff offered to organise a second meal so that the person could attend. The person had declined the

offer but appreciated staff thinking about them.

The provider had a written complaints policy, people were given the policy when they started using the service. There had been no written complaints since the last inspection. The registered manager kept a complaints book, they recorded any 'niggles' that people had and what action had been taken to rectify the problem. People told us that staff responded to their complaints and things were sorted quickly and to their satisfaction.

The service had not supported people at the end of their lives. The registered manager told us the service did not have the capacity to provide end of life support. Recently, when someone required more support than the service was able to provide, the person had been referred to healthcare professionals for assessment and had been moved to a more suitable service.

Some staff had received training in end of life care and further training was booked for the rest of the staff.

Requires Improvement

Is the service well-led?

Our findings

People and staff told us they felt supported by the registered manager and senior support worker. Both thought that the service had improved since the last inspection.

Previously, there was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to have systems or processes in place to assess, monitor and improve the quality and safety of the service. Records were not all completed or accurate. At this inspection, improvements had been made and the breach had been met.

At the last inspection, the registered manager did not have safe recruitment practices and staff had not received training appropriate to their role. The provider and registered manager had not taken steps to keep their knowledge up to date.

There was now a training plan in place. All staff had received essential training and were completing training about specific health conditions relevant to the people they support. New staff were recruited safely and action had been taken to rectify shortfalls found in staff files at the last inspection. The provider was able to confirm how many hours support they provided. They had enough staff to meet people's needs and had permanent bank staff to cover sickness and annual leave.

The provider had employed a senior support worker to support the registered manager. The senior support worker was undertaking their management qualification; they were up to date with current practice and regulatory requirements. The provider had started attending local Skills for Care managers' forums to update their knowledge. They told us that this had helped them understand the regulatory system and requirements.

There were now systems in place to monitor the quality of the service. The registered manager told us that now they had systems in place, it was easier to identify any problems and they knew what was happening in the service. The provider had a calendar that indicated when reviews, audits and training were due. The senior support worker used the calendar to manage their work schedule and ensure timescales were met. Previously, records of monies held on behalf of people, had not been accurate. There had been more money available to people than recorded. The registered manager now completed an audit each month to ensure monies were correct. The registered manager completed checks on recruitment files, supervisions and daily support notes. However, audits of the support plans had not identified that the plans did not contain detailed guidance for staff to support people.
We recommend that the provider embeds the improvements made and that their audits are comprehensive to cover all areas of the service.

The senior support worker met with people in their homes each month to discuss the quality of the service they received, as people did not like to complete questionnaires. The visits were recorded and any concerns were dealt with immediately. Previously, the provider had sent quality assurance surveys to stakeholders such as GP's and care managers and had not received any replies. The registered manager had requested

feedback about the service in a less formal way and kept the comments. Care managers had praised the service for the support they had given one person and the impact that had been on their lives.

The registered manager worked closely with other agencies to support people's social and mental health needs and keep them safe including care managers, local safeguarding team, the police and the job centre to improve the quality of life of people they support.

Staff meetings were held every three months. Records and staff confirmed that they were able to give suggestions and opinions about the service. There was a record that any action from the last meeting was discussed at the next meeting. Staff had made suggestions about the training they would like, this was looked into and is now available to staff.

There was an open and transparent culture within the service. The registered manager and senior support worker knew people and staff well. During the inspection, we observed staff and people at ease with them and comfortable to raise any issues or ask advice.

The provider had a clear vision for the service, this was to provide outstanding care which is safe and of high quality, that promotes dignity and open communication. The registered manager and staff told us that the service had improved since the last inspection and the support people receive is responsive and person centred.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they needed to inform CQC of important events in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the office. The service did not have a website.