

Gannicox CIC

Gannicox CIC Domiciliary Care Agency

Inspection report

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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

Gannicox CIC domiciliary care agency provides personal care for adults with learning difficulties, particularly for those living in Gannicox Camphill Community. At the time of our inspection four adults with learning disabilities were receiving personal care at two separate addresses.

This inspection took place on 2 September 2016. This service was registered by CQC on 25 November 2014. This was our first inspection of the service.

There was a registered manager at the service. 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.

People received a service that was safe. People were safe from harm because staff were aware of their responsibilities and, knew how to report any concerns. There was enough skilled and experienced staff to safely provide care. Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff. Risks to people were assessed and action taken to manage these. Where people needed help with medicines they were protected from risks because medicines were safely managed.

The service provided was effective. Staff received the training, supervision and support required to effectively meet people's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. Where people required it, staff supported people to eat and drink. Staff ensured people received assistance from other health and social care professionals when required.

People received a service that was caring. People received care and support from caring and compassionate staff who knew them well. Staff provided the care and support people needed and treated them with dignity and respect. People and, where appropriate, their families were actively involved in making decisions about their care and support.

The service was responsive to people's needs. People received person centred care and support. The service listened to the views of people using the service and others and made changes as a result. People were supported to participate in a range of activities based upon their assessed needs and wishes.

The service was well-led. The registered manager and senior staff provided effective leadership and management. They had clear vision and values for the service and, had communicated these effectively to people, their relatives, staff and other health and social care professionals. Staff showed a good understanding of the implications of providing care in people's own homes. Quality monitoring systems were used to further improve the service provided.

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.

People were kept safe from harm because staff were aware of their responsibilities and, knew how to report any concerns.

Risks to people were assessed and action taken to manage these.

There was enough skilled and experienced staff to safely provide care. Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff.

Where people needed help with medicines they were protected from risks because medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff received the training, supervision and support required to effectively meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

Where people required it, staff provided the care and support needed to ensure they ate and drank enough.

Staff ensured people received assistance from other health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People received care and support from small teams of caring and compassionate staff who knew them well.

Staff provided the care and support people needed and treated them with dignity and respect.

People and, where appropriate, their families were actively involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care and support.

The service identified people's needs and provided a responsive service to meet those needs.

People were supported to participate in a range of activities based upon their assessed needs and wishes.

The service listened to the views of people using the service and others and made changes as a result.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and senior staff provided effective leadership and management.

The service had clear vision and values and these had been communicated to people, their relatives, staff and other health and social care professionals.

Staff showed a good understanding of the implications of providing care in people's own homes.

Quality monitoring systems were used to further improve the service provided.

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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 2 September 2016 and was announced. The provider was given 48 hours' notice because the service provided was domiciliary care in people's own homes and we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. Questionnaires had been sent to staff and health and social care professionals by CQC. We used the responses received to aid our planning of this inspection.

We contacted three health and social care professionals who had been involved with the service. Including community nurses, social workers, commissioners and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service. You can see what they said in the main body of this report.

The four people using the service invited us to their homes to speak with them and their support staff. We also spoke with two family members of people using the service by telephone. We spent time at the provider's office talking with staff and looking at written records. We spoke with five staff including the registered manager, the responsible individual, two care and support workers and a volunteer.

We looked at the care records of the four people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service.

Is the service safe?

Our findings

People felt safe using the service. One person said, "Yes, I feel safe here". Relatives said they felt staff kept people safe. Health and social care professionals told us they felt people were kept safe. One professional commented, "It is my experience through working with (Person's name) that she feels safe and well supported by the Gannicox staff".

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Easy read information was on available and on display, this provided people with a clear explanation of what to do if they felt they had been subjected to any abuse. There had not been any safeguarding alerts relating to the service in the 12 months leading up to our inspection.

Care staff and health and social care professionals who returned the questionnaires we had sent them prior to our inspection all said they strongly agreed or agreed they people were kept safe from abuse or harm.

The service also had a whistle blowing policy and procedure. This policy protected employees against detrimental treatment as a result of reporting bad practice. Staff we spoke with were able to describe 'whistle blowing' and knew how to alert senior management about poor practice.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. Staff told us they had access to risk assessments in people's care records and ensured they used them. Risk assessments and management plans were regularly reviewed.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. People confirmed there were enough staff. Care records detailed when they needed care and support. This had been agreed with people, their families and other health and social care professionals. The registered manager monitored the hours people received and we saw people were provided with the staff time identified in their care plans.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Volunteers were subject to the same pre-employment checks as permanent staff. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

There were clear policies and procedures for the safe handling and administration of medicines. Staff administering medicines had been trained to do so. Some people required assistance to take prescribed

medicines. Where this was the case the support the person required was clearly documented in their care plan, with medication administration records maintained and completed. Where people were prescribed medicines 'as required' to help with certain health conditions, clear guidance was in place for staff to follow.

Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people they had signed to record they had been given. There had been three errors in the administration of medicines in the 12 months leading up to our inspection. These had occurred during periods of transition when people were seeing relatives and going on holiday. The provider had taken appropriate measures in each instance and taken action to minimise the possibility of this occurring again.

Staff providing care and support to people wore their own clothes and not a uniform. This was to avoid creating barriers between people and staff and not to draw attention to people when they were receiving support within their local community. When providing care staff were expected to use protective equipment to prevent and control the spread of infection. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons.

Is the service effective?

Our findings

People said their needs were met. One person said; "They support me well", "I'm very happy here. I like living and working here. I help cook on Tuesdays and Thursdays". Relatives said they felt staff were skilled and able to provide the care and support required.

People were supported by staff who were appropriately trained and able to fulfil their role. An induction training programme was in place for newly appointed staff. This programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015.

We viewed the training records for staff which confirmed they received training on a range of subjects. Training completed by staff included, first aid, safeguarding vulnerable adults, medication administration, lone working, risk assessment and moving and handling. A variety of different methods were used to provide training including; e-learning, face to face training, coaching and shadowing experienced staff. Staff told us they had the training and skills they needed to meet people's needs.

The provider supported staff to complete health and social care diploma (QCF) qualifications. These are work based qualifications previously known as national vocational qualifications (NVQ's). To complete these staff must demonstrate competence which is assessed in the workplace, as well as knowledge. Care staff were supported to complete QCF level three health and social care diplomas; the Registered Manager and Nominated Individual held QCF level five health and social care diplomas.

Formal and 'on the job' supervision of staff was being used to improve performance. Formal supervisions are one to one meetings a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. They said their supervisors and senior managers were supportive. 'On the job' supervision is when a staff member's supervisor joins them when they are providing care to assess how effective they are. We saw records to show these checks were happening on a regular basis and the findings discussed with staff.

Annual performance reviews were carried out with staff. Staff said these were useful. We saw that these had been carried out thoroughly and included feedback for staff on their performance, details of any additional support the staff member required and a review of the individual's career goals and training and development needs.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make specific decisions. The registered manager and staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. People and, where appropriate relatives, were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People who required assistance to help them communicate effectively had plans in place for staff to follow. Staff were knowledgeable of these and able to explain how they helped people to make their views known and, develop their independence.

Where people needed assistance with eating and drinking this was documented in people's care records. This detailed the support people required and how their food and fluid intake was to be monitored. We saw records were maintained and regularly reviewed. People told us they enjoyed participating in the preparation of food and felt the food provided was good.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required. As a result people had received assistance from a variety of professionals. We saw support plans had been put in place as a result of this. Staff said they provided care and support in accordance with these plans. Comprehensive records were kept of contact and communication with health and social care professionals.

Each person had a tenancy agreement in place for their accommodation. These laid out the responsibilities of the landlord and, the rights and responsibilities of people as tenants. The service provided by Gannicox CIC Domiciliary Care Agency was personal care. This meant the accommodation was not covered by CQC's regulatory role. However, the fact people were supported with their tenancy arrangements and the regular reviews carried out with the housing provider, showed the provider took their role seriously in protecting and promoting people's rights in this area of their lives.

Is the service caring?

Our findings

People told us staff were caring. Comments included; "I work with (Staff Member's name) every Tuesday. She's great. I've known her a long time" and, "I'm well looked after. I couldn't do without their support". Relatives also said staff were caring.

Throughout our inspection we were impressed by the caring and compassionate approach of staff. When speaking with staff it was clear they valued the people they cared for and understood their responsibility to treat people in a kind, caring manner that demonstrated and promoted dignity and respect. This was also evident when speaking with the registered manager. They provided care and support to people in addition to carrying out their management roles. People, relatives and staff all commented the manager was caring and provided a good role model for staff.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. A variety of systems were in place to ensure people were supported to give their views and to make choices and decisions regarding their care and support. These included care reviews and weekly meetings with people. Care records documented how people and, where appropriate, their families had been involved in agreeing to the care and support they received.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. People told us this was important to them. One person told us about the voluntary work in the community's kindergarten they were supported to undertake four days a week. Another person told us, "I do lots of things outside of Gannicox, some on my own some with staff". Risk assessments were in place to protect people when out on their own.

Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Talking with staff it was clear they understood the values of the service and, recognised the importance of ensuring equality and diversity was actively promoted.

People and relatives told us they would recommend the service to others. Care staff spoke with pride about the service provided. One relative said, "I think the staff all do a good job and the manager sets high standards".

Staff recognised and promoted the involvement of family and friends. People told us they felt this was important. One person said; "I have family in Wales, staff help me stay in touch". Another person said, "I couldn't manage without the support of my family and staff help that". We were told about a 'family and friends conference' planned for the Saturday after our visit. The registered manager said, "We will be providing lunch and tea and see it as an opportunity for people to spend time with family and friends in their home".

Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Is the service responsive?

Our findings

The service provided was person centred and was, wherever possible, based on care plans agreed with people. People's needs were assessed and care plans were completed to support them. Staff said the care plans held in people's homes contained the information needed to provide care and support. Care records were person centred and included information on people's likes, dislikes, hobbies and interests.

Plans included; emergency information and contact sheet, an assessment of need, agreement to the care and support provided and detailed plans on how the person was to be supported in all aspects of their lives.

Care plans were regularly reviewed at set times and also when people's needs changed. People and, where appropriate, their families were involved in these reviews. Reviews of people's needs were clearly documented in people's care plans.

People's care was planned to meet their needs. For some people this involved providing mainly personal care and support with healthcare appointments. For others this involved supporting people to engage in a variety of activities. Where this was the case activities were planned and took into account people's hobbies and interests. Activities people undertook were recorded in their care records along with a brief summary of how it had gone. Staff said this helped them learn what went well for people and what didn't go so well, so they could plan more effectively.

On the day of our visit people participated in a number of different activities. These included; going out with staff for a meal, shopping at the local market and carrying out household chores with staff support.

The service had also worked people to plan holidays with people. One person told us about the holiday they had planned and that they hoped to horse riding when there. Another person told us they had been to see the local football team play at Wembley stadium at the end of the last football season. Staff told us another person was planning to go sailing with staff.

An up to date policy on comments and complaints was in place. A record of comments and complaints received was kept at the agency's office. There had not been any formal complaints made regarding the service in the 12 months prior to our visit. The registered manager told us they valued comments and complaints and saw them as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements. Care staff told us they were able to raise concerns with managers. They said they were confident any concerns they expressed would be dealt with appropriately.

The registered manager also kept a record of compliments received. We saw these were recorded and had been fed back to the appropriate staff members. Staff told us they valued being told when people had given compliments. Compliments received included the following examples from relatives, 'Our son is flourishing. He is well supported, feels valued and given plenty of opportunities to participate in a wide variety of events.

He is kept busy and feels his contribution to community life is valued' and, 'My niece is being extremely well looked after and is very happy at Gannicox. Very many thanks to the staff and management for all they do'.

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and the service promoted in the best possible light.

The registered manager and senior staff had a good understanding of the principles underpinning providing care in people's own homes. They explained to us their role in managing the personal care provided to people and supporting people to manage their own accommodation for which they had their own tenancies. They said this required an approach from staff that recognised and promoted the fact they were working in people's own homes. Care staff were clear regarding their roles and responsibilities.

Every person and relative we spoke with said they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service were being achieved.

People and relatives spoke positively about the leadership and managements of the service. Comments included; "The boss of the company is great" and, "(Registered Manager's name) supports me really well". Staff also spoke positively about the leadership and management of the service.

Quality assurance systems were in place to monitor the quality of service being delivered. The process used to audit involved asking people's views and opinions, looking at written records and seeking the views of others involved with the service. A survey of people's views had been carried out in August 2016. The views and opinions had been collated and analysed by the registered manager. Feedback from relatives and friends was based upon CQC's key lines of enquiry (KLOES). Quality visits were also carried out by Gloucestershire County Council. Where audits had identified areas for improvement, these had been written into action plans which were monitored by staff and managers.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Health and safety management was seen as a priority by staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

At the end of our inspection feedback was given to senior staff including the registered manager. They listened to our feedback and were clearly committed to providing a high quality service valued by people and families. They spoke with us about their future plans for improving the quality of the service provided to people.