

Guardian Homecare UK Ltd

Guardian Homecare (Basildon)

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

At the last inspection in January 2016, the service was rated as Good. At this inspection we found the service remained Good.

Guardian Homecare (Basildon) provides a domiciliary care service for people living in their own homes. It provides a service to older and younger adults. The inspection took place on 13 February 2018 and was announced. This was to ensure that someone would be at the office to meet with us. At the time of our inspection 49 people were receiving personal care and support from the service.

There was a registered manager in post 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 and associated Regulations about how the service is run.

People told us they felt safe when receiving care and support and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm. Risk assessments had been completed so that staff knew how to keep people and themselves safe.

There were sufficient staff with the right knowledge and skills to meet people's needs. Staff had been recruited safely. Staff had the competence and skills to administer medicines safely and as prescribed and there was a system in place to protect people from the risks of infection. The provider recorded, reviewed and investigated incidents and accidents and took the necessary action.

People's needs were holistically assessed and support delivered in line with current guidelines. Staff were provided with training and supervision in order for them to carry out their role effectively. People's health needs were met as staff liaised well with health and social care professionals. People were supported to be able to have their meals as and when they wanted them, which met their nutritional needs.

People had the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service provided staff with clear guidance. Information about people's end of life wishes were in the process of being improved.

People told us that staff were caring and kind and were respectful of them and their property. The service was responsive to people's needs and wishes as they listened and involved them in their care. Positive relationships had been developed and were maintained. The service was meeting the Accessible Information Standard by ensuring people's sensory and communication needs were met.

There was an effective complaints procedure in place and people and their relatives knew who to contact if they needed to. The provider regularly assessed and monitored the quality of the service provided. Feedback from people, their relatives and staff was encouraged with regular telephone contact and reviews and these were used to make improvements to the service.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Guardian Homecare (Basildon)

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.

We reviewed all the information we had available about the service including notifications sent to us by the registered manager. Notifications are information about important events, which the provider is required to send us by law. We also looked at information sent to us from others, including the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to plan what areas to focus our attention on for the inspection.

The inspection commenced on 9 February 2018 with telephone calls to people who used the service and staff. These took place until the 14 February 2018. The visit to the offices took place on 13 February 2018. The provider was given notice of our intention to visit because the location provided a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of one inspector and two experts by experience who contacted people and relatives by telephone on our behalf to seek their views of the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both of the experts by experience had experience of using domiciliary care services.

We spoke with 17 people who used the service and 10 relatives and friends on the telephone and met two people in the office. We also spoke with the registered manager, the regional director, a field care supervisor

and three care staff. We looked at six care plans, four staff personnel files and records about the management of the service.



Our findings

People received care and support which was safe. One person said, "I have a job and they take me to work, and they support me safely to get there." Another person said, "I can only move slowly and they are very patient with me and that makes me feel safe that I am not rushed in case I fall." A family member explained, "[Name] is extremely safe in their company and well looked after by the staff." Another said, "I have confidence in the staff to know what they're doing, and [name] gets on exceptionally well with staff therefore feels safe in their company for all their personal care."

At this inspection, we found staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately, if it occurred.

Staff and the registered manager told us they had received training in safeguarding people from harm. They were able to give us examples where they had followed the correct procedures when concerns had been identified.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People and their representatives had been involved in the process to assess and plan how those risks would be managed. Examples included plans to manage risks associated with swallowing, food allergies, medicines and falls. One staff member told us, "The way the plan is written makes it very clear about any risks we need to be aware of."

Risks within the internal and external environment and the use of equipment was discussed with the person and their family and recorded so that people and staff were kept safe. From the risk assessments and the daily notes we saw, staff had a good understanding of people's needs, and the actions they needed to take to keep people safe and to support them to live in their own homes. One person said, "I have full involvement about my needs and risks that could incur and they always ensure my house is safe to get around due to my poor ability to walk."

Sufficient staff were available to provide the level of care needed. People told us that staff were consistent and generally on time with the occasional missed or late call, which was dealt with quickly by the service. Staff followed the tasks as agreed in their support plan and everyone told us that staff stayed their full allocated time. One person said, "If I need to be anywhere then the staff make sure I get there and they come on time." Another said, "They visit me on time, but if people are running late, they do tell me." Many people

had 24 hour care which meant that they had a small team of consistent staff who worked with them to enable them to be independent. One family member said, "Altogether we have a team of six to eight people but occasionally [name] gets sent different ones which does make them stressed."

We saw that staff were recruited safely as all the necessary checks had been completed before they started work.

The provider had a clear medicine policy and procedure in place, which was up to date. People's care plans contained clear information about the level of assistance needed to take their medicines. Medicine administration records were completed correctly. People told us they got their medicines on time and as prescribed. They said they were confident in the competence of the staff to administer them. One person said, "I am very safe with them knowing that they get my tablets out for me and make sure I have taken them or I would forget." A family member told us, "[Name] has tablets and they do the patches and crèmes. This is all done regularly and on time."

Staff told us they had received medicine training and were observed supporting people by their supervisor to ensure they were putting the training into practice. One staff member said, "We are always checked, I don't mind this because I would worry if I was not doing it correctly." We saw that the service was proactive in liaising with people, their families and with professionals about the correct dose, ordering, disposal and administration of their medicines.

People told us that the staff used hygienic practices when in their home. They wore gloves and aprons appropriately and were aware of the risk of cross infection. Staff had received training in food safety and infection control in order to effectively carry out their role and responsibilities.

There were systems in place to record, review and investigate safety concerns and these were reported through the appropriate internal and external channels such as social services or the GP and to their regional director. Lessons were learnt and actions added to the provider's improvement plan. They had made safeguarding alerts to the relevant authorities and we saw that they had undertaken internal investigations with outcomes and actions.



Our findings

People and their relatives told us staff understood their needs and provided the care they needed. One person said, "Oh yes very good they all are. You can tell from the way they do things that they know what they are doing." Another said, "I am 100 per cent sure staff know what they're doing." One family member told us, "They all appear very skilled in seeing to all [name] requirements and pick up on things and will inform me of any concern at all."

People's needs were holistically assessed and met. Systems were in place to ensure that care was effective and the provider ensured the registered manager was kept up to date with current legislation and good practice.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. One staff member said, "The training is very good, comprehensive and useful." New staff completed an induction process, which included the Care Certificate (an agreed set of standards that sets out the knowledge, skills and behaviours expected of care workers) and shadowing experienced staff. There was an on-going training programme for all staff on meeting people's specific needs. Training was provided in a range of subjects relevant to the care worker role and observations and assessments of their practice were undertaken. Written information produced on hand sized cards on different topics had been developed by the provider, which acted as a useful aide memories for staff in carrying out their role.

Staff told us they had regular supervision where their work and personal development was discussed. Staff appraisals were also undertaken but there was limited information recorded about the staff member's performance or views during the year to show that a conversation and discussion had taken place. We spoke with the registered manager about this who agreed to review the recording of relevant information to ensure staff were appreciated and valued. Staff told us they were well supported by their colleagues and their managers. One staff member said, "My manager is lovely, very open and supportive and we have a good support network even at weekends."

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. We saw evidence in the daily notes of the food and drink people had and, if their food was monitored, the amount was recorded. One person said, "They help me to cook my meals so I can't get burned and can eat safely." One family member told us, "They do all the food as [name] does have eating problems and needs to be encouraged, so they watch carefully, what and how they eat. It is not easy for them but they have encouraged [name] to eat a bit more and I have noticed they have put on a bit more weight."

Records showed the service worked well with relevant health professionals, such as the district nursing service, GP and specialists who support people with learning disabilities. People told us that they were supported to make and attend appointment and to look after their health. Referrals were made on people's behalf such as requesting equipment in a timely way to enable them to maintain their independence. Staff recorded their observations where needed to enable health staff to monitor people's long term health conditions such as diabetes and dysphasia which affects people's eating and swallowing. Information was shared across the organisation and amongst professionals in order for people to maintain their health and well-being.

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 lacked mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. We saw that people and their families had been involved in their care arrangements and had signed consent to their care. If they were unable to, appropriate representation was in place, for example, one person had a Court of Protection agreement, which looked after their best interests.

Care plans contained clear instructions for staff about people's right to make their own decisions and wishes and what they liked and disliked when they could not make decisions for themselves. For example, we saw written in one person's plan, "The daily decisions I make myself," This gave staff guidance about how to meet the person's choices and abilities. For another person, who had memory difficulties, we saw that there was detailed information for staff specifying how this person coped and the impact that this had to help them retain control over certain aspects of their life.



Our findings

People and their families were very positive about the caring staff at Guardian Homecare. People told us, "I am very happy with the staff, all are lovely, kind, friendly and co-operative," and "They [staff] are considerate toward me in everything they help me with," and, "The staff are always nice, polite and chatty with me and genuinely show they care about my wellbeing." Family members also said, "The staff are conscientious, friendly and kind," and, "Very caring, approachable and do all they can for my [relative]."

People told us they were listened to and involved in their care arrangements. We saw that people's views and choices were recorded. Staff had taken time in the assessments and risks assessments to record people's individual wishes and choices which were written in a caring and sensitive way.

Good relationships had developed between people, their relatives and staff who visited them. One person said, "I would not want to be without them to be honest." Another said, "I have confidence in the staff to know what they're doing. One family member said, "[Name] loves the social activity, they take them out shopping and for meals even ice skating in the wheelchair. The rink has a designated area for disabled people and the staff member wore blades and pushed them around. They loved it!"

Staff communicated well with people and their families and provided individualised support in a respectful way. We saw people were welcomed into the office and regularly spent time with office staff and the registered manager having a chat over coffee.

People told us they were encouraged and supported to be as independent as possible. We saw in the records what care and support was required, what people wanted for themselves and what they wanted control over. One person said, "Staff take me out shopping, they drop me off at Bingo one day and take me out for a walk on another and a breakfast on Friday's. If I ask to go anywhere else, they will also take me." A family member told us, "Staff interact with [name] in daily activities, making lists which they thoroughly enjoy. Staff write things on the board to enable [name] to remember things and staff also educate about safety and calling the doctor in an emergency."

People told us that staff respected them and protected their privacy and dignity. "When I need help for a shower, the staff member will stand just outside the door until I have finished and I call them in and they will bring and hold a towel when stepping out and look away from me so fully respect me." One family member told us, "Staff are always respectful. They close the door and curtains and always make sure [name] is never left with nothing on when drying them."

Information we saw written about people in the care plans, the reviews of their care and the daily notes were written in a respectful manner, which valued the person as an individual and reflected the care, which was being provided. One example showed the care taken, "I dried in between [name of person] toes with the kitchen roll, creamed their feet gently and dressed and styled their hair as they like it."



Our findings

People and their relatives told us that staff had enough time to meet their needs and met them in a very responsive way. They had a weekly regular rota of the staff and times so they would know who was visiting them. One person said, "I do get different staff coming in, but new ones are always shadowed and introduced before they come." Another said, "They ask how I am feeling first of all and then we take things from there. They are most respectful and cheerful with me and see if I want to go out or not."

People knew who they should contact if they were concerned about their call time, or if any changes were needed. There was on-going dialogue and discussions with people through regular reviews of their needs so that the service could respond appropriately and timely.

People had detailed care plans of their assessed needs, which was written in a person centred way, comprehensive, well organised and up to date. People's gender, ethnicity, cultural and religious needs were recorded. People's sexual orientation was not recorded in the care plans we saw. The regional director told us that it was not company policy to ask people about this information although, if declared by the person, they would add it on the computer system where other secure information about people was recorded. People's preference for a male or female staff member to provide their care was recorded and respected. A family member said, "[Name] has both female and male staff. I don't think they have a preference; the only thing they like is staff who they know and that they don't change often."

People were aware of their care plan and said they and their relatives were involved in the development of it. Staff told us that the senior staff would let them know any changes to people's care by a telephone call and they would update the information once at the person's home.

The service met the Accessible Information Standard by ensuring people's sensory and communication needs were met. We saw that people had information in their preferred format such as in pictures/symbols and in large print so that they were fully informed of what the service offered and provided.

People's records were accurate, up to date and easy to read. They were stored securely and available to relevant people. People had a copy of their care arrangements in their own home.

No one at the service was receiving end of life care but the service had a process in place to ensure people had the best care they could. However, information in some people's files was not as robust as it could be in knowing their wishes. We were told by the regional director that a new procedure to enhance people's

experience of receiving end of life care was being implemented and we saw information relating to this. This included a specific end of life care plan which would identify key important factors and focus on ways in which the service could respond to their needs in a timely and sensitive way.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. People said they had no complaints about the service they received, however some said they had made a complaint in the past and it had been dealt with well. One person said, "I know the staff look after me right, I can talk to them and don't feel pressurised in any way. If I'm not happy, I complain by contacting the office. A relative told us, "Guardian Homecare and I communicate wonderfully to sort things out for my [relative]."

A record was kept of any complaints received, and complainants were provided with a formal response, setting out what action the service would take. The provider had apologised to people where they did not receive the service expected. The registered manager worked with the regional director to assess whether there were any trends they could identify or actions that would improve the service for everyone. Any actions from these incidents were included in the service's overall development plan.



Our findings

People thought the service was well managed and would recommend it to others. One person said, "I have been asked for feedback to give an accurate rating of Guardian Homecare services which has been no problem. The coordinators visit me at different times and reviews are booked once a year. Issues and queries are responded to efficiently, which is always a good thing. A family member said, "This service is run very well; every time I have a problem they deal with it as soon as possible. Timekeeping in the past was an issue but certainly, in the last few years it's improved.

The service had a registered manager and two field care supervisors who were supported by a regional director and administrative staff. Most people knew who the senior staff and the registered manager was and knew how to contact them should they need to.

There was a clear leadership structure in place and staff told us the registered manager and senior staff gave them good support and direction. The registered manager had clear values about the way care and support should be provided and was motivated and caring. They promoted a positive, open and inclusive culture which was centred on people who used the service and staff.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff valued the people they supported and were motivated to provide people with a high quality service.

The service held staff meetings and kept records for staff who could not attend and they were given a copy. The registered manager took the opportunity to refresh staff member's knowledge, values and behaviour. For example, we saw that there was a reminder about their 'No reply policy,' which meant that if the staff did not get a response from the person, they did not leave the premises until they knew the person was safe. We discussed the level of attendance with the registered manager and they said that staff had a lot of contact with senior staff through training, supervision, spot checks and visits to the office, which ensured they were not isolated in their work. Staff confirmed that they were well supported. One said, "The office staff are always there and deal with issues very quickly, I have got no problems there."

There was a clear governance structure in place where risks and regulatory requirements were effectively managed. A robust data management system ensured people's information was secure and kept confidential but staff had access to it when needed.

The quality assurance process focused on the way care was being provided. The registered manager undertook monthly audits of care plans and medicine management, undertook spot checks of staff competence to ensure they were working in agreed ways, and reviews of people's care including feedback about the quality of their service they received. Quality audits had been undertaken by the local authority and the results of these were positive.

People who used the service, relatives and professionals involved in people's care were asked to complete surveys about their experiences. We saw that the response was positive. Any information of concern or suggestions had been used to improve the service. One person said, "All round, very good staff." A family member said, "[Name] has a very good core team which gives them a good quality of life. As a family we are very happy with their care."

The management systems included reviews of incidents, accidents and compliments. The provider had in place a structure for senior management across the company to share best practice and focus on the impact and lessons learnt from serious case reviews. This was to ensure action was taken to prevent a recurrence and to share good practice with staff. The registered manager was aware of their responsibility to submit notifications to CQC of events, which involved any impact on people who used the service. Notifications had been submitted in a timely way.