Gable Healthcare services Limited

Gable Heathcare Services Limited

Inspection report

Edinburgh House
Corporation Street
Corby
Northamptonshire
NN17 1NG
Tel: 01536 267286
Website: www.gablehealthcare.co.uk

Date of inspection visit: To Be Confirmed
Date of publication: 13/08/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on the 27 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in when we visited. The service is registered to provide personal care to people in their own homes when they were unable to manage their own care. At the time of our inspection the service was providing care to three people.

There was a registered manager in post at the time of our inspection. 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.

Summary of findings

The provider's recruitment systems were not robust and this put people at risk of harm. Staff had training to meet people's individual needs and the skills to fulfil their roles and responsibilities. There was a stable staff team and there were enough staff available to meet peoples' needs.

Systems were in place to ensure people were protected from abuse; staff were aware of their responsibilities in raising any concerns about people's welfare. The registered manager was aware of their responsibilities and the processes relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Peoples' care was planned to ensure they received the individual support that they required to maintain their wellbeing. People were supported to access appropriate health care services and had access to appropriate equipment to meet their needs. People received support that maintained their privacy and dignity and when they required staff to support them with their medicines appropriate systems were in place.

People had confidence in the management of the service and in general there were systems in place to assess the quality of service provided. However improvements to the clinical leadership had only been made following the intervention by the funding authority.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

The required recruitment checks were not always carried out before staff started working in people's homes and this put people at risk of harm.

Risks were managed and promoted peoples' rights and freedom.

There were sufficient staff to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Requires improvement

Is the service effective?
The service was effective.

People received care from staff who had the knowledge and skills they

needed to carry out their roles and responsibilities effectively.

Staff sought consent from people before providing care; and

management were aware of the guidance and legislation required when people

lacked capacity to make specific decisions.

People were supported to eat and drink enough and were encouraged to maintain a varied and balanced diet.

People were supported to maintain their health and receive on-going healthcare support.

Good

Is the service caring?
The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

Peoples' privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain their independence and follow their interests.

People were able to maintain their equality and diversity.

Good

Summary of findings

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The management promoted a positive culture that was open and inclusive.

There was visible leadership at the location and in general quality assurance processes were in place; however improvements to the clinical leadership and staff training had only been made following the intervention of the quality monitoring team from the Nene Clinical Commissioning Group who funded the care provided. However the manager took the required action following feedback from health professionals and commissioners.

Gable Heathcare Services Limited

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 was 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 27 July 2015 and was announced. Before the inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted health and social care commissioners who help place and monitor the care of people who use the service and other authorities who may have information about the quality of the service. We also contacted Healthwatch Northampton which works to help local people get the best out of their local health and social care services.

During our inspection we spoke with two people in their own homes and we spoke with a third person over the telephone. We spoke with three of the care staff and the manager. We looked at the individual plans of care and other records relating to two people; we also reviewed two staff recruitment files, staff training records and management records such as quality assurance audits reports and satisfaction surveys.

Requires improvement

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when the staff visited to support them with their care and they told us staff ensured their property was secured when leaving their homes.

The staff recruitment systems were not robust and people were not always protected from the risk of harm associated with the appointment of new staff. Two of the staff files that we reviewed did not have appropriate Disclosure and Barring Service (DBS) clearances in place before staff started providing care to people in their own homes. One of the files contained the two required references; however these were from other healthcare providers that were not included in the persons application form. A further file contained only one reference.

This was a breach of Regulation 19: Fit and proper persons employed. Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3)

Staffing levels were maintained at safe levels and adjusted to ensure that the service was able to meet people's needs. Staff told us they had sufficient time to travel between visits and to provide the care that people needed, there was a stable staff team and sufficient staff to meet people's needs. People told us that they received the required number of visits and that the staff were generally on time; they also told us that they were informed about any delays due to unforeseen circumstances. One person said "They [the management] always let me know in advance if there are any changes to the staff team or unavoidable delays." People told us they knew the staff who provided their care because the management scheduled regular staff to provide care to individuals whenever possible. At times when their regular staff were on leave people were informed who would be attending to them.

Staff were aware of their roles and responsibilities in protecting people from harm and were able to raise their concerns with the manager. Staff received training in safeguarding and were aware of the types of abuse and the action they would take if they had any concerns. Records showed that when concerns had been raised appropriate action had been taken by the manager.

Peoples' individual plans of care contained basic risk assessments to reduce and manage the risks to people's safety; for example people had detailed movement and handling risk assessments which provided staff with instructions about how people were to be supported to change their position. Risk assessments were also in place to manage other risks such as the use of bedrails and the risk of falls.

People we spoke with told us they were involved in managing their own medicines and those who required support from staff told us they had sufficient supplies and received their medicines as prescribed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and their training records confirmed this.

Good

Is the service effective?

Our findings

People were provided with effective care and support. New people were assessed on referral to the service to enable the service to determine whether they were able to meet their needs and to put individual plans of care in place.

People were complementary about the staff that provided their care. One person said: "I am being very well looked after; I have regular carers that know how I need to be cared for." New staff received an induction training that provided them with the skills and knowledge to meet people's needs. All staff had received training in the areas needed to support the people they cared for. For example one member of staff said "We have all the usual training we need and have been trained to provide basic life support care in case of an emergency." Staff also told us that they received regular staff supervision from their line managers to ensure they were supported in their roles and in their development.

Effective communication systems were in place to ensure that staff were updated when people's needs changed; staff told us they were regularly updated and that they fed back any concerns that they had about peoples' well-being to the manager so that appropriate action could be taken such as referrals to the GP or other health professionals. Staff had good interpersonal skills and people told us that the staff communicated with them well.

Peoples' views were sought and their consent was obtained before care was provided and people had provided their consent for staff to support them to take their medicines when required. Staff told us they gained verbal consent from people when offering their assistance. During visits to people's homes we saw that staff gained consent to enter people's homes and involved them in decisions about their care.

The manager and staff were knowledgeable about the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). They told us systems were in place and staff had been trained however there had been no applications to the local authority for authorised DoLS because all of the people they supported had capacity to make their own decisions. When people had made informed decisions about their lives their decisions were well documented and respected by the staff.

People told us they selected their own food choices and in some cases staff supported them in the food preparation. Training records showed that staff had received training in food safety. People were encouraged to have an adequate intake of fluids during and in between visits. Where people required additional support to manage their nutrition they had access to a dietician, appropriate food supplements and accurate records were maintained.

People were supported to access health care services when needed. Any concerns about people's well-being were referred to the appropriate health care professional such as the GP, speech and language therapist or occupational therapist.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. All of the people we spoke with told us that staff were kind and considerate in their day to day care. For example one person said “My carers are really good, they are very kind, caring and respectful.”

People were listened to and their views were acted upon. During visits to people’s homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. During one visit we heard joyful laughter between both the person being cared for and the staff member indicating that their relationship was very positive. Correspondence from one of the relatives also demonstrated that the staff were caring, they commented” I am very impressed by the patient and caring attitude of the staff, it’s clear they make a positive difference to my relative’s life.”

People told us the manager was careful to ensure that people were cared for by regular staff that knew them and the way they liked to be cared for. One person said “I have a great team supporting me, the staff are brilliant.” People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing. People had access to aids and adaptations to support their independence and mobility. Peoples’ privacy and dignity was respected and people were referred to by their preferred names. Staff sought consent before entering people’s homes and personal care was provided in the privacy of people’s own rooms.

Staff gave us examples about how they sought people’s views in relation to their personal care; they also told us how people were encouraged to maintain their independence. Staff were knowledgeable about peoples’ individual needs and they spoke in a kind and caring way, with insight into peoples’ needs and the challenges they faced.

Good

Is the service responsive?

Our findings

People were able to direct their own care; for example they were supported to make decisions in relation to their medical care, treatment and medicines. All of the people we spoke with told us they were involved in the development and review of the individual plans of care. Individual plans of care contained information about people's life histories; their individual needs and detailed instruction to staff about how their care needs were to be met. People told us that they had been involved in the development and review of their individual plans of care and they knew what they contained.

People's preferences were well documented including their personal care routines and their preferred times of rising and retiring to bed. Care visits were planned according to people's needs and wishes. One person told us how the manager had adjusted the timing of the visits to fit in with their preferred routines. Another person told us that their visits were timed so that they could continue their regular employment.

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis of detailed individual plans of care developed specific to the person concerned and these contained information about their previous lifestyle so that their values, beliefs and interests could be supported. The individual plans of care contained detailed instruction to staff about people's individual personal care needs and how they were to be supported. People's daily records and charts demonstrated that staff provided the care to people as specified within their individual plans of care.

People told us they were happy with the service provided but they knew how to make a complaint if they needed to. One person said" I wouldn't put up with anything I was unhappy about; I would sort it out straight away." All of the people we spoke with told us they knew the manager and how to make a complaint and that they were confident that their concerns would be addressed. We reviewed the complaints file and saw that complaints were responded to appropriately and that the management had used the content of complaints to make improvements to the service.

Requires improvement

Is the service well-led?

Our findings

Quality assurance systems were not consistently robust for example the manager had not been proactive in ensuring that staff had access to the up to date policies and procedures they required. In addition improvements to the clinical leadership of the service, staff training in clinical care and staff recruitment practices had only been initiated following intervention during a recent quality monitoring visit by service commissioners. However the manager had responded appropriately once feedback had been provided.

The manager conducted spot checks to people in their own homes to ensure that they were being well cared for, people told us they knew who the manager was and how to make contact with them. A survey of peoples' views had been conducted and the responses indicated a good level of satisfaction with the service provided. Opportunities for improvements were followed up and implemented. The management had established a range of internal audits for example, audits of individual plans of care; medication records, visit logs, complaints, staff files and staff training.

The management fostered a positive culture where people were treated as individuals and were empowered to make choices. All of the people we spoke with told us they thought the service was well run. People told us they know the manager because they often visited them to make sure they were satisfied with the care received.

The service had a manager who provided people who used the service and the staff with stable management. Staff told us they had confidence in the management of the service and were supported by the management through regular supervision and when their advice was needed. Staff also told us they felt that people were well cared for and that they had the resources they required. One member of staff said "The manager is approachable, people get very good care and I am happy with how the service is being run."

The provider's aims and objectives were are defined within their 'Service user's guide' which states "The aim of Gable Healthcare Services is to actively help people to lead fulfilling lives within the limits of their abilities and wishes and to recognise and cater for those who do not wish to be active or socialise."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19: Fit and proper persons employed. Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3)** People who use services were not protected against the risks associated with the appointment of new staff because recruitment processes were not robust. Regulation 19 (1) (2) (3).