Gifted Care Services Limited

# Gifted Care Services Limited

## Inspection report

8 Gilpin Road
Hackney
London
E5 0HL

Tel: 02085333978

Date of inspection visit:
05 May 2016

Date of publication:
20 June 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

We inspected Gifted Care Services Limited on 5 May 2016, the inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

At our last inspection on 17 November 2015, we found the service required improvements against three of the five questions we ask about services: is the service safe, is the service effective and is the service responsive.

After the comprehensive inspection, the provider told us what they would do to meet legal requirements in relation to managing risks to people's safety and welfare, consent and person centred care. We carried out this inspection to check that they had followed their plan and to confirm that they now met legal requirements. During this inspection we found that improvements had been made.

Gifted Care Service Limited provides personal care and support for adults living in their own homes. At the time of the inspection there were three people using the service.

The service had a registered manager. 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.

The provider did not have good systems in place to ensure medicines were managed safely. One person's care plan did not record that medicines had been given. Staff had received the required medicines training.

People and their relatives told us they were satisfied with the consistency of the care staff and told us they stayed for the agreed length of time.

Risk assessments clearly identified control measures to minimise such risks and how staff would manage these. Risk assessments had been reviewed when there were changes to people's health care needs. Assessments were carried out to determine the safety of people's environment. Staff had completed training in managing risks.

Recruitment checks were carried out to assess the suitability of the staff employed by the service.

People using the service and their relatives told us they felt safe and secure. The safeguarding and whistleblowing polices required updating to reflect who staff would report to in the event of any concerns.

People were satisfied with the consistency of the care staff and told us they stayed for the agreed length of time

Staff had completed the required mandatory training and were supported with continuing professional development.

Staff had completed training and understood the Mental Capacity Act (MCA) 2005, and people's consent was sought in line with legislation and guidance.

Care plans included people's choices regarding their food preferences and hydration needs.

People and their relatives told us care workers were respectful, caring and they were treated with dignity when being supported in their homes. People spoke positively about the staff and told us they were involved in the decisions regarding their care.

People and their relatives told us that staff were attentive and caring and went beyond what was expected of them. People spoke positively about the staff and told us the same regular staff supported them in their homes.

Care plans were personalised and signed by people to show they had consented to the care they received. People told us their cultural and lifestyle needs were met by the service. Information was provided in a way that was accessible and appropriate to the needs of the people who used the service.

People and their relatives understood how to make a complaint and told us they felt able to raise any concerns if they arose.

Feedback was sought from people to obtain their views and comments to help improve the way the provider delivered care.

We found one breach of regulations relating to the safe management of medicines. You can see what action we asked the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

Not all aspects of the service were safe.

Although staff had completed the required mandatory medicines training, people's medicines were not always managed safely.

Policies and procedures required updating to keep staff informed of whom they should report to in the event of any concerns.

Staff understood how to manage risks and followed guidance recorded in people's risk assessments.

People told us they felt safe and secure. Relatives told us staff were consistent with their approach to the care and support they received.

Good recruitment systems were in place to ensure the suitability of care staff.

### Is the service effective?

**Good**

We found that action had been taken to improve the effectiveness of the service.

There was sufficiently trained staff to meet the needs of the people using the service.

People's consent was sought regarding their care in accordance with the Mental Capacity Act (MCA) 2005.

People told us they prepared their own foods. Care plans included people's nutritional preferences.

Health care professionals were involved in reviewing people's care needs.

### Is the service caring?

**Good**

The service was caring.

People told us staff were understanding and treated them with

dignity and respect.

People and their relatives reported they were supported to make informed decisions regarding their care and welfare.

Care plans were person centred and covered people's aspirations; hobbies and interests outside of the home.

## Is the service responsive?

Good

We found that action had been taken to improve aspects related to how responsive the service was.

People's care plans were personalised and took in account people's individual needs. People told us their cultural needs were met.

People told us they knew how to raise a complaint and felt confident their concerns would be actioned.

## Is the service well-led?

Good

The service was well-led.

Audits were carried out to continually evaluate the service and drive improvement.

Staff told us they felt supported by the provider and were able to speak with the registered manager if they had any concerns.

Feedback was sought by the provider to obtain people's views about the care and support provided to them.

# Gifted Care 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 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 conducted an announced inspection of Gifted Care Services Limited on 5 May 2016. We gave the provider 48 hours' notice of the inspection because the manager is sometimes out of the office supporting staff or visiting people in their homes. We needed to be sure that the key people were available to speak to. The inspection was carried out by one inspector.

This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 17 November 2015 had been made. We inspected the service against all five of the questions we ask about services: Is the service safe, effective, caring, responsive and well-led? This is because the service was not meeting some legal requirements.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available.

We checked information that the Care Quality Commission (CQC) held about the service which included the previous inspection reports and notifications sent to CQC by the provider before the inspection. The notifications provide us with information about changes to the service and any significant concerns reported by the provider.

People who used the service used direct payments to purchase their own personal care. We spoke with two people who used the service, one relative, four care staff, the accountant, the operations and contract manager and the registered manager. We looked at records relating to the management of the service. This included three care files, seven staff recruitment and training records, quality assurance audits, staff rotas and a selection of the provider's policies and procedures.

Requires Improvement

# Is the service safe?

## Our findings

People's medicines were not always managed safely. The registered manager told us they supported one person with their medicines and that the staff put the medicines in a container as a reminder to prompt the person to take their medicines. This was recorded in the daily care records, however there was no information in the care plan or medicines administration record (MAR) to describe the type, dosage or time that the medicines had been given. This meant the provider could not be assured that staff were safely supporting people to take their medicines.

This was not in line with accepted guidelines regarding medicines recording in a domiciliary care service. The Royal Pharmaceutical Society guidance, 'The Handling of Medicines in Social Care' states that, 'When care is provided in the person's own home, the care provider must accurately record the medicines that care staff have prompted the person to take, as well as the medicines care staff have given.'

The daily records that care workers completed during each visit did not provide a clear audit trail of support people received with their medicines.

We pointed this out to the registered manager who agreed this was an error and told us she would put a MAR in place and update the care plan to clarify the medicines that the person was being prompted with.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care staff had received the required mandatory training for supporting people with their medicines. Policies and procedures were in place regarding the safe handling of medicines and were up to date. People using the service and their relatives told us there had not been any reported concerns regarding their medicines since they began to use the service.

People told us they felt safe and supported when using the service. One person said "The service is excellent. The carer that we work with is very down to earth, very genuine and hard working. I feel very comfortable and secure."

The registered manager confirmed there had been no reported incidents or safeguarding concerns. We spoke with staff who told us they had attended training in safeguarding and were able to explain who to report concerns to if they were worried about a person's welfare. We looked at staff files that showed us all of the staff had completed safeguarding training and understood how to protect adults from abuse or neglect. Staff discussed the whistleblowing procedures and told us they would report any concerns to the registered manager but were unable to explain if they would report this to any external organisations. The safeguarding and whistleblowing policies did not show who staff would contact in the event of a concern being raised, such as the CQC, the local authority and other public organisations. The registered manager told us she would update the procedures with immediate effect.

At the previous inspection we found that risk assessments did not clearly detail risks and how staff would manage these.

At this inspection we found that improvements had been made.

Risk assessments were descriptive and there was guidance for staff to follow on how to reduce these risks. The assessments carried out included aspects of people's care such as shopping, cooking, finances, health and wellbeing, accessing facilities in the local community and best practice on the safe moving and handling techniques for people with mobility needs. In one care file we saw the person's needs had been assessed and showed that their support hours had been increased as a result of reviewing the risk.

Health and safety checks of people's homes had been completed these were called the 'workplace inspections'. Where risks had been identified, recommendations were recorded. For example, servicing of equipment or the use of protective clothing. Risk assessments were also in place for people to manage their own finances.

The registered manager and care workers had completed training on managing risk. They were able to describe the risks outlined in people's care plans and how they would minimise them in order to protect people using the service. The registered manager gave us an example of how she was currently advocating for a person to apply for a larger home due to overcrowding. This was clearly recorded in their risk assessment. This demonstrated staff had the correct information and understood the importance of managing risks and providing safe care when supporting people in their own homes.

People and their relatives told us there was enough staff to support people in their homes. One relative said "The carers have been working with [my family member] for a while, they know him/her so well and has had the same carer for months, that's very reassuring." A relative described how the care staff had worked with their family member for over a year and because of this was able to understand their needs and wishes. The rotas showed that people received their support from the same staff and when this was not possible, due to absence, the provider had provided a replacement care worker. We also viewed care records and saw that staff were arriving on time and staying for the agreed length of time with the people they supported. Where two care workers had attended the care calls they had both signed the daily care records. People and their relatives said they had no issues with care workers' time-keeping. One relative reported "I feel they always meet our needs. When a carer went on holiday they provided cover for two weeks."

The provider had good recruitment procedures in place to allow them to make safe recruitment decisions. We looked at five staff files which included application forms, medical questionnaires, proof of eligibility to work in the UK, identification checks and two references. We found references and identification checks had been verified to check that they were authentic. Care workers job descriptions and terms of employment were signed and dated. Disclosure and Barring Service (DBS) checks were completed for individual care workers and were up to date. DBS checks help employers decide if staff are suitable to work with adults.

Good

# Is the service effective?

## Our findings

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

At the previous inspection we found that people's rights may not have been protected as the provider did not have the effective polices and procedures in place in relation to the MCA 2005. Staff were not clear about their responsibilities regarding the Act to support people who lacked the mental capacity about specific issues.

At this inspection we found that improvements had been made.

We checked whether the service was working within the principles of the MCA. We found that where a person had lacked the capacity to make decisions a capacity assessment had been undertaken by the registered manager. The operations and contract manager showed us were she had sought additional information from the agency that had carried out the initial assessment of the person's needs but it was difficult to obtain. Records showed that the staff and the registered manager had completed MCA and Deprivation of Liberty (DoLS) training.

We spoke to a relative who said "They double check what my [family member] wants. They do not make decisions for him/her." The staff and the registered manager we spoke with had a good understanding of the principles of the Act and how they supported people to make decisions about their care and support. For example, one person was not able to communicate verbally so staff used hand gestures or positive body language such as eye contact and smiles. The relative reported, "It's difficult to communicate with my [family member], they [care workers] use hand gestures, they know what my [family member] wants."

Care staff had completed induction training including moving and handling, food hygiene, principles of care, role of the care worker, first aid, safeguarding, health and safety and food hygiene. The provider had a training room on site that held equipment to demonstrate how care staff should move and position people safely when required. Staff told us they were completing their training in health and social care and had attended supervision with the registered manager and this was recorded in their files. This meant that people were supported by staff that were sufficiently trained to carry out their roles. The registered manager told us she was in the process of completing appraisals for the care workers and the dates were scheduled in the provider's action plan. Staff told us they attended meetings with the registered manager as and when required.

Relatives and the people we spoke with explained they were able to prepare their own foods and drinks and did not require assistance. Although care workers did not support people to prepare foods, care plans

outlined and showed people's nutritional and cultural preferences. Care files showed if people liked red or white meat, halal foods, dairy products or liked sugar in their tea and gave instructions to care workers to ask people if they regularly defrosted their fridge.

People we spoke with told us they were supported by health and social care professionals to maintain good health. One relative discussed with us how the care worker helped their family member to make appointments with their GP. We looked at care files and found it was documented where people had allergies and contained detailed descriptions of people's diagnosis. Contact numbers of health and social care professionals who provided specialist support were recorded in people's care plans, including emergency numbers. We saw that people had attended appointments with health care professionals to review their health care needs.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed.

Good

# Is the service caring?

## Our findings

People and their relatives described the care workers as 'brilliant' and 'understanding'. Relatives also told us their family members were treated with respect. One relative said, "The carers are friendly; when they come they have a warm welcoming feeling. The carer has a good relationship with my [family member], they listen, they engage my [family member] and do not treat her like he/she is unintelligent."

The registered manager explained that the people they supported lived with their relatives and were involved in the assessment and reviewing of care plans at the request of the person's wishes. Care plans showed where relatives were involved in people's care and welfare. People's communication needs were recorded, advising care staff about their preferred methods of speaking and how they would like to be greeted. For example, one person who was non-verbal communicated by writing how they would like to be supported on an IPad (computer) and if they preferred to be called by their first name or another familiar name.

Care plans were person centred and covered people's aspirations, hobbies and interests outside of the home. People's lifestyle choices were documented as to how they liked to spend their time and social routines, such as visiting friends and the community groups they attended. The information enabled care staff to get to know people so that they could develop trusting relationships with the people they supported. One person praised the care worker and said "It takes a genuine understanding carer to know what we want."

People told us they were treated with dignity when receiving personal care and the care staff always made sure the doors were closed to maintain their privacy in the home. People discussed the importance of mutual respect. One person stated "They respect me and that is a two way thing. We must respect the carers too."

People's diversity, values and human rights were respected. We asked a care worker how they maintained people's rights to privacy, dignity and respect. They told us there were strict rules on confidentiality and that information could only be shared on a need to know basis.

Good

# Is the service responsive?

## Our findings

People their relatives told us they received care and support that was reflective of their needs. One relative said, "If most people had carers like we have, it might be a lot more easier", and another commented, "They help my [family member] with personal and domestic care, they really make a difference. I have no complaints."

At the previous inspection we found that people's individual needs were not fully recorded in the provider's assessments and did not document the level of support they required. We also found that the care plans were not signed by the people who used the service.

At this inspection we found that improvements had been made.

We found that the assessments gave comprehensive details about people's needs and recorded their level of independence and the support needed. The assessments were holistic and covered people's care needs such as mobility, communication, health, finances, nutrition, finances, interests, hobbies, marital status and sexual orientation. Clear guidelines were in place to explain where people could manage their care needs or required support, for example, with medicines or finances. One person had commented that their goal was to regain their strength by taking part in regular exercise, and this was recorded in their assessment.

Care plans were personalised and signed by people to show they had consented to the care they received, and there were planned outcomes of how care would be achieved. One person explained, "They respect my right to choose my own clothes that is important to me, it's the personal touch." We saw this was reflected in the person's care records that they were able to choose their own clothes. This showed us that people's choices were valued and acted on.

Care plans described people's interests and activities they attended in the community including, gardening, trips to shops, their favourite TV or radio programme, if they had any pets and how one person received regular pedicures from their relative. People's cultural and religious beliefs were recorded regarding their place of worship, the celebration of religious festivals and if they would like to be supported by male or female care workers. Staff told us they read the care plans before they assisted people and asked how they would like to be supported.

People and their relatives told us they were happy with the service and knew how to make a complaint if they had any concerns. People had received a service user guide with information about the service and outlined how to raise a complaint. The registered manager told us she had received no complaints since the previous inspection.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed.

Good

# Is the service well-led?

## Our findings

All of the people and relatives we talked to spoke positively about the care and support they received from the service. One person said, "I am really happy with the service."

The registered manager had completed a management level national vocational qualification in health and social care, and was qualified to deliver courses to care staff. The registered manager was supported by the operations and contract manager, and told us the provider had recently recruited two care coordinators; however they were unavailable during the inspection. The staff were very knowledgeable about the care they provided to people and spoke proudly about the care they delivered. Agency audit forms were completed and showed that the registered manager checked staff recruitment files, care plans, care records and timesheets.

Care staff had completed care workers questionnaires that asked for their feedback on the distance required to travel to people's homes, training, staff professionalism, and if they were happy with the service they worked for. The feedback was mainly positive. The registered manager told us they used the feedback to improve service delivery and as a result of the feedback had provided additional training that the care workers requested. Staff confirmed they would speak to the registered manager if they had any concerns and were satisfied with the support they received from the registered manager.

People told us that the registered manager contacted them frequently and conducted spot checks to see how care workers were supporting them and if they were satisfied with the care the service provided. Service user feedback forms were sent to people to obtain their views and give their opinions on the overall support they received. All the responses were positive. One person said "We received an evaluation to check on how we are, everything is great."

The provider told us she did not receive the PIR due to technical difficulties and would contact the CQC to ascertain if they had the correct email information. The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make. We told the provider she must ensure all future PIRs are submitted to us before the required deadlines.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations 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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>How the regulation was not being met:<br><br>Care and treatment was not always provided in a safe way for service users as the registered person did not ensure the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (g) |