

Gevic Care Agency Limited

# Gevic Care Agency

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Gevic Care Agency is a domiciliary care service which provides personal care to people living in their own homes. CQC only inspects where people receive support with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were three people receiving personal care.

### People's experience of using this service and what we found

People were not protected from the risk of harm as risks were not always identified or mitigated. The risks associated with people's health care needs had not been assessed. Moving and handling tasks had not been assessed. Staff did not carry out COVID-19 tests according to current government guidelines. People's medicines were not always administered safely. Staff were not recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; However, formal systems were not in place to assess people's mental capacity.

Communication needs were not assessed. People had not been consulted about their end of life wishes. People told us they received care that met their needs and preferences, but care plans did not contain adequate detail about these.

The service was not always well managed. There was a lack of formal audits and quality assurance checks to identify issues with the safety and quality of the service.

Despite the issues we found people and their family members were all positive about the caring nature of the staff. People told us they were always treated with dignity and respect. Staff were positive about the support they received to fulfil their role.

### Rating at last inspection

This service was registered with us on 11 April 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection to provide a rating.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breaches in relation to managing risks, medicines, safe recruitment, consent to care and good governance. We have made a recommendation about producing information in accessible formats.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Gevic Care Agency

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of Inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We attempted to start inspection activity on 29 March 2022 but despite giving notice there were no staff at the office to facilitate the inspection.

#### What we did before the inspection

We reviewed information we had received about the service to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We made calls to two people and/or their relatives on 30 March 2022 and visited the office on 6 April 2022. During the inspection we spoke with the registered manager and the admin manager. We reviewed a range

of records including care and support plans for three people. We looked at records of recruitment, training and supervision for four members of staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We got feedback from three care workers about their role.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not protected from the risk of harm and we identified several risks that had not been assessed or mitigated by the provider. The risks to people and staff from hazards in their living environment and the risk of harm from fire had not been assessed. We raised this with the registered manager, and they improved their risk assessment process to include all risks related to people's home environment, where the care is delivered, including the risk of fire.
- The risk of skin breakdown had not been assessed for people with increased risk factors such as age, mobility, continence needs and medical conditions. One person was at increased risk of skin breakdown in their hand due to a medical condition. The registered manager told us they instructed staff to apply petroleum jelly to the person's hand to reduce the risk. This risk of skin breakdown had not been recorded in the care plan and there were no instructions in place to ensure staff knew how to mitigate the risks.
- The provider had not carried out moving and handling assessments for the people who needed to be transferred with the use of a hoist. Care plans did not contain information on the model or maintenance history of moving and handling equipment being used to ensure it was safe to use. One person's restricted environment meant staff were unable to safely use the hoist to transfer them from their bed as directed in the care plan. There was no information about this in their care plan to ensure staff were aware of the risks. We raised this with the provider and they have made improvements to their risk assessments to consider all risks to people's health and safety.

The failure to have an effective system in place to identify and mitigate risks to people's health and wellbeing was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives of people told us their family member received safe care. Comments from people included, "I think they keep [my relative safe]" and "I am sure they do everything properly."

### Using medicines safely

- People's medicines were not managed safely. All the care plans we reviewed said that staff did not administer people's medicines as they were managed by the person or their relatives. However, one person's daily logs showed staff had administered their medicines on several occasions. This practice was confirmed by the member of staff who told us, "Yes, I only give them when the family member is too busy." This meant the medicine administration was being carried by staff out without adequate assessment of the risks and no recording.
- Staff received training in the administration of medicines, however, their competency had not been

assessed in line with best practice guidance. We raised this with the provider, and they have provided assurance that all medicine administration will stop unless guidelines in care plans are reviewed and staff competency in this area is assessed.

The failure to ensure people received their medicines safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Preventing and controlling infection

- The provider was not preventing and controlling infections. Staff were not carrying out twice weekly COVID-19 tests according to current government guidelines. The registered manager was not aware of the government guidelines when we spoke with them and there was no evidence that staff had been instructed to carry out any regular COVID-19 tests. We raised this with the provider and they have provided assurance that all staff are now carrying out regular COVID-19 tests in line with current guidelines.

The failure to assess, monitor and mitigate the risks relating to infection control and adhere to current guidance was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to appropriate personal protective equipment (PPE) to prevent the spread of infection. People told us staff observed safe hygiene practices and wore appropriate PPE when carrying out care and support. One person told us, "They wear mask and gloves, aprons and shoe covers."
- Staff told us the registered manager often spoke with them about their infection prevention and control (IPC) responsibilities and they had enough PPE to carry out their role.

#### Staffing and recruitment

- The provider did not follow safe recruitment processes to ensure staff were suitable to work with people with health and social care needs. References obtained prior to employment did not provide satisfactory evidence of conduct in, or reason for leaving, previous roles working with children or vulnerable adults.
- The provider also did not obtain a full employment history when recruiting staff. This meant there was a risk that staff were not suitable for their roles. We raised these issues with the provider, and they have reviewed their processes and addressed the issues we identified with recruitment files.

The failure to ensure safe recruitment practices was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider conducted Disclosure and Barring Service (DBS) checks before new staff started working. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- People received their care visits as planned with sufficient staff. We received comments such as, "The staff are always on time. No problems."

#### Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding were in place and staff received relevant training. Staff showed a good understanding of whistleblowing and safeguarding procedures. They knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. One member of staff told us, "If I saw something that wasn't right, I would report it to my manager straight away. If it wasn't dealt with, I would raise it with social services or CQC."
- The provider was aware of their responsibility to report safeguarding concerns to the local authority and



CQC. At the time of the inspection no safeguarding concerns had been raised.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was not adhering to MCA guidelines. Mental capacity assessments were not carried out when the provider had cause to suspect people did not have capacity to consent to their care. All care plans we reviewed had been signed by people's relatives on their behalf. The registered manager told us one person could not sign to indicate they consented to their care due to poor mobility in their hand. However, this explanation had not been recorded. The registered manager told us the other people had not signed as they lacked capacity, however the provider had not carried out capacity assessments to document this.

The failure to ensure the principles of the MCA were followed was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support

- Assessments of people's needs, and choices was not always done in line with current standards. Care plans contained information about people's medical conditions, however, there was a lack of information about how these conditions affected them. For example, one person's care plan said they had a history of urinary tract infections (UTI). However, there was no information for staff on what signs and symptoms to look out for or what action to take if they suspected the person might have an UTI.
- Another person's care plan stated they had recently been admitted to hospital due to low blood sugar (hypoglycaemia). Their care plan did not contain any information about this condition or any advice on what action staff should take if the person's blood sugar became low. We discussed these issues with the registered manager, and they have reviewed the care plans and added additional information to support understanding of these health conditions.

Staff working with other agencies to provide consistent, effective, timely care

- The provider did not have effective systems to support working with other agencies. Care plans did not contain sufficient information when other professionals were involved in delivering care. For example, the registered manager told us that one person was receiving care from a second carer who attended care visits at the same time to support personal care. The person's care plan did not contain any information about the other carer or explain roles and responsibilities. There was also no information about what to do if there were issues or concerns.

Staff support: induction, training, skills, and experience

- Staff received induction and training to ensure they were equipped to carry out their role.
- Staff told us they were given ongoing support. One member of staff told us, "The manager is very good she gives us training and regular supervision."

Supporting people to eat and drink enough to maintain a balanced diet

- Assessments and care plans lacked information about people's nutritional needs including preferred foods and drinks.
- Despite the lack of information in the care plan people told us they were happy with the way they were supported to prepare food and drinks. One relative told us, "I prepare all the food and let the carers know what they need to do if I am not here."
- Staff told us how they ensured people had access to adequate food and drinks. One member of staff said, "I always make sure I take note of food and items running low."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were not always supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity, and independence

- People were not always treated with dignity and respect as care plans contained undignified language. One person's care plan stated they 'can become vicious' during personal care. There was no information in the care plan about what staff could do to alleviate the person's anxiety and distress during personal care. We raised this with the registered manager and they have reviewed the care plans to ensure the language is respectful.
- People's independence was not promoted as care plans did not contain any information on what people could do for themselves or any guidance to ensure staff helped people develop/and or maintain daily living skills.
- Despite these shortfalls staff understood how to promote people's privacy and dignity when delivering care. We received comments such as, "Part of being respectful is making sure you keep information about people confidential" and "During personal care I protect people's dignity by making sure that the door is closed and the window is also covered."

Supporting people to express their views and be involved in making decisions about their care

- Care plans lacked detail about people's backgrounds, personal interests and hobbies which would help staff have a broad understanding of the person.
- People and their representatives were involved in the planning of their care. One relative told us, "We were consulted asked what we wanted at the beginning."
- Staff told us how they supported people to express their views and choices when providing care. "We always respect people's choices and ask them how they want to do things" and "I listen to people and always try to support them according to their wishes."

Ensuring people are well treated and supported; equality and diversity

- People told us they received a kind and caring service. People and their relatives spoke positively about the care and support. Positive comments from people included, "I think they are kind and caring" and "So far they are brilliant."
- People were supported by regular care workers who knew them well. Comments from people included, "Most of time it is regular staff. If there is going to be a change the [registered] manager will let us know."

# Is the service responsive?

## Our findings

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's relatives told us they were involved in the development of their care plan, which met their family member's needs. Despite this involvement we found some care plans did not contain sufficient detail regarding people's routines, and preferences related to personal care support. Although people's relatives told us care staff knew their needs well, the lack of detail meant there was a risk people would not get care that met their personal preferences. We discussed this with the registered manager, and they reviewed the care plans and made improvements.
- Despite the lack of information staff told us how they got to know people's preferences and choices. One member of staff told us, "The way to know what is important to people is to talk to them and get to know them."
- Care plans did not contain any information about people's cultural or religious needs or protected characteristics.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider did not understand their responsibilities to follow the Accessible Information Standard. People's communication needs were not assessed, and care plans contained insufficient information about people's communication preferences.
- At the time of the inspection the provider had not produced information for or about people in accessible formats.

We recommend the provider seeks advice from a reputable source about meeting the accessible information standard.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which stipulated how they should respond and inform people what action they would take to investigate concerns raised.
- People told us they had not had any cause to complain but they knew what to do if they were unhappy about any aspect of their care. We received comments such as "I have no complaints. I would complain to the [registered] manager if there were any issues."

End of life care and support

- The service was not providing end of life care and support at the time of our inspection. People had not

been consulted about whether they had any end of life preferences. We raised this with the provider, and they have adapted their processes to ensure people are consulted about their end of life needs and preferences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not have effective systems in place to monitor the safety and quality of the service as there were no formal audits or quality assurance checks. This meant the issues we found with care plans, risk assessments, consent to care, medicine administration, recruitment files and the lack of adherence to COVID-19 guidelines had not been identified by the provider.
- The provider did not ensure sufficient oversight and governance of the service at all times. The registered manager had been unwell and unable to attend work for several weeks; however, they had not made suitable arrangements for the management of the service in their absence.
- The provider had plans to improve the service, such as electronic care records and an electronic call monitoring system but as these had not yet been put in place we were unable to assess their effectiveness.

The failure to assess, monitor and improve the quality and safety of the service effectively was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- Due to the small size of the service there was limited evidence of working in partnership with other professionals. Where other professionals were involved there was a lack of clear information in place. The registered manager told us they would work with other health and social care professionals as needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people receiving care. People were asked to complete satisfaction surveys on a regular basis to give feedback on the care they received. Satisfaction surveys showed people were satisfied with the care and support. Comments included, "We are very happy with the care given to our [family member]."
- The registered manager arranged staff meetings to give staff the opportunity to discuss the service. One member of staff told us, "We have meetings to discuss what's going on. It's useful to get together."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their responsibility to be open and honest and gave people all the

relevant information when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were happy with the support they received from the organisation. We received comments such as, "Everything is ok. I feel very supported" and "Yes the manager is approachable and helpful."
- Despite the issues we found relatives of people receiving care were satisfied with the care and the management of the service. We received comments such as, "I would recommend the agency. They come on time and they do the work properly" and "The registered manager is very helpful. She gets things done."



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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not able to demonstrate that they followed the principles of the MCA when people lacked capacity to give consent to care.</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated.</p> <p>Systems for the proper and safe management of medicines were not operated effectively.</p> <p>The arrangements in place to mitigate the risk of infections such as COVID-19 were not robust.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not establish and operate safe recruitment procedures as they had not gathered sufficient information about candidates before they were employed.</p> <p>Regulation 19 (2) (3)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service effectively.</p> <p>The provider had failed to ensure people received a consistently safe and good service.</p> <p>Regulation 17 (1) (2)</p>

### **The enforcement action we took:**

Warning Notice