

Guardian Homecare UK Ltd

Guardian Homecare (Preston)

Inspection report

Unit 11-12, South Preston Office Village
Cuerden Way, Bamber Bridge
Preston
Lancashire
PR5 6BL

Tel: 01772754440

Website: www.guardianhomecare.org.uk

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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

About the service: Guardian Homecare (Preston) is a Domiciliary Care service. At the time of the inspection 538 people were in receipt of care in their own homes, 34 people in extra care housing as well as 155 as part of short-term care and support packages.

People's experience of using this service: People told us they felt safe. Staff understood how to deal with any allegations of abuse. Systems were in place to record and act on any concerns. Risks were managed safely. Incidents and accidents were investigated and good evidence of the actions taken to ensure lessons learned was seen. Staff were recruited appropriately whilst most people raise no concerns in relation to their visits, some felt staff were rushed and they were not always made aware when the staff changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Relevant consent had been recorded in people's records. People received support from health and social care professionals. The feedback about the skills of the staff team was on the whole positive. New staff received an induction on commencement to their role.

People were positive about their care and said they were treated with dignity and respect. Records confirmed people's choices were considered and most people said they had been involved in decisions about their care. Care plans had been developed and these reflected people's individual needs. The branch manager told us summary printouts were held in each person's home, however this was not consistently the case. The management team confirmed they would ensure all people had a summary printout of their needs in their home. Technology was used to good effect.

Complaints were managed appropriately, records were held that confirmed the outcomes of the concerns. People told us what they would do if they had any concerns.

The service was well managed. All grades of staff understood their roles and responsibilities and feedback about the management team was positive. Some feedback was that feedback had been sought from the service how not all people confirmed they had completed a survey. Audits were undertaken in the service and at senior level. These confirmed monitoring and observation of the service was ongoing.

Rating at last inspection: This was the first ratings since the service registered on 10 May 2018.

Why we inspected: This was a scheduled inspection.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Guardian Homecare (Preston)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of six adult social care inspectors, two of these visited the service, one visited people in their own homes and three undertook telephone calls to the staff team and people who used the service. We were also supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 visit to ensure the registered manager was available and to ensure all of the information would be available to us. The inspection site visit activity started on 1 May 2019 and ended on 7 May 2019. We visited the office location on 1 and 7 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

We undertook telephone calls to people who used the service, relatives and staff on 1 May 2019 and visited people in their own homes on 2 May 2019.

What we did: Prior to the inspection we looked at all of the information we held about the service. This included any safeguarding investigations, feedback compliments or complaints and statutory notifications the provider is required to send to us by law. We also checked the information in the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

To understand the experiences of people using the service we spoke with 29 people and three relatives via telephone calls, as well as eight people who we visited in their home. We also sought feedback from ten professionals. We spoke with fifteen staff members and received feedback from emails sent to staff members, these included care staff, office staff, two branch managers, the quality assurance manager and the registered manager who took overall responsibility for the service. We checked a number of records. These included six care files, five staff files, information relating to safeguarding investigations, complaints and feedback as well as documents relating to the operation and oversight of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to demonstrate allegations of abuse were investigated appropriately. Records included the actions taken to prevent any future risks. Policies and guidance were available to support the procedure for acting on any allegations of abuse. The service had local safeguarding procedures to ensure allegations were dealt with appropriately.
- Staff demonstrated their knowledge of the signs of abuse and the actions to take if they had any concerns. They told us, "If I thought abuse was taking place I would report to the office immediately." People told us they felt safe whilst receiving care from the staff team. They told us, "The best carers [staff] I could have; they are obliging and also have a good laugh" and "Safe care and staff have the skills for the job."

Assessing risk, safety monitoring and management

- The service demonstrated safe processes that ensured relevant risk assessments had been developed. Individual risk assessments included information about how to support people's risks and the measures to reduce these. Environmental risk assessments included information to support the safe delivery of care and the safety of the staff team. The service provided information about individual specific alerts on the hand-held electronic devices to advise staff of any concerns to consider at people's homes.
- Incidents and accidents were reported, investigated and acted upon appropriately. Records included information about how to manage any future risk. Policies and guidance was available. The service had recently developed an electronic system that identified words in care records that indicated a potential concern. This supported timely action by the senior team to act on any concerns.

Learning lessons when things go wrong

- Good systems had been developed that supported lessons learned to reduce future risks. Where investigations had been completed outcomes and information was recorded. Provider level reviews took place; these promoted the development of training materials and guidance for the staff team to access.

Preventing and controlling infection

- Safe infection control practices was supported. Relevant policies and guidance was available and staff had received infection prevention training. Hand hygiene guidance was on display in the office. Personal protective equipment was available for staff to protect people from infection. We saw staff obtaining supplies during the inspection.

Staffing and recruitment

- Sufficient numbers of staff were employed that ensured people received the support they required. Visits were allocated on the computerised system. On the whole people told us they were happy with the allocation of the staff team and that staff arrived on time and stayed for the correct time period. One said

the, "Length of visit supports my needs." However, some said, "Sometimes carers are later than the planned call" and "The times of the visits are not too bad, they may run late, but generally if this happens they ring me on my mobile to let me know." One person said they were not always informed of a staff change and other feedback was that sometimes staff were, "Rushed."

- Staff were recruited safely to ensure only suitable staff were employed. Relevant checks had been completed.

Using medicines safely

- Medicines were managed safely. People told us they were happy with how their medicines were provided. They said, "Staff help in a morning with my medicines my medication is given safely." However, one person raised some concerns relating to the timings of their administration for a family member.

- Staff told us and records confirmed they had undertaken medication training and competency checks that ensured they had the skills to administer medicines safely. Where medicine errors had occurred, staff demonstrated what actions they would take. Records of investigations into medicine concerns were completed and included measures to reduce future risks.

- Electronic records were completed by the staff team that confirmed medicines were administered safely to people. The system enabled monitoring of administration and where gaps were seen these were raised immediately to the senior team. Where we saw two gaps in the medicine records the management immediately commenced an investigation.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service ensured assessments for people's individual needs had taken place that supported the effective delivery of care. Where people were supported as part of the short-term care service information about their needs was provided by the local authority which supported future assessments.
- The service had a range of guidance, information and policies that supported staff in ensuring people received appropriate and timely care to meet their individual needs. A range of information leaflets had been developed on specific conditions and how to recognise and manage these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were provided with timely support from relevant health and care professionals as they needed it. Evidence of partnership working to provide effective care was seen. People we spoke with confirmed relevant professionals were involved in their care.

Staff support: induction, training, skills and experience

- Staff received training to ensure they were skilled in the delivery of care. Records confirmed staff training had been completed and staff we spoke with confirmed training was provided. They said, "Our training is completed online every year. I have also completed independent training in specific fields." However, some feedback was that online training was basic and more in-depth training would be beneficial.
- People told us, "The girls are ok", "Spot on, really good" and "The staff have the right skills, are caring, and show respect and dignity." A detailed induction programme was provided for new staff members and we saw induction training taking place during our inspection.
- Most staff told us and records confirmed supervisions were being undertaken regularly as well as annual appraisals that provided support to staff.

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

- People told us that staff supported them effectively with their nutritional needs, where it was required, Good practice guidance and training was available to the staff team about various medical conditions.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Systems were in place that ensured staff understood the principles of the MCA. Staff training had been completed and guidance had been developed that supported staff knowledge and skills to ensure people were not being deprived of their liberty unlawfully. Where required capacity assessments had been completed.

- People told us staff asked permission before undertaking any care or activity. They said, "They ask for permission before doing anything, and respect wishes." Records confirmed people's consent had been obtained for their care delivery.

Adapting service, design, decoration to meet people's needs

- The service was managed out of a purpose built office close to local amenities and public transport. Staff were seen making use of the building and its facilities during the inspection.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care, were treated with respect and their diverse needs were considered. Positive comments were received about the care people received. People said, "The carers are safe, dignified and respectful" and "They ask for permission before doing anything and respect wishes." However, one person told us they felt their relative required more visits to meet their needs.
- Records contained information about people's needs, their likes and how to support their individual and diverse needs.
- The service had developed a system to ensure care support was tailored around gender choice. Policies and procedures were available to support meeting people's equal and diverse needs.

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

- People were supported to express their views and make decisions about their care. Care records included information about people's choices and decisions. People we spoke with confirmed they had been involved in decisions about their care. One comment was, "All my needs are being met and everybody is looking after me" and "I am involved in the decision making." However, one person told us that they had not always been included in discussions about their care.
- Care records had information about how to support people's communication needs. Materials such as large print, braille and audio guides were available for people where alternative forms of communication aids were required.
- Policies and guidance was available to guide staff about advocacy services. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. People and relatives told us people who used the service were consistently treated with respect and their dignity was maintained. Comments included, "They are like a part of the family. They promote privacy and dignity" and "Always treat with dignity and respect."
- Records were stored on the hand-held device that were securely accessed with a password system by the staff team. The branch manager told us people and relatives could access the care received through the system using a password. This supported the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans had been developed to support the delivery of care to people. Care records were developed and reviewed on the electronic systems. Feedback was mixed about the electronic system. One relative told us of the benefits of instant access to information about the care provided to their family member. However, one person said they felt the staff had to focus on this and, "That this took time away from caring for them."
- Records included people's individual needs, risks and the care provided at each visit by the staff team. All but one person we spoke with confirmed they had been involved in their development. Staff told us, "Care plans are vital so that you know exactly what you are walking into when you visit a client for the first time" and "The importance of the care plan is to identify the person's individual specific care and needs to be carried out." The management team told us a summary print out of people's needs was provided in people's homes however some people told us these were not available in their home.
- Technology was being used in the service. All staff were provided with hand-held devices that provided information about the people they supported and provided updates in relation to the service. Computer systems were used in the office to develop visit rotas, access training, policies and guidance as well as monitoring the operation of the service.

End of life care and support

- Care records included information relating to 'do not attempt cardio pulmonary resuscitation' that demonstrated people's end of life care needs were considered. Policies and guidance was available and staff had undertaken relevant training to support staff in the delivery of end of life care where required.

Improving care quality in response to complaints or concerns

- The provider had systems to act and deal with complaints appropriately. Systems were in place for recording complaints and a detailed policy had been developed to ensure staff had information about how to deal with any concerns. Records included a log of the concerns and the information linked to the investigation. Staff confirmed how they would report any concerns. People told us they would raise any concerns with the office or staff team. Where concerns had been raised in the past they told us these had been dealt with to their satisfaction.
- The service had received positive feedback. People told us, "What have I got to complain about. It is the little things that they do that make a real difference." Examples of feedback in the service included, "The staff of Guardian Homecare are truly amazing. They bring regular periods of respite for [relative] in her suffering. Your staff provide, without exception the two greatest gifts of all: dignity and compassion. I am struggling to find words to express my gratitude for your remarkable team."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others

- The service worked well with relevant health and social care professionals to support positive health outcomes for people. Relevant referrals had been made to professionals where required and care packages were developed and provided to people according their needs in all areas of the service delivery.

Continuous learning and improving care

- Systems had been developed to promote continuous learning and improving care. Branch visit records were seen which included some evidence of audits undertaken. Corporate operations guidance had been developed for monitoring of a variety of areas. The registered manager was complimentary about the senior team and confirmed they had visited the service.

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

- The service engaged with people and their views were considered. Evidence that questionnaires had been completed by people and relatives. The results of these had been reviewed and an action plan had been developed to ensure findings were acted upon to improve services for people. Not all people were able to confirm that they had received a survey. However, others said they had completed them. One said, "I have recently received a questionnaire and completed it."

- Records confirmed team meetings were being undertaken regularly, Records included the date of these, attendees and the topics discussed. The management team told us minutes form meetings were sent to the staff team. Most staff we spoke with told us team meetings were held. The management team told us they had recently commenced weekly 'Team talks' to discuss various relevant topics with the staff.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service ensured audits and monitoring was in place. Audits were being completed on a range of areas. Details included the findings from the audits along with some of the actions taken as a result of the findings. The registered manager confirmed that all actions had been completed and would ensure all records reflected the findings in the future.

- Up to date corporate polices and guidance were available to guide staff in the delivery of care to people as well as the operation and oversight of the service. The branch manager told us that they had plans to enable staff to access these via the hand-held devices.

- All members of the team were supportive of the inspection process and requests for information was provided promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was run by a knowledgeable registered manager and management team. It was clear all staff understood their roles and responsibilities well. The registered manager and branch managers understood the operation and oversight of the service.
- People we spoke with and staff were complimentary about the management team at the service. Most comments were about immediate management teams. People told us the registered manager was supportive. One person said, "[Registered manager] is a good manager, we are able to voice opinions and she listens."