

Guardian Homecare UK Ltd

# Guardian Homecare Brixham

## Inspection report

2 Drew Street  
Brixham  
TQ5 9JU

Tel: 01803853198  
Website: [www.guardianhomecare.org.uk](http://www.guardianhomecare.org.uk)

Date of inspection visit:  
29 April 2019  
08 May 2019

Date of publication:  
31 May 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Guardian Home Care Brixham is a domiciliary care agency that was providing personal care to people in their homes in Brixham, Paignton, Torquay and Exeter. At the time of our inspection 208 people were using the service.

People's experience of using this service:

Some care plans did not contain enough detail for staff to know how to deliver care effectively and consistently. Where people lacked capacity to make decisions about their care and support, the care plan did not contain evidence to show decisions had been made in the person's best interests. Despite the lack of information in care plans, the majority of people told us staff knew them and met their needs on each visit.

At the time of our inspection, the manager had been in post for three weeks. The manager and senior management were already aware of the issues we identified. They knew what needed to be done to improve the service and had started work on this.

People felt safe and comfortable when staff visited them in their home. People were kept safe as potential risks had been assessed and managed.

There were enough staff to complete the planned visits. People were treated with kindness and compassion by staff. One person said, "The carers that come and see me are highly dedicated professionals, who care, do the job properly, and communicate with me".

People's needs were met by staff who had received regular training and support. People were treated with respect.

People were involved in making decisions about their care and supported to maintain their independence.

People and their relatives were asked for their views about the service. The most recent feedback results showed the majority of people were happy with the service they were receiving.

People and staff told us the service was improving and was well managed. People said, "The manager is very nice and takes notice of me, it's been so much better this year" and "The manager is extremely wonderful, goes out of her way." A staff member said, "I'm the most settled I've been in a long time".

We found two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to need for consent and good governance. Details of action we have asked the provider to take can be found at the end of the full report.

More information is in the full report.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was a planned inspection based on the date of registration.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as part of our re-inspection programme. If we have any concerns, we may inspect sooner.

## 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 not always effective

Details are in our Effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

### 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 always well-led

Details are in our Well-Led findings below.

Requires Improvement 

# Guardian Homecare Brixham

## **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:

One adult social care inspector, two assistant inspectors, and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience's area of expertise was working in health and social care and providing care to a family member.

#### Service and service type:

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

Not everyone using Guardian Home Care Brixham receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The registered manager left in December 2018. The service did not have a manager registered with the Care Quality Commission. The manager had been in post for three weeks and was in the process of submitting their application to the CQC. 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 because we needed to be sure that the manager would be in.

Inspection site visit activity started on 29 April 2019 and ended on 8 May 2019. We visited the office location on 29 April and 8 May 2019 to see the manager and office staff; meet with care staff, and to review care records and policies and procedures. We carried out phone calls to people and their relatives on 1, 2, and 3 May 2019. We carried out home visits to people on 1 May 2019.

What we did:

When planning our inspection, we looked at information we held about the service. This included notifications about significant incidents which the provider is required to inform us about by law. The provider had submitted a Provider Information Return (PIR). This is a form that asks to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 25 people and four relatives by telephone. We also visited three people in their own homes. We spoke with the director of quality and governance, the manager, two co-ordinators, the administrator, and four care staff.

We looked at seven people's care records, three staff recruitment files and other records relating to the management of the service including quality assurance.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable when staff visited them in their home.
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks.
- Electronic call monitoring was in place which produced alerts if visits were not made as planned.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- There were enough staff to complete the planned visits. There had been no missed visits.
- Staff told us they usually had enough time at visits and between visits.
- Some people had not been told when there were changes to staff members or visit times. The manager told us there had recently been high levels of staff sickness and there had not been time to contact people. The manager told us they had introduced a new 'return to work' procedure and as a result sickness levels had dropped.
- The provider was able to use the electronic monitoring system to check staff attended visits at the required time and stayed for the required time. Where people had raised issues relating to the timings of visits with us, we were able to follow these up and resolve them with the manager.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- Most people managed their own medicines. Where staff assisted people with their medicines, this was done safely. Electronic medicine administration records (MARs) were completed at each visit. If a medicine was not administered, this would be alerted on the system.
- Where there were changes to people's medicines, this could be amended quickly on the system.
- Senior staff carried out observations of staff administering medicines to ensure safe practice.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training and were provided with personal protective equipment such as gloves and aprons.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored so trends could be identified.
- Any serious incidents went to the organisation's board, so they could review these and learn from them.
- Issues identified within the organisation were shared across each service for learning purposes. For example, it was found a restrictive practice was being used to keep people safe without full consideration of consent. Following this, the organisation reviewed practice, policies and carried out risk assessments.



# 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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People's needs were not always fully assessed. For example, one person had been given two additional care visits each day, two weeks before our inspection. The care plan had not been reviewed and there was no information available for staff to follow at these visits. This meant the person's needs were not being fully met.
- The manager told us they would check there were no other blank visit records.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments of people's capacity to make decisions about their care and support were not always clear. For example, where one person lacked capacity to make decisions, the care plan stated they had made advanced decisions but there was no further information.
- Where one person lacked capacity to make decisions about their care, the care plan did not contain evidence to show decisions had been made in the person's best interests. The person's family and friends had not been included in such decisions.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were aware of the MCA and knew to always ask for people's consent.
- People had signed their care records to show they consented to their care and support, when they had the capacity to make this decision. Care workers obtained people's consent before providing care.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs and understood their medical conditions. However, one person said there were one or two care staff who were not so good and several people said they had to tell a few staff what to do.
- Staff told us they had the skills and knowledge to meet people's needs effectively. One staff member said "It's brilliant, I love it. We have training face to face and I've got training on my phone for tomorrow. We've had all the training." When new staff started work, they shadowed more experienced staff to learn about people's needs.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us staff listened to people's requests and prepared what they would like to eat or drink. Staff knew people's food and drink preferences.
- Staff knew to contact the office if they had any concerns in relation to eating and drinking.

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

- People were supported to maintain good health and had access to external healthcare support as necessary. For example, a staff member was concerned about one person's health during a home visit. They contacted the office and asked for the district nurse to attend.

# 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

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

Ensuring people are well treated and supported

- People were treated with kindness, respect and compassion by staff. People said, "The carers that come and see me are highly dedicated professionals, who care, do the job properly, and communicate with me" and "Usually extremely cheerful and keep my spirits up".
- Staff visited people regularly and knew them well. One person told us "Some days I can't do stuff and they know when they walk in whether I'm poorly or not. They encourage me and get me going."
- Staff enjoyed their work and spoke about people with compassion. One staff member said "I love doing care work. It's about making a difference."

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

- People were encouraged to express their views. People described how they had met with staff at the start of their care package to arrange their care plan and routine.
- Relatives told us they had a good relationship with staff. Staff recognised when they needed support.
- Several people told us there was a staff member they did not get on with. The manager excluded the staff, so they would not go to these people again.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- Peoples' privacy and dignity was considered and upheld by staff. Staff closed people's curtains and doors before providing personal care.
- Peoples independence was respected and promoted.
- One person told us how their regular staff had been supportive and respectful. They explained they had been able to discuss a personal issue with the staff and they had helped by just listening.
- Staff received training in equality and diversity. People's cultural and spiritual needs were respected.

# Is the service responsive?

## Our findings

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

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

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

- Some care plans did not contain enough detail for staff to know how to deliver care effectively and consistently.
- Care plans had recently been transferred onto an electronic system. Staff had a list of daily tasks the person needed support with rather than how they would like to be supported. There was some information in relation to people's food and drink preferences.
- Despite the lack of information in care plans, the majority of people told us staff met their needs on each visit. Staff had a good knowledge of the people they regularly visited and knew how people liked to receive their care and support.
- The manager told us they were aware the electronic care plans needed additional detail and staff were going to work through each care plan.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was aware of the Accessible Information Standard (AIS). Staff identified people's information and communication needs by assessing them. People's communication needs were identified and recorded in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, documents were available in large print.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the manager would take action to address any concerns.
- One person told us they had not been happy with the response when they had raised concerns in the past. The manager told us they would speak with this person to ensure they felt able to raise any concerns in the future.

End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care.
- Staff were trained in end of life care and could support people to stay in their homes.

# 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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. A recent audit had identified issues we found during the inspection. However, monitoring systems had not identified the lack of care plan for one person, Care plans were not always accurate and complete. In addition, where people lacked capacity to make decisions about their care and support, the care plan did not contain evidence to show decisions had been made in the person's best interests.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Several different managers have been responsible for the service since it's registration with us.
- At the time of our inspection, the manager had been in post for three weeks, although they had previously worked for the provider in a different role. They were in the process of submitting their application to register as manager with the CQC.
- The manager was aware of the issues we identified. They knew what needed to be done to improve the service and had started work on this.
- The manager was supported by a regional manager, senior care staff, care staff and a team of co-ordinators and administrative support. Each staff member knew their responsibilities and there were clear lines of accountability.
- The provider had identified there was a need for additional training in how to use the new computer system to ensure records were fully completed. Staff were due to complete this training at the end of May 2019.

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

- People and staff told us the service was improving and was well managed. Comments included "The manager is very nice and takes notice of me, it's been so much better this year" and "The manager is extremely wonderful, goes out of her way."
- Staff told us they felt listened to and enjoyed working at the service. Comments from staff included, "I'm

the most settled I've been in a long time" and "(Manager's name) is lovely, she always finds time for us."

- The provider was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

- People and their relatives were asked for their views about the agency via satisfaction surveys, phone calls and home visits. The most recent feedback results showed the majority of people were happy with the service they were receiving. Where issues had been identified, action plans had been put in place. New electronic reporting systems gave live information on how well the service was doing.
- The provider had introduced GEM (goes the extra mile) awards for staff. People had nominated staff who supported them, and staff were made aware of the feedback. One staff member commented "I feel honoured to receive this gem award."

Continuous learning and improving care; Working in partnership with others

- The manager and staff were committed to improving care where possible. Senior staff had attended care forums and kept up-to-date with national developments in the care sector.
- Staff had developed effective working relationships with other professionals and agencies involved in people's care.

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      | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Where a person lacked mental capacity to make an informed decision, staff were not acting in accordance with the Mental Capacity Act 2005.<br>Regulation 11 (1) |
| Regulated activity | Regulation   |
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>People's records were not complete, accurate and up to date. Monitoring systems were not fully effective.<br>Regulation 17 (2) (c) (f)                           |