

Gilder Care Limited







Gilder Care Ltd

Inspection report

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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		

Overall summary

Gilder Care provides care for people in their own homes. The service can provide care for adults of all ages. It can assist older people, people who live with dementia and people who have a physical disability. At the time of our inspection the service was providing care for 42 people most of whom were older people. The service has its office in Grantham. It covers Grantham and villages within 10 miles of the town.

Background checks had not always been completed before new staff had been appointed. Staff knew how to

recognise and report any concerns so that people were kept safe from abuse. There were enough staff to complete all of the planned visits, people were helped to avoid having accidents and they were assisted to safely use medicines.

Staff knew how to care for people in the right way and they had received all of the training and support they needed. People had been supported to eat and drink enough and to access any healthcare services they needed.

Summary of findings

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This law is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, promoted people's dignity and respected confidential information.

People had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been

consulted about the care they wanted to receive. Staff had offered people the opportunity to maintain their independence and to pursue their interests. There were arrangements in place to quickly and fairly resolve complaints.

Regular quality checks had been completed and people had been consulted about the development of the service. The service was run in an open and relaxed way, there was good team work and staff were enabled to speak out if they had any concerns about poor practice. People had benefited from examples of staff acting upon good practice guidance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Background checks had not always been completed before new staff had been employed.

Staff knew how to recognise and report any concerns in order to keep people safe from abuse and people had been helped to stay safe by avoiding accidents.

Staffing arrangements enabled people to be reliably provided with the care they needed including people who needed to be assisted to use medicines safely.

Requires improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills they needed and had received training and support.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

The registered manager and staff were following the MCA.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to make choices about their lives including pursuing their interests and hobbies.

There were arrangements in place to quickly and fairly resolve complaints.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Quality checks had ensured that people received all of the care they needed.

People had been invited to contribute to the development of the service.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from examples of staff acting upon good practice guidance.

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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 registered person was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Before our inspection visit to the service we reviewed notifications of incidents that the registered manager had sent us since the last inspection. In addition, we contacted local health and social care agencies who pay for some people to use the service. We did this to obtain their views about how well the service was meeting people's needs.

We also spoke by telephone with nine people who used the service and with five of their relatives. In addition, we spoke by telephone with five members of staff who provided care for people.

We visited the administrative office of the service on 2 February 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered manager was given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection. During the inspection visit we spoke with the registered manager and the assistant manager. In addition, we spoke with one of the care coordinators who was responsible for organising staff and supervising their work. We also examined records relating to how the service was run including visit times, staffing, training and health and safety.

Is the service safe?

Our findings

We examined the background checks that the registered manager had completed before two members of staff had been appointed. Records showed that a number of checks had been undertaken. These included checks with the Disclosure and Barring Service to show that the staff in question did not have criminal convictions and had not been guilty of professional misconduct. However, we noted that other checks had not been completed including obtaining references from relevant previous employers. This shortfall had reduced the registered persons' ability to ensure that these staff could demonstrate their previous good conduct and were suitable people to be employed in the service. The registered manager said that no concerns had been raised about the conduct of the staff in question since their appointment. In addition, the registered manager said that the background checks which had been completed for all other staff would immediately be audited so that any further oversights could be addressed.

People said that they felt safe when in the company of staff. A person said, "I am very pleased to see the staff when they call because it's comforting when they're around." Relatives were reassured that their family members were safe. One of them said, "I can assure you that my family member would tell me straight away if they had any concerns with the staff who help them at home and they've never once had a bad word to say about them."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We saw that the registered person had taken appropriate action when there had been concerns that someone might be at risk of harm. For example, the registered manager had alerted the local authority when staff had raised concerns about how well a person was being supported by

a member of their family. This action had enabled the local authority to establish if any further steps needed to be taken to protect the person from the risk of experiencing care that was not safe.

We examined a selection of records that showed how two people had been invoiced for the care they had received. We found that the invoices were accurate and suitably protected people from the risk of being overcharged. This helped to safeguard them from the risk of financial abuse.

Records showed that staff had identified possible risks to each person's safety and had taken action in consultation with health and social care professionals to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken action to reduce the risk of people having accidents. For example, staff had helped to ensure that people had been provided with equipment to help prevent them having falls. This included people benefiting from special hoists, walking frames and raised toilet seats. Records showed that when accidents and near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, staff had noted that a person with reduced mobility needed to be provided with special equipment to enable them to move about safely. We saw that the registered manager had worked with the person's relatives and with health and social care professionals to ensure that the necessary equipment was provided as quickly as possible.

Records showed that staff had received training and support to enable them to assist people to use medicines as intended by their doctors. People said and records confirmed that staff had provided the assistance people needed to take their medicines at the right time and in the right way. A person said, "Staff help me with my tablets so I don't get in a muddle and they even notice if I'm running short and need to ask for some more medicine."

We found that there were enough staff to reliably complete all of the visits that had been planned. These staff were organised into two small teams and each person was allocated a number of visits to complete at particular times each day. Records showed that on nearly all occasions these visits had been undertaken at the right times so that people were reassured that their care was going to be provided in line with their expectations. A person said, "It's very good really. The staff do turn up on time on most days

Is the service safe?

which is an achievement given the traffic. If they're a bit late on the odd day they'll be a good reason for it." Another person said, "You can set your clock by them." A relative said, "I think in general the service is pretty reliable and I've never known a visit to be missed."

Is the service effective?

Our findings

The registered manager said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. We also noted that established staff had been provided with the refresher training in key subjects such as fire safety and first aid. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. For example, staff told us how they assisted people who needed to be helped using a hoist. We noted that they suitably described how to safely use the equipment including occasions when two staff needed to work together in order to correctly deliver the assistance in question. Other examples involved staff having the knowledge and skills they needed to help people keep their skin healthy, promote their continence and to achieve good standards of hygiene so as to reduce the risk of them acquiring infections. A person said, “I’ve got to know the staff who come to see me really well and they know how I like things done. They give me all the help I need and that’s fine.”

The 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.

The registered manager and staff were following the MCA. We found that staff had supported people to make important decisions for themselves. They had consulted with people who used the service, explained information to them and sought their informed consent. For example, people who used the service told us that staff had explained to them why they needed to carefully use

medicines in the manner prescribed by their doctor. Another example, involved the way that staff had gently encouraged people to make the right decisions to enable them to keep warm by dressing appropriately and by heating their homes adequately.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals and relatives to help ensure that decisions were taken in people’s best interests. For example, these decisions had involved whether it was safe for someone to continue to live at home even with the support they received from the service. A relative said, “I’ve been contacted several times by Gilder Care when there’s been something I need to be asked about. They spoke to me about whether my family member needed to have some changes made in the kitchen so that there was less risk of them having an accident.”

We noted that when necessary people had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. This included staff preparing and serving food for people who might otherwise have not been provided with a hot meal. We also noted that staff kept a record of what some people had eaten and drunk during each visit so that they could respond quickly if any significant changes were noted. A relative said, “I think that helping my family member have regular meals and drinks is really important. If it wasn’t for the staff calling I’m not sure that my family member would always have enough to eat and drink because I can’t be there all of the time.”

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person’s health was causing concern. A relative said, “The staff have told me if they’re concerned about how my family member is doing and they’ve asked me whether we need to call for the doctor. It’s not part of their job but they do it in any-case because they care and I think that’s good.”

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided by the service. A person said, “It’s usually the same staff who call to see me and I genuinely look forward to seeing them. They’re kind and helpful.” Another person said, “I chose Gilder Care because it’s quite small and other people recommended it to me as being caring. I would pass on that recommendation as I agree.”

People said they were treated with respect and with kindness. A person said, “The staff are the right people for the job because they want to help and go above and beyond. They do little extras like get me a bit of shopping in or post a letter for me.” Another person said, “My care worker thinks nothing of staying a bit longer if I need something extra done for me and I really appreciate how caring they are.”

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person’s care so that they could coordinate and complement each other’s contribution. A relative said, “My family member’s care worker has got in touch with me several times about this and that. For example, they noticed that my family member’s kettle wasn’t switching off quite right and so I replaced it. I might not have noticed this if the staff hadn’t have pointed it out.”

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local

advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff recognised the importance of not intruding into people’s private space. When people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people’s wishes while ensuring that people were safe and secure in their homes. For example, staff knew how to obtain the keys to some people’s homes if they preferred not to answer their door bell.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. For example, staff said that they never used social media applications for these conversations because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely in the service’s computer system. This system was password protected and so could only be accessed by authorised staff.

Is the service responsive?

Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to meet with a senior member of staff to review the care they received to make sure that it continued to meet their needs and wishes. A person said, “One of the senior staff calls round to see me now and then and they ask me if I’m still satisfied with the service, which I am.”

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive in their care plans. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person said, “I have my own way of doing things, my own routine and the staff know me and we rub along together. They don’t try to take over things.” We examined records of the tasks four different staff had completed during 15 recent visits to three people. We found that the people concerned had been given all the practical assistance they had agreed to receive.

Staff were confident that they could support people who lived with dementia and had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, a relative described how they had observed staff to be able to respond effectively to their family member when they showed discomfort that indicated that they wanted to be assisted to use the bathroom. In addition, staff knew how to effectively support people who could become distressed. For

example, a member of staff described how when a person became upset they reassured them by sitting quietly together, giving the person a cup of tea and chatting about everyday subjects.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they had put this into action. For example, we noted that staff respected a person’s religious beliefs about how they wished to be addressed. In addition, we found that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

Staff had supported people to pursue their interests and hobbies. For example, people had been supported to go shopping. Other examples involved staff rearranging the times of visits so that people could attend events such as social clubs and family gatherings.

People who used the service and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered person aimed to address any issues brought to their attention. In addition, the registered person had an internal management procedure that was intended to ensure that complaints could be resolved quickly and effectively. Records showed that in the 12 months preceding our inspection the registered manager had received one complaint. We noted that the registered manager had promptly investigated and taken practical action to resolve the concern. This involved providing two members of staff with additional guidance and support after they had not given a person all of the care that they had asked to receive.

Is the service well-led?

Our findings

Records showed that the registered manager and senior staff had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included making sure that support was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed. These measures included completing 'spot checks' at people's homes so that staff could be observed when providing care for people. A person speaking about these checks said, "I think they're a good idea because the management see how things really are. I don't have a problem at all with my care worker but if there was a problem these unannounced checks would probably help to sort it out."

People who used the service said that they were asked for their views about the care they received as part of the everyday conversations they had with staff. For example, a person told us that the times of some of their visits had been altered after they had remarked on the matter to their care worker. They said that the member of staff had then spoken with the registered manager who had then made the necessary change. In addition, we noted that all of the people who used the service had been invited to complete an annual quality assurance questionnaire to give their views about how the service could be further improved. Records showed that people had expressed a high level of satisfaction with the service in the most recent questionnaire responses.

People said that they knew who the registered manager was and that they were helpful. We noted that the registered manager knew about important parts of the care people were receiving. They also knew about points of detail such as which members of staff were allocated to complete particular visits. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. We noted that during the evenings, nights and weekends there was always a senior colleague on call if staff needed advice. Staff told us that they always read the records kept in each person's home. These described the care that had been provided and noted any changes which needed to be made. They said that this arrangement helped to ensure that they provided flexible support that responded to people's current needs. In addition, we noted that all staff were invited to attend regular staff meetings. Records showed that these meetings were used as an opportunity for staff to discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and senior staff. They were confident that they could speak to these senior colleagues if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager had provided the leadership necessary to enable people who used the service to benefit from staff acting upon good practice guidance. For example, the assistant manager had regularly attended a regional meeting at which external speakers gave advice about recent developments in how to reliably deliver care to people living at home. We noted that this guidance had resulted in new and improved arrangements to pay staff when they travelled between people's homes. We were told that this had helped the service to retain staff so that people experienced greater continuity in the staff who called to care for them in their homes.