

Gill Healthcare Limited

Gill Healthcare Keighley

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?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Gill Healthcare Keighley is a domiciliary care agency providing personal care to people in their own homes.

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

The registered manager was also the provider of Gill Healthcare Keighley. Some improvements were needed to make sure the service was managed effectively. The registered manager needed to improve their understanding of safeguarding procedures, issues in relation to the mental capacity act and their responsibilities in relation to meeting their regulatory requirements by informing the Care Quality Commission of notifiable incidents.

The service was only providing support to one person and only employed two staff at the time of our inspection. This meant the registered manager had a full overview of the support they were providing and matters in relation to staffing. The manager was aware of the need to develop a system for auditing the quality and safety of the service to maintain this overview as the business grew.

Previous and current feedback about the service demonstrated people felt safe. Risk assessments were in place but some needed development to make sure staff all the information they needed to support people safely. Staff knew what to do and who to contact if they thought someone was at risk. The service was not supporting anyone with medicines, but staff had received the training they needed to do this safely.

People's needs were assessed prior to a package of care being agreed and staff worked with other healthcare professionals to make sure people's needs were met. An external training provider was used, and staff felt the training they had received was appropriate to their work. We were concerned the training programme may not be robust, and the registered manager took steps immediately to source alternative training from a nationally recognised training provider.

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; the policies and systems in the service this practice.

Staff knew about the principles of the Mental Capacity Act. They supported people to make decisions about their care and recognised people's right to refuse or make changes to the care they received.

Care records demonstrated a caring approach. Staff spoke about maintaining people's privacy and dignity. This was echoed by a relative who praised the caring and respectful approach of staff.

Care was planned and delivered with a person-centred approach. The registered manager said that documentation could be produced in alternative formats or languages to meet people's needs. Staff had been trained in supporting people at the end of their lives and a relative said this care was delivered with dignity.

The registered manager had addressed complaints but recognised the need to make sure documentation in relation to managing complaints needed to be improved.

The registered manager sought feedback from people who used the service, relatives and staff to review and improve the service.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was due in relation to the date of registration and prompted by a review of the information we held about this service.

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 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 ●

Gill Healthcare Keighley

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector and 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 houses and flats.

Registered Manager

A registered manager is a person who has registered with the Care Quality Commission to manage the service. At the time of our inspection the registered manager was also the provider of Gill Healthcare Keighley. This means that they 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information 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.

We used information gathered as part of monitoring activity that took place on 17 March 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with a relative about their experience of the care provided. We spoke with three members of staff including the registered manager who is also the provider. We reviewed a range of records. This included one person's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested some documentation to be sent for us to review remotely.

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 of 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures had not always been followed. The registered manager had addressed and immediately resolved an allegation made by a person's family member but had not recognised the need for a safeguarding referral. They had taken learning from this and demonstrated an improved understanding of their responsibilities.
- Safeguarding policies and procedures were in place and staff were provided with copies at the start of their employment. Updated policies were available to staff through an on-line quality compliance system.
- Staff understood their responsibilities in making sure people were safe. They knew who to contact if they had concerns and said they would not hesitate to contact the local authority safeguarding team if they felt it necessary.

Assessing risk, safety monitoring and management

- Individual risk assessments were completed prior to the start of service provision. However, a risk assessment in relation to moving and handling lacked the detail needed to make sure staff knew what to do to ensure the person's safety. The risk assessment indicated which tasks the person needed support with but did not detail how staff should provide the support.
- Environmental risk assessments were detailed and completed as part of the initial assessment process. This made sure the provider was assured that care and support could be delivered in a safe environment.
- A relative of a person using the service told us their relative was "100% safe."

Staffing and recruitment

- At the time of the inspection there were only two staff employed. They provided the majority of care and support to the person using the service. The registered manager and staff from another of the provider's services were available to provide support as needed.
- A relative told us they had some initial issues with visit times, but these had been quickly resolved by the registered manager. They said they very much appreciated their ability to keep a 'fluid rota' with staff, which meant they could let staff know when their relative was alert enough for a visit and staff would respond quickly.
- Safe recruitment processes were in place to ensure staff were suitable to work with vulnerable people.

Using medicines safely

- The service was not supporting anyone with medicines at the time of the inspection.
- Medicines policies and procedures were in place and staff had received training in managing medicines.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- A relative of a person using the service told us, "Staff all look smart and all wear gloves, masks and aprons all the time."

Learning lessons when things go wrong

- The registered manager told us they used feedback from people using the service and involved professionals to learn lessons. For example, following initial feedback at the inspection the registered manager recognised the need for improvements in complaints management.

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 did not always achieve good outcomes or 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 MCA 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 registered manager told us they had completed training in MCA and had developed their own mental capacity assessment. However, they were not able to demonstrate confidence in their understanding of MCA and deprivation of liberty and felt they would benefit from additional training which they arranged following the inspection visit.
- Staff knew about the principles of the MCA and people's rights to make decisions about their care. A relative confirmed staff always asked their family member what they wanted them to do.

Staff support: induction, training, skills and experience

- Staff followed an induction programme based on the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We were concerned the version of the Care Certificate being used meant staff were completing on-line training in over thirty different areas within a week. We discussed this with the registered manager who immediately contacted a recognised training provider to source a more robust programme.
- Practical training in areas such as moving and handling was provided. Staff felt confident the training they received supported them to do their jobs properly. They said additional training was sourced for them as needed. Staff said they received regular supervision sessions with their manager and had annual appraisals.

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

- People's needs were assessed by the registered manager prior to service agreeing to provide care. This was to make sure staff had the skills needed to meet the person's assessed needs.
- A care plan was developed with the person, or where appropriate, their family, based on the initial assessment.

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

- At the time of the inspection staff were not supporting anybody with eating and drinking but had received training in this.

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

- Staff said people's care documentation included a list of health and care professionals involved in their care. They described how they would contact the appropriate professional as the need arose.
- One member of staff told us how they observed the district nurses to learn from them and therefore be able to support their work when providing care.

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 Good. This meant 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; Supporting people to express their views and be involved in making decisions about their care

- A relative we spoke with described the care provided to the family member as "Beautiful."

They gave examples of what they described as the "Attentiveness of the care" provided, which they described as "Personalised and friendly" that enhanced their family members feeling of wellbeing.

- Records made by staff of visits to people demonstrated a caring approach.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about the importance of making sure people's privacy and dignity needs were met and records confirmed this approach.

- A relative told us, "Every single time they come into the bedroom they close the curtains and doors will be closed. They treat the whole family well."

Is the service responsive?

Our findings

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

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

- Care plans were developed with the person and, where appropriate, their relative. Staff said care plans were reviewed as people's needs changed to make sure they reflected current and changing needs.
- Care plans were wholly person centred and gave clear information about the support the person would need on each visit and what was important to them.
- Care files included information about the person, their family and friends and their history. Information like this is helpful to staff in getting to know the person they are supporting.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The registered manager said they were able to provide documentation to people, if required, in their first language. They said as they grow the business, they would aim to employ a multicultural workforce with varied language skills to try to provide staff who can speak with people in their first language.
- A relative told us about how staff communicate with their family member. They said, "It's the time they take to try and understand (them). It's the way they speak gently to (them)."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was not providing social support to anyone at the time of the inspection. A relative told us staff always interacted with their family member whilst providing care.

Improving care quality in response to complaints or concerns

- Complaints were not always managed appropriately. The registered manager had taken action to address complaints but had not demonstrated a robust approach in making sure procedure was followed in making sure all complaints were thoroughly investigated and appropriate documentation put in place. They identified this as an area needing improvement and, following the inspection visit, provided documentation in relation to how they planned to address this.
- A relative told us about raising an issue with the registered manager they said the manager "Responded

quickly" and said, "We put in a plan to make sure it didn't happen again."

- Staff said they would always report any concerns people expressed to them to the registered manager.

End of life care and support

- Staff said they had received training in supporting people at the end of their lives. They spoke about working with other healthcare professionals to make sure people received the support they needed.
- A relative told us, "I would recommend them because of the personable care they offer to people at the least dignified period of their life."

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 Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: 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: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

Continuous learning and improving care

- The registered manager was not fully able to demonstrate a robust understanding of their regulatory requirements. The registered manager was not confident about when they needed to inform CQC of events that happened in the service as required by regulation. They identified this as a self-learning point.
- At the time of the inspection quality assurance systems were being developed. The registered manager had oversight of the business but understood that as it grew it was important to have robust systems in place to provide an overview of the quality and safety of the service.
- A relative we spoke with gave examples of the person-centred care their family member received and staff described a person-centred approach to the support they provided.
- There was a registered manager in post who was also the provider of the service. Staff said the manager provided good levels of leadership and support.
- A relative we spoke with said the service was well-led and did not have any ideas of how the service could be improved. They said, "(The manager) is a phenomenon – I can always get her".

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

- People's views were sought to support continuous development and improvement of the service.
- The registered manager made record of calls they made to people using the service or, where appropriate, their relatives, to check if they were satisfied with the support they were receiving. During the calls people were asked for any suggestions they might have to improve the service.
- Staff said the registered manager sought their feedback about the service and encouraged them to share any ideas they might have for improving the service.

Working in partnership with others

- The registered manager and staff worked effectively in partnership with others.
- The registered manager gave examples of joining meetings with health and social care professionals involved in the care of people who used the service.
- Following feedback from the relative of a person who used the service, the registered manager had liaised with the local Clinical Commissioning Group (CCG) to secure funding for additional support for a person

receiving end of life care.