Giles Care Ltd

Giles Care Limited

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

The inspection took place on 14 December 2016 and was announced.

Giles Care Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the agency was providing a service to 10 people. The agency provides social support to a further 12 people. Visits varied in length and frequency depending on people's individual needs.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run.
The registered manager had an understanding of the day to day running of the service and knew people well. The registered manager did not have systems in place to ensure that the service was compliant with regulations and had not audited the quality of the service they provided

The provider had not notified the Care Quality Commission (CQC) that the office address of the service and contact telephone numbers had changed. Providers are required to inform CQC of any changes. The provider started the process to make the changes once it was brought to their attention.

People told us that they felt safe using the service, however, people were not always fully protected from harm. Staff had not been recruited safely, new staff had not completed an application form and references had not always been obtained.

Risks were not always managed safely. Care plans did not contain details of how to support people to be safe and had limited information on how to reduce risk. Staff were responsive to people's needs but care plans did not contain up to date information on people's health care needs, or how staff should support the person.

Staff told us that they received training that was appropriate for their roles. The provider did not have an accurate record of training that staff had attended and future training needs had not been identified. New staff had not received core training, such as safeguarding, mental capacity and moving and handling, as part of their induction programme.

Staff told us that they were supported by management, however, staff had not received regular one to one supervisions or an annual appraisal to highlight their development needs. The registered manager did not have systems in place to audit and monitor the quality of care being provided and identify any shortfalls.

People were supported by staff who knew them well, people told us that staff respected their decisions and preferences when giving support. Staff asked people's consent before providing support. People were

prompted and supported to take their medicines safely to maintain good health.

People told us that the staff had not missed any calls and they were on time, if staff were going to be late they would telephone. The provider was unable to tell us how many hours of support the staff provided, so the provider was unable to confirm that there were sufficient staff available to meet people's needs and whether staff had the capacity to take on any new people.

The service had policies and procedures for complaints, people knew how to raise complaints with staff, these had been dealt with promptly, and recorded. Staff understood how to raise safeguarding concerns and staff had access to up to date guidance.

We observed a warm relationship between staff and the people they supported, they appeared comfortable in each other's company. Staff knew people well, we observed staff recognising and responding to people's anxieties.

Staff supported people to remain independent. People were supported to access health care appointments, to remain as healthy as possible. People were supported to shop and staff ensured people bought enough food to maintain a healthy diet.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff were not recruited safely. Not all the required checks had been completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Detailed guidance about how to manage risk and people's health care needs was not available.

Staff knew how to keep people safe and identify signs of abuse.

The staff prompted and supported people with their medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some staff had not received training to meet people's needs.

Staff had not received regular one to one supervisions or appraisals.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff respected people's decisions.

People were supported to maintain a healthy diet.

People were supported to have regular health care checks and attend appointments.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people.

People were treated with dignity and respect.

People were supported to be independent.

Staff knew people well.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Support plans did not contain detailed information about the person and their needs.

Support plans were reviewed, but were not updated to reflect people's changing health care needs.

The provider had a complaints procedure in place to resolve any concerns people may have.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider did not have systems in place to check the standard of the service provided.

The provider had not sought feedback from stakeholders.

The registered manager visited people using the service.

Staff were clear about their roles and responsibilities

Giles Care Limited

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 provider is 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.

This inspection took place 14 December 2016 and was announced.

The provider was given 24 hours' notice because the location provides domiciliary care service; we needed to be sure that someone would be in the office. The inspection was carried out by two inspectors.

The registered manager had completed a Provider Information Return (PIR) in October 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

We visited and spoke with two people in their homes. We were invited to meet people at a local restaurant so we met and spoke with seven people and five staff there.

We spoke with the registered manager. We looked at a range of records including three care plans, three staff recruitment files, training and supervision records, quality assurance records and audits. We received feedback from two healthcare professionals after the inspection.

The previous inspection was carried out in December 2013, there were no concerns noted.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with said they felt safe and they trusted the staff when they were in their homes.

Although people told us that they felt safe, we found examples of unsafe practices in the recruitment of staff and risk management, this put people at risk.

Staff were not recruited safely. The provider had policies and procedures in place to recruit new staff but these were not followed. All relevant safety checks had not been completed before staff started working with people.

There had been two staff recruited within the last year. We looked at their staff files, there was no application form or references present. The provider was unable to provide these documents and one staff member confirmed that they had not completed an application form before starting to work for the agency. The provider had not obtained information relevant to the person's character, trustworthiness and employment history. In one file there was no proof of identity for that person. Both of these staff members were working alone with people.

The Disclosure and Barring Service (DBS) check should be completed before a person starts to work with people in vulnerable circumstances. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with those who use care and support services. The disclosure cannot be transferred from one employer to another and must be at the enhanced level. For one staff member the disclosure had been transferred from the person's previous employer and the second staff member had a standard disclosure rather than the required enhanced disclosure.

The provider had failed to operate effective recruitment procedures to make sure the relevant checks had been made to ensure staff were suitable to work with people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Risks relating to people's care and support had not always been adequately assessed or managed. Staff were not given detailed guidance on how to mitigate risks when providing care and support.

Some people were at risk from health conditions including diabetes and epilepsy and other risks including self-neglect or isolation. The risks associated with these conditions had not been assessed. There was no guidance for staff about how to reduce the risks to people including the signs of unstable blood sugar levels, the signs of a seizure and what to do.

Some people were at risk because they were vulnerable or they could get anxious or angry. Again, there was a lack of assessment and guidance for staff to manage these risks.

When we spoke with staff about how they managed these risks they were clear about what they should do. Staff described examples of when they noticed a person was at risk and acted to keep them safe. We were

satisfied risks to people were managed but without clear assessments and guidance there was a risk that people might not be as safe as possible.

The provider had failed to assess risks to people and do all that was practicable to mitigate any such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us that there were enough staff, that calls to them were not missed and staff were rarely late. People said they received the support they wanted at the time they wanted. The staff worked in teams that supported people in geographical areas so that travel was kept to a minimum. The staff worked a set duty rota and they covered sickness and annual leave between them, we were shown a rota to confirm this. The staff team was small and some staff had been working for the agency for up to ten years so they knew people and each other well. Staff told us they worked well as a team and that they supported regular people so their rota did not change from week to week. They said this allowed them to get to know people well and people told us they preferred to know who would be coming to support them. One person said "The staff are always on time, in fact, (staff member) was one minute early the other day!"

Staff were trained to recognise and respond to abuse. The staff we spoke with knew about different types and the signs of abuse and knew who to report any concerns to. The provider had policies and procedures that staff could refer to if they were not sure about something, for example the policy noted that staff could not accept gifts and staff were aware of this.

The registered manager had a good understanding of her responsibilities to safeguard people and knew where to go for any advice and support.

People's money was safeguarded and people were supported to have control over their money and to pay their bills so they did not get into debt. One person told us that they were glad of the support from staff to pay their bills as this had previously worried them. Some people requested the service to look after their money; staff were able access money to support people to buy their shopping. The records kept by the registered manager were not accurate; there was more money available to the individuals than recorded. The record sheets did not record any change that was brought back to the office by staff, therefore, there had been an accumulation of money that had not been recorded.

Staff prompted people to take their medicines from a tray prepared by a pharmacist. Staff supported people to order and collect their medicines, if the person wanted them to. One person told us they were happy with the support they had with their medicines.

Requires Improvement

Is the service effective?

Our findings

People told us that the staff went with them to appointments if they asked them to. One person said, "The staff always come with me to the doctors or dentist, I like that".
People told us they thought the staff knew what they were doing and that they had confidence in the staff. Everyone we spoke with said they had the support they needed.

The provider told us that new staff completed an induction programme and this included shadowing other members of staff until they were competent to work by themselves. The registered manager told us new staff attended training in core subjects, these included health and safety, mental capacity, moving and handling, safeguarding and fire safety. There was no record that either of the new staff had completed the induction training.

The provider told us that the newest member of staff was not working by themselves; they were still shadowing other staff. People told us that the staff member had given them support without other staff being present.

Staff told us that they received training appropriate for their role, however, the provider did not have a training record with accurate information about what training staff had attended. Training certificates were kept in the staff files. We looked at a file of a long term member of staff; there were no certificates for training attended since 2014. The certificates present did not cover all the core subjects that we were told formed part of the service's induction programme.

One healthcare professional told us that the staff worked with people who had complex needs that other agencies had refused to support. The staff had not received specialist training for these complex support needs or healthcare needs such as diabetes. The provider had not identified the training needs of staff and did not have a plan in place to update training in line with current guidance.

Staff told us that they felt supported by the management. Staff received one to one supervisions twice a year; these supervisions discussed any problems they may have within their work. Staff had not received an appraisal since 2013, to discuss their development.

Staff told us that they saw the registered manager most days, all staff spoke as a team with the registered manager every Friday, to discuss any issues they may have.
The provider had failed to ensure that staff received appropriate support, training, professional development and appraisals to enable them to carry out their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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 decisions made on their behalf must be in their best interests and be as least

restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In supported living services an application must be made to the Court of Protection. No applications had been made to the Court of Protection, as none were needed.

The registered manager told us that people receiving support had capacity to make their own decisions. Staff told us that they respected people's decisions and this included unwise decisions such as not taking medicines. Staff ensured that people understood why they should take the medicines and recorded the person's decision. People told us that staff respected their decisions and supported the choices that they made. When people refused support, staff respected this and would come back at another time. One staff member told us, "We do not enter people's homes if they do not want us to. A person cancelled a call this morning so we knocked and checked on them in case they had changed their mind. They were OK and did not want us there so we respected this."

People told us they had the support they needed to plan and prepare their meals. They told us that staff helped them with cooking and with budgeting for their weekly food shop. One person told us, "I prefer to shop when the supermarket is quiet so staff come at 7am to take me". They told us that this really suited them and it would now be less stressful for them as the store would be less crowded.

People were supported to maintain a healthy diet, plan menus and to be as independent as possible with cooking. People who required a special diet and found this difficult to maintain were supported to decide how this could be done. For example one person had decided that having meals delivered would be the best option for them and staff supported the person to organise this.

During the inspection a group of people and staff met at a local restaurant for a Christmas lunch. Staff had supported some people to budget for this so they could take part. There was laughter and chatter and everyone looked like they enjoyed it.

Staff supported some people to attend appointments with healthcare professionals. People told us that if they wanted staff would go with them to the dentist or doctor and make appointments for them. Staff ensured that people received emergency assistance when needed; an ambulance had been called for a person when they had become unwell.

Good

Is the service caring?

Our findings

Everyone we spoke with said that the staff were kind, caring and patient. People said they liked the staff, some of whom had been supporting them for several years. It was clear that people trusted staff and had a good relationship with them. One person described a staff member as their 'friend.'

We were invited to join a group of people and staff at a Christmas lunch at a local restaurant. People had arranged this get together with the support of staff who had arranged taxis and additional support. Everyone seemed to have a good time. Staff knew people well and there was lots of laughter and chatting. There was an obvious affection between people and staff.

There was a feeling of mutual respect and equality; everyone was treated with kindness and patience. During the meal, staff made sure everyone had what they needed and that they were included. People were encouraged to be involved. A staff member encouraged one person to go up to the carvery for their meal saying "Come on, I will come with you. Come and chose, I can hold your plate for you." Despite the encouragement the person did not want to get their meal, so the staff kept it very light hearted and agreed to get the person what they wanted.

It was obvious that staff knew people well and they talked about their interests including football and their families. Some people could be anxious at large gatherings and staff noticed quickly that one person looked uncomfortable. Staff changed places with the person so they could see the whole of the restaurant and they looked happier and went on to chat with us calmly.

People said that their privacy and dignity was respected and promoted, staff respected people's personal space. The registered manager took us to two people's homes to meet them and talk with them. The registered manager knocked on the doors and waited to be invited in, the registered manager checked with the person that they were happy for us to come in and talk with them; they were respectful of people's wishes. People spoke highly of the registered manager and of the staff. People told us that staff were respectful especially when they were in their homes.

Staff supported people to remain as independent as possible. People were encouraged to manage day to day tasks, one person was supported to go to the doctors surgery to order their medicines and to take the prescription to the pharmacy.

Staff supported people to 'have a voice' and to speak out if they needed to. Staff advocated for people and had recently supported a person through a difficult situation. Staff were aware that they could support people to use independent advocates if they wished to.

People's needs were discussed regularly between staff in private, so that all staff could give consistent support. Issues that may cause people anxiety or changing health care needs were discussed with people so they could be supported in a person centred way and make choices about their support.

Requires Improvement

Is the service responsive?

Our findings

People told us that staff responded to their needs, giving them the support they needed when they needed it.

Staff responded to people's changes in mood; working with the people to identify changes to their environment that might help. Staff assisted people to declutter and change the way their furniture was arranged and this helped people to feel positive about themselves.

The registered manager met people who were thinking about using Giles Care Limited to support them. The registered manager completed an assessment with the person and recorded what type of care and support they wanted. The registered manager was sometimes given information from the local authority paying for the support, which had also carried out an assessment with the person.

All of this information was used to write a support plan. The three support plans we sampled were on one or two pages and did not contain very much information. There was very limited information about people's life and backgrounds and not all of their needs were recorded. For example, one person was living with diabetes but there was no mention of this in their support plan. There was no information about how this condition affected the person and how it was managed. Another person had a bowel condition that had recently resulted in staff calling an ambulance as the person was very unwell. There was no mention in the person's support plan of this condition, how it might affect them and what support they needed.

Support plans were kept in an office and if people wanted, they had a copy in their homes. Not everybody wanted to keep a copy in their homes. The registered manager said that people had a yearly review to talk about their support and about any changes they might want to make. The registered manager said that support plans were reviewed regularly. However, although there was a list of review dates on the corner of the one page support plans, it was clear that some people's needs had changed but the support plan had not been updated. Other review sheets for people's goals stated 'ongoing' and the date achieved column was blank. There was no record if the support offered had been effective in supporting people to achieve their goals or not.
Some people wanted to learn new skills or develop existing skills like budgeting money and improving cooking skills. There were no plans in place about how staff should support people to develop these independent skills.

Although people told us that staff knew them well and gave them the support they needed, without clear up to date information about people's needs people were at risk of receiving inconsistent care and support.

The registered manager told us that they met with people, and sometimes with their care managers, if they agreed after the first three months to check that people were happy with the support. Sometimes people increased or decreased their hours of support at these review meetings. One health care professional told us that the agency had kept them informed of changes and any issues.
People told us that staff supported them to take part in activities and to follow their interests and hobbies.

One person told us how the staff had helped them to decorate their home ready for Christmas. Staff knew about people's interests and engaged with people in conversations about their interest including how their football team was doing or what was happening in the favourite television programme.

The provider had a complaints policy; people were given the policy when they started receiving support. The provider said they had not received any written complaints.

People were visited in their home by a member of the management team to discuss their support at regular intervals. On these visits when concerns were raised they were dealt with promptly. People had raised maintenance issues about their flats and staff had notified the landlord that there was a problem straight away. Staff reported back that the work had been completed. People told us that they did not have any complaints about their support and would talk to staff or the registered manager if they did.

Requires Improvement

Is the service well-led?

Our findings

People told us that they knew who the registered manager was and that they saw them frequently. Staff told us that they felt supported by the registered manager and spoke to or saw them most days.

The registered manager knew people well and had an understanding of the day to day running of the service, however, they were not fulfilling their responsibilities to monitor and audit the quality of the service provided and to keep accurate records.

The registered manager did not have systems in place to audit the service, to identify shortfalls in the service and drive improvements. The registered manager had not completed audits of the support plans, staff files, people's personal finances, and staff training. The registered manager had not identified the training and development needs of the staff to ensure they could meet people's needs. There was no training plan, no records of any training after 2014 and no records of weekly team teleconferences. The registered manager said they carried out spot checks of staff practice but there were no records to support this.

The registered manager had not kept up to date with good practice or guidance for example, recruitment practices and training requirements. The registered manager had not sought support available to provide information with meeting the regulations such as local forums and support network groups available locally.

The provider had a range of policies that gave guidance to staff about how to carry out their role safely. The policies had been signed as reviewed each year since 2010, but not all had been changed during that time to reflect changes to legislation so the policies were not up to date.

Accurate and complete records in respect of each person were not maintained. Risks relating to people's care and support had not always been adequately assessed including the risks to people living with epilepsy and diabetes. Support plans had been dated when reviewed but not updated to reflect people's changing needs. Support plans did not all contain information about people's needs, in some there was no mention of some quite serious health conditions that people were living with. Records relating to the recruitment of staff and staff training were either not in place or not up to date. The provider had not picked up these shortfalls.
The provider was unable to tell us how many hours of support they provided each week so the provider could not confirm if they had enough staff and whether the staff had any capacity to cover each other's' absence or to support any new people. The provider said they had no record of how many calls were late. They said to find this information they would have to look through the diaries allocated to each person where staff wrote each day, so the information was neither readily available nor analysed to look for any patterns.

The provider had failed to have systems or processes in place to assess, monitor and improve the quality and safety of the service. Records were not all completed or accurate. This was a breach of Regulation 17 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance visits to people in their homes were completed throughout the year, as people did not like to complete questionnaires. People were asked if they were happy with their support. Quality assurance surveys had been sent to stakeholders including GP's and care managers in 2015, however, none had been returned. The provider did not seek feedback from stakeholders in 2016. We recommend that the provider looks for ways to obtain feedback from stakeholders in order to review and improve the service.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service, so we can check that appropriate action has been taken. The provider had not informed CQC about a change of telephone number and office address. CQC had difficulty contacting the provider on given phone number. The provider told us this number was no longer in use. The provider said this was an oversight by them and they began completing this notification during the inspection.

Staff meetings were held every six months, these gave staff the opportunity to raise issues and receive information about the service and any new people the staff would be supporting. The registered manager and staff told us that there was a weekly telephone conference with all staff, however, there was no record of these calls, and so no record of what was discussed and any actions that were needed.

The registered manager promoted an open and transparent culture. We observed the registered manager and staff together, there was a comfortable atmosphere. Staff were happy to discuss any problems with the registered manager and it was clear that the registered manager knew people and the support they needed well. The registered manager said the ethos of the service was to promote choice and independence and staff showed these values during our observations of them with people.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess risks to people and do all that was practicable to mitigate any such risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have systems or processes in place to assess, monitor and improve the quality and safety of the service. Records were not all completed or accurate.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate effective recruitment procedures to make sure the relevant checks had been made to ensure staff were suitable to work with people

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff received appropriate support, training, professional development and appraisals to enable them to carry out their role.