

Gill Healthcare Limited

Gill Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gill Care Services is a domiciliary care service providing personal care to people living with a dementia, older people or physical disability living in their own homes. At the time of the inspection 14 people were in receipt of care from the service.

People's experience of the service and what we found

Staff had undertaken safeguarding training. However, the provider had failed to inform relevant authorities of a safeguarding concern. Individual risk assessments had not always been completed. Incident and accident records had been completed but would benefit from more details. There were no concerns found in relation to staffing and recruitment.

People were somewhat 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 supported this practice. A capacity assessment for 1 person where it was required was not completed until after day 1 of the inspection. Staff had completed training and supervision and competency checks had been completed. Care plans included information about people's needs and preferences. Assessments of people's needs had been completed and relatives told us they were informed of changes in people's healthcare conditions.

People received good care and their individual needs were met. Feedback from relatives was positive about the care staff provided. Care records contained good information to support staff in providing people's care. People were supported with activities if this was part of their care plan. People's alternative ways of communicating were considered. The complaints procedure in the service user guide was not always detailed, in line with the provider's policy.

Audits and monitoring were taking place. However, the provider was not consistently providing information in line with their regulatory responsibilities, and it was sometimes difficult to engage with the provider. The registered manager sought feedback from people and staff had the opportunity to discuss their experiences at team meetings. A range of policies were in place however, the service was not consistently making use of records and guidance in them to support the operation and oversight of 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 and update

The last rating for this service was good, published on 17 October 2019. Further focused inspections were published on 21 May 2021 and 30 September 2020. No changes to the overall rating were made at these inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to review ratings from the last inspections.

Enforcement and Recommendations

We have identified breaches in relation to safeguarding service users from abuse and improper treatment and good governance.

We have also made recommendations in relation to ensuring the provider seeks nationally recognised guidance, to ensure systems are in place to assess risks and to ensure all people, where it was required were assessed in relation to their capacity to make decisions and choices. Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gill Care Services

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

The inspection team consisted of 2 inspectors.

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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider who was also the registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at the information we held about the service and asked for feedback from professionals about their experiences. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does

well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We asked to speak with people who used the service. However, the management told us they were unable to obtain permission from people for us to undertake this. We spoke with 3 relatives. We inspected 3 people's care records including medicines administration records and associated documentation. We also checked 4 staff files, training records and information in relation to the operation and management of the service. We spoke with 6 staff. These included, 4 care support staff, the care co-ordinator and the registered manager who was also the nominated individual and director. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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 and avoidable harm

- People were not always safeguarded from abuse and avoidable harm.
- We saw evidence of safeguarding investigations, including some evidence of lessons learned and discussions with staff at team meetings. The providers safeguarding policy contained detailed documentation to support robust investigation, monitoring and actions to be taken as a result. However these were not being used. Some professionals feedback that they experienced some difficulties in obtaining information to support safeguarding investigations. This would mean that appropriate actions may not be taken as a result of safeguarding concerns.
- The registered manager discussed an ongoing safeguarding issue which required reporting to the relevant authorities. However, this was not done until after day 1 of the inspection.

Whilst no harm occurred, the provider had failed to ensure safeguarding procedures had been established effectively to protect people from the risk of abuse. This was a breach of regulation 13 (1) (2) (3) safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives raised no safeguarding concerns. One said, "[Staff] are fantastic, [person] is safe."
- Staff knew what to do if abuse or harm was suspected. They told us, "I would contact the [registered] manager. If I was concerned I would go higher to report it." Safeguarding training had been undertaken and a policy was in place to ensure staff understood how to protect people from the risks of abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider did not always assess risks to ensure people were safe. There was some evidence lessons were learned when things had gone wrong.
- Care records contained some evidence of individual risk assessments. However, not all people's individual risks had been assessed. The provider took immediate action to ensure the records we reviewed had relevant and up to date risk assessments and confirmed they had completed this.
- Environmental risk assessments had been completed. These were updated following day 1 of the inspection to ensure all risks at people's homes had been assessed.
- There was evidence of completed accident and incident records. Some analysis of the incidents was noted and lessons learned. However, the records would benefit from more detail to reduce any future risk and support monitoring.

We recommend the provider seeks nationally recognised guidance to ensure systems were in place to

assess risks and take action to update their practice accordingly.

- A business and contingency plan had been developed which included guidance and emergency contact details. This would support action to be taken in the event of an emergency.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes
- No concerns were raised in relation to the staffing numbers and the skills of the staff team. Relatives' comments included, "Very happy, the staff are good" and, "The carers (staff) that come are very considerate. They have a lot of empathy and follow instructions."
- Staff raised no concerns about the level of staffing and the duty rotas confirmed regular visits were allocated to the same staff to support consistency. One staff member told us, "We have enough staff. I work full time and I have a contract."
- Staff had been recruited safely. Records to confirm the suitability of staff were seen, along with appropriate checks and sponsorship visas, where this was relevant.

Using medicines safely

- People were supported to receive their medicines safely.
- No one raised concerns about the management of medicines. Staff told us they had undertaken medicines training and competency checks were completed by the registered manager, we saw records to confirm this. Medicines policies and guidance were in place for staff to follow.
- Medicines administration records had been completed. The registered manager confirmed they had taken action to ensure up to date risk assessments for the management of medicines were in people's records, where required.

Preventing and controlling infection

- People were protected from the risk of infection.
- Infection prevention and control risk assessments and audits had been completed. Policies and guidance were in place to support safe infection control practices.

Is the service effective?

Our findings

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 provider was working mostly in line with the Mental Capacity Act 2005. The registered manager told us no one was subject to DoLS or Court of protection order and no one required a referral to the assessing authority. However, we discussed 1 person who required a capacity assessment to ensure safe decisions were being made. The registered manager took action following the first day of the inspection to ensure this had been completed. They confirmed discussions with relevant professionals had taken place.

We recommend the provider seeks nationally recognised guidance to ensure all people, where appropriate are assessed in relation to their capacity to make decisions and choices and take action to update their practice accordingly.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- All relatives told us staff had the knowledge and skills to support people's individual needs. Comments included, "Staff are A1, they know what they are doing" and, "I have no concerns they, (the staff) know what they are doing." Staff confirmed they had completed relevant training and competency checks to support them in their role. They said, "They do spot checks. I had one this year. I have been checked doing medicines" and, "I have done training and have been checked. I have had supervision and one to one."
- Training records and the training matrix confirmed the training undertaken. The registered manager confirmed they had undertaken relevant training to assess staff performance. Staff told us, and records confirmed supervision was ongoing. This would ensure support, monitoring and guidance was available to

the staff team.

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

- People were mostly supported with their nutritional needs where this was part of their plans of care. There was some evidence of care plans in place with regard to nutritional needs. However, risk assessments to guide staff on 1 person's risks in regard to the food and fluid intake had not been developed until after day 1 of the inspection. We have reported on this further in the safe key question of this report.
- People told us, and care records confirmed support with shopping tasks for meals was provided where this was part of their care plan.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. Assessments of people's needs had been undertaken and were included in care records.

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

- People were provided with appropriate support to ensure their individual health care needs were being met. There was evidence of healthcare professionals involved in people's care. Relatives told us staff informed them if a person's medical needs changed. One relative said, "They will let me know if [person] is not very well."
- The service had developed a 'grab sheet' with relevant information about people's needs and medical history included in them. The registered manager told us these were in place to support medical reviews, such as hospital admissions and appointments where required.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy and dignity was respected, and they were supported with their views, their diverse needs and independence. People were involved in decisions about their care.
- All relatives confirmed their family member received good care, and their individual needs were met. Relatives told us, "They (staff) make her feel comfortable they have a laugh you can tell she looks forward to their visits", "It is a lot better at this service. They treat her with dignity and give her good care. The (staff) are fantastic" and, "Carers (staff) that come are very considerate. They have a lot of empathy." A relative told us they did not always have gender choices of staff member. However, this did not impact on the delivery of care to their family member.
- Care records contained good information about people's individual diverse needs and how to support them. Up to date policies were in place and training was ongoing to support staff in providing care to people.
- The registered manager ensured information relating to advocacy services was on display in the office. This would help to guide staff and people to consider advocacy services in making important decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.
- Staff told us they were confident people were receiving good care. One said, "I have no concerns people are getting good care. My client's (people who used the service) seem happy."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. Relatives confirmed care plans were agreed and discussed with them. They told us, "Their assessment has been done and care plan has been signed", "[Person] has a care plan and they (The provider) have gone through the care plan" and, "The staff fill in the report sheets." Reviews of people's records were taking place. Staff told us they engaged people and relatives in the reviews of their care.
- Care plans had been completed and were located in people's homes, with copies of these held in the office. Completed records were returned to the office to enable these to be reviewed and the care provided monitored by the management.
- Care plans detailed people's individual needs and how to support them. The registered manager told us, and we saw to demonstrate documentation had been developed to include people's individual needs, including medical conditions. This was developed to provide individual information if a hospital admission or professional review was required.

End of life care and support

- People's end of life care and support was provided, when required. Policies and guidance were available to support and guide staff if people required end of life care and support. The training matrix confirmed staff were provided with palliative and end of life care training. This would ensure staff had the knowledge and skills to provide people with end of life care, as required.

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.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported. Relatives told us staff understood their communication needs and used alternative ways to communicate with them. One said, "Staff speak to [person] in their own language."
- Care plans were detailed and included how to support people's alternative ways of communication, as required. The management team discussed how they supported people in ways that helped them with communication.

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

- People were supported to avoid social isolation when this was part of their plan of care. Records included details of likes, activity choices and what is important to them. The management team discussed the activities provided for people where this was part of their care needs.

Improving care quality in response to complaints or concerns

- Concerns or complaints were being managed. No one raised any concerns or complaints. People told us, "I have no complaints" and, "To me they are A1. No complaints whatsoever about them."

- Information about how to complain was included in the service user guidance and a policy and templates to investigate and act on complaints was in place. The Registered manager confirmed they would ensure the information about how to complain in the service user guide was more detailed and reflected the policy and procedure.

- There were no formal complaints at the time of the inspection. Information in relation to complaints and concerns were stored within previous safeguarding investigation records.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- There was not always a positive and open culture at the service. The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people.
- The management team understood their roles. However, their responsibilities in relation to understanding their quality and regulatory requirements was not always being completed. Not all statutory notifications in relation to some events had been submitted. The provider had also failed to submit their annual Provider Information Return since 2021 or submit information relating to their capacity tracker since March 2023. As a result of our findings the registered manager took action to ensure all notifications were submitted to the Care Quality Commission and provided assurance they would ensure these were submitted, without delay going forward.
- Information and guidance were on display in the office as well as the provider's employers liability insurance. The registered manager told us the ratings were displayed electronically on a slide show in the office. However, they were unable to access this on the day we visited the office. The registered manager ensured a paper copy of the ratings certificate was displayed in the office. This would ensure people had access to this when the electronic system was not in use.

Whilst no harm occurred, systems were not robust enough to ensure the operation and oversight of the service. This placed people at risk of harm. This was a breach of regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During this inspection we identified breaches in relation to protecting people from the risk of abuse. We also made recommendations in relation to ensuring systems were in place to assess risks and to ensure all people, where it was required were assessed in relation to their capacity and choices.
- There was evidence of completed, audits, with actions recorded. However, the findings from our inspection had not always been identified.
- All relatives and staff were positive about the registered manager, the management team and the support they provided. A relative told us, "[Team co-ordinator] is very polite and courteous." Staff comments included, [registered manager] is the manager. She is there if I need anything", "I have no concerns at all. I am happy in the company" and, "The manager is good and helps. She always there, a brilliant manager."

Working in partnership with others; 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.

- The provider did not always act when things went wrong and understood their duty of candour.
- The management team were mostly supportive of the inspection. Information we requested was provided however, we needed to ask for this a number of times before it was provided. We saw evidence of some partnership working. However, some professionals told us that engagement with the management team was inconsistent and they did not always consistently acknowledge requests for information.
- Policies and guidance included detailed records to support the quality assurance process. However, these were not always being used. The registered manager confirmed they would review their systems to support the monitoring and oversight of the service.

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

- People and staff were engaged and involved. People's views were sought whilst reviews of their care were undertaken and, we saw evidence of the topics discussed. The registered manager told us they had sent surveys to people in the past however, they received very little feedback from this. The registered manager confirmed they would ensure formal surveys were undertaken. This would support actions to be taken as a result of the findings as well as analysis of any themes or trends.
- Staff told us meetings were taking place and their views were considered. One said, "We have team meetings regularly. I know what is happening and I am able to discuss my views." Records confirmed a range of team meetings had occurred. These included the topics discussed, the dates and attendees.

Continuous learning and improving care

- Continuous learning and improving care was ongoing. The provider had developed a range of up to date policies. There was a range of forms and guidance to support the oversight and monitoring of the service in the policies. These would help to drive improvements in the service.
- Information and guidance was available to support staff in their roles and the standards expected of them. A service user guide with a range of information about the service and relevant contact information was provided to all people who used the service.

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 Safeguarding procedures had not been established effectively to protect people from the risk of abuse. Regulation 13(1) (2) (3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to ensure the operation and oversight of the service. Regulation 17(1) (2)