

Gladstone Care Ltd

# Gladstone Care Limited - 54 Gladstone Street

## Inspection report

54 Gladstone Street  
Scarborough  
North Yorkshire  
YO12 7BN

Tel: 01723501683  
Website: [www.gladstonecare.co.uk](http://www.gladstonecare.co.uk)






Date of inspection visit:  
23 January 2019  
24 January 2019

Date of publication:  
08 August 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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: Gladstone Care Limited – 54 Gladstone Street is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults who may need support with their mental health, dementia related conditions, learning disabilities or autistic spectrum disorder and physical disability or sensory impairment.

Not everyone using Gladstone Care Limited - 54 Gladstone Street receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of this inspection the provider was supporting 130 people with personal care.

People's experience of using this service: Quality monitoring was completed regularly. The provider had systems in place to report safeguarding concerns to ensure people's safety. However, records were not in place to provide an overview of all safeguarding incidents and the actions taken. The provider immediately took measures to develop this system during the inspection.

Risk assessments were completed regularly and provided guidance for staff on how to mitigate any risks to people. Risks associated to people's health conditions would benefit from further detail to guide staff in how best to support them. The provider took measures during the inspection to include specific care plans around people's health conditions and ensure detailed risk assessments were in place to support staff.

Staff could tell us about people's likes, dislikes and preferences. Care plans and risk assessments were being developed to encourage a more person-centre approach.

Staff completed the Care Certificate as part of their induction and completed annual refresher training to maintain their knowledge and skills. The Care Certificate is a national set of standards that all those working in health and social care should adhere to. Additional courses were offered, some delivered by the local hospice and district nurses. Staff were knowledgeable about people's needs and how best to support them.

Robust recruitment processes were followed to ensure prospective staff were suitable to work in a care environment. Since our last inspection the service had restructured and additional senior staff were in place to support existing staff in the community.

People told us they felt staff cared about them and gave examples of how staff treated them with dignity and respect, whilst encouraging as much independence as possible.

The majority of staff we spoke with told us that they used various methods of communication and felt that overall information was provided to them in a timely manner.

Rating at last inspection: At the last inspection the service was rated Good (Last report published 9 August 2016).

Enforcement: We found the provider to be in breach of Regulation 18, Notification of other incidents, of the Care Quality Commission (Registration) Regulations 2009.

Follow up: The provider had failed to notify the Care Quality Commission of safeguarding concerns. This will be monitored to ensure future notifications are made appropriately.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Gladstone Care Limited - 54 Gladstone Street

## **Detailed findings**

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults who may have a physical or sensory impairment, mental health needs, dementia related condition and learning disabilities or autistic spectrum disorder.

The service had a manager who had been registered with the Care Quality Commission since 1 October 2010. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to speak with us.

**Inspection site visit activity** started on 23 January 2019 and ended on 24 January 2019. We visited the office location on both dates to see the manager and office staff; and to review care records and policies and procedures.

**What we did:** Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Due to technical problems, the provider was not able to complete a Provider Information Return. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection we requested feedback about the service from the local authority. We reviewed information we held about the service which included notifications the provider is required to send to us which tell us about important events that happen whilst people are receiving services and how these are managed.

During the inspection we reviewed four people's care plans and any associated documentation and four staff recruitment files and training certificates. We looked at information relating to the management of the service which included; Satisfaction surveys completed by people and their relatives, records of accidents, incidents and complaints and the audits and quality assurance information

After the inspection, we contacted four health professionals, four relatives, five people receiving a service and three staff to gain their feedback about the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- People and their relatives told us the service was safe. One person told us, "Yes I feel safe." A relative said, "Yes, they [staff] are kind, considerate and persuasive rather than demanding. They take time to explain what they're doing."
- The provider had a safeguarding policy in place and had referred concerns to the local authority for further investigation where appropriate.
- Staff had received training in how to safeguard people from abuse and avoidable harm. Staff we spoke with could explain what action they would take if they witnessed any type of abuse or harm to ensure people were protected and their safety maintained. The provider ensured that where appropriate, they reported safeguarding incidents to the local authority.

Assessing risk, safety monitoring and management.

- The provider identified potential risks to people using risk assessments. These were reviewed three monthly to ensure information was up to date, and that they reflected people's current care needs.
- Care plans contained risk assessments and included guidance for staff to reduce the likelihood of harm to people when being supported. The provider was in the process of updating more detailed information around the risks associated with people's specific health conditions.
- Staff completed safety checks in people's homes when necessary and environmental risk assessments were in place to ensure equipment was maintained and the immediate environment kept safe.
- People had measures in place to support them when living on their own. This included lifeline equipment so that they could press for assistance if required. Staff ensured people with pendants had them in close proximity before they left their visits.

Staffing and recruitment.

- The registered manager had good systems and processes in place to ensure enough staff were on duty to support the needs of people using the service. Contingency plans were in place should staff be absent at short notice. The registered manager told us they did not use any agency staff and bank staff were available should existing staff be unable to pick up any extra shifts.
- Recruitment checks had been completed before staff started work at the service, this ensured their suitability to work in a care environment.
- Staff we spoke with told us they had sufficient travel time factored into their rota. They informed the registered manager when people's needs changed so that calls could be reviewed with other agencies.

Using medicines safely.

- Staff completed medication training and competencies had been checked. Staff told us they received medicines training and shadowed more experienced staff prior to administering medicines. They also had

their competency checked to ensure they were safe to support people to take their medicines.

- We reviewed medicines administration records. We found some minor recording issues on one record which the supervisor took measures to improve during the inspection process.

Preventing and controlling infection.

- The service had policies and procedures in place to control and prevent the spread of infections.
- People told us that staff used personal protective equipment such as gloves and aprons when supporting them with personal care. We observed staff attending the office to collect supplies they needed such as gloves.

Learning lessons when things go wrong.

- Systems were in place to record and report incidents. During supervisions and training, the provider discussed incidents and additional training had been sought from health professionals. This raised awareness and improved staff knowledge to better support people and prevent re-occurrences of similar incidents.
- Risk assessments and care plans had been reviewed and updated following incidents.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed and reviewed regularly. Records showed that staff identified changes in people's needs. Staff liaised with health professionals or the agencies responsible for completing re-assessments of people's overall care needs, when necessary.
- Guidance about how to support people was available for staff within people's care files. An example of this was advice from the occupational therapist for when people used moving and handling equipment such as hoists.
- People's care records were in the process of being reviewed, so that those with communication difficulties had more detailed information to enable a consistent approach in line with people's preferences.

Staff support: induction, training, skills and experience.

- Staff were knowledgeable about people's needs and how to support them. Feedback from relatives included; "I'm happy with all the carers, they are very patient" and "On the whole carers are good. Recently I have seen a new carer who is quick to learn and get used to [Name] needs."
- Staff had completed a comprehensive induction which included completion of the 'Care Certificate.' The care certificate is a nationally recognised set of standards that all people working in health and social care have a responsibility to adhere to. Regular refresher training was completed annually by all staff in subjects deemed compulsory by the provider.
- Staff received regular three or six-monthly supervisions and annual appraisals. The provider had updated the appraisals to encourage staff feedback and reflective practice. Supervision content was inconsistent and the provider was in the process of developing an improved supervision format to encourage self-reflective practice.

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

- People told us that staff supported them to eat and drink during their visits.
- Where people were identified as losing weight, the provider had measures in place to monitor people's daily food and fluid intake. Where necessary, health professionals were contacted for advice or additional support.
- Staff told us they supported people with diabetes and encouraged them to eat a healthy and nutritious diet. They were aware of suitable food types and to consider people's choices where they had capacity to make decisions for themselves.

Adapting service, design, decoration to meet people's needs.

- The provider assessed people's environment and made appropriate referrals to health professionals for adaptations and equipment when needed.

Ensuring consent to care and treatment in line with law and guidance.

- We checked whether the service was working within the principles of the Mental Capacity Act, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. These applications must be made to the Court of Protection in a community setting. At the time of this inspection the provider advised no applications had been made to the court of protection to deprive people of their liberty lawfully.
- Staff knew the importance of involving people in decisions about their care. They knew people's preferences and how to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The provider told us that information was available in different formats to suit people's needs. Where appropriate, records showed that families and advocates had been contacted and involved in people's care planning and decision-making.

# 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.

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

Ensuring people are well treated and supported; equality and diversity.

- Staff spoke fondly of the people they cared for and gave examples of how they had provided kind and compassionate care to people and their families. People told us that staff were helpful, thoughtful and looked after them well.
- Care files detailed people's preferences, likes, dislikes and any allergies. Staff told us, "We always read the care plan before supporting a new person. It helps us to understand their needs and get to know the person." Most people told us they received a regular team of staff who provided them with a consistent and reliable service.
- Religious and cultural needs were explored and recorded during assessment stages. The provider supported people's diverse needs including; same sex relationships, transgender community, religious and cultural preferences.

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

- People and their relatives told us they often spoke with the office staff by telephone or met with them so that they were involved in decisions.
- The provider was in the process of analysing the latest annual satisfaction survey which enabled people and their relatives to express their views about the service.
- Staff understood the importance of asking for people's consent prior to delivering any care or support needs. Signed consent forms were in people's care files.
- The registered manager told us that some people had advocates in place and knew how to access them for people if they were needed. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence.

- Staff told us how they made people feel comfortable in their presence to protect their dignity and maintain their privacy. A relative told us, "They [staff] are very sympathetic." A person using the service said, "They [staff] are absolutely brilliant and will do anything for you."
- Staff told us they encouraged people to be as independent as possible. One member of staff advised, "If I know people can wash themselves I support them to do this, I pass them a face cloth so they can wash themselves if they don't want a shower." This enabled people to maintain their life skills to remain independent for as long as they were able.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- People's needs had been identified during initial assessments and regularly reviewed to capture any changes in needs. For example, one person's mobility had deteriorated and staff requested a review from appropriate agencies. The length of the call had been increased to allow staff time to support the person at their own pace.
- Staff knew about people's preferences and supported their choices. For example, one person had a specific routine they liked staff to follow which helped them to manage their anxieties.
- Staff told us they supported some people to attend social events, activities and outings to different places. This helped people to maintain their chosen lifestyle and prevent social isolation. One person told us, "Staff take me out for a meal and make sure I'm comfortable with enough to eat and drink when I get home."

Improving care quality in response to complaints or concerns.

- The provider's complaints procedure was displayed within the provider's office and copies included in both staff handbooks and folders kept in people's homes.
- Complaints had been received and dealt with in line with procedures. People and their relatives told us they knew how to make a complaint if they needed to. Some people told us they had raised minor concerns with staff or rang the office and these had been resolved in a timely manner.
- The service had received compliments which included, "I would like to express my gratitude and thanks to some of your staff who have helped me through the worst year of my life" and "I need to thank you for your speedy response when last week's assessment of [name] needs went belly up, and two carers were needed. Gladstone care staff have been marvellous, equally responsive, kind and competent."

End of life care and support.

- People were supported to discuss advanced care planning. The provider communicated this information to other health professionals during transitions between services, such as hospital admissions.
- The provider had sourced additional end of life training from a local hospice which staff advised was exceptional. The training had also given them confidence to support family members during this sensitive time. Staff spoke passionately about how they supported people requiring end of life care.

# Is the service well-led?

## Our findings

At the last inspection on 9 August 2016, we asked the provider to take action to make improvements to maintain records about the changes in people's care needs. This included risk assessments so that an audit trail could be evidenced. At this inspection, we found this action had been completed.

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.

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

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

- We identified the provider had not always submitted notifications about events such as safeguarding incidents to the Care Quality Commission as they are required to do by law. These had been sent to the local authority and the provider advised only one investigation was still ongoing. The provider was asked to send these to us retrospectively. There was no impact on people receiving the service as the provider had reported each incident to the appropriate agencies for appropriate action to be taken.

This is a breach of Regulation 18, Notification of other incidents, of the Care Quality Commission (Registration) Regulations 2009.

- Managers and staff were clear about the majority of their roles and responsibilities, except the registration requirement to submit safeguarding notifications to CQC. Although complaints and safeguarding concerns had been referred to the appropriate agencies and investigated, there was no overview of these to show how the provider was highlighting themes.
- The registered manager was accountable for all employed staff and ensured regular supervisions were completed to support them in their role. Where concerns had been raised, these were fully investigated and staff held accountable for their actions through disciplinary processes.
- Quality assurance processes were in place to audit medicines administration records, care plans and the care and support provided by staff. Senior members of staff visited people's homes unannounced to audit whether staff had arrived on time, stayed for the duration of their calls and were competent in their role.

Working in partnership with others.

- The service supported people to access local events in the community and had established links so that people could enjoy facilities available to them in their local area.
- Staff worked with health and social care professionals to improve the service and outcomes for people. Health professionals provided mixed feedback about the service. One health professional advised, "It depends which carer attends as to whether people receive an individualised service. One carer is superb, always thinking ahead and planning things."
- Leaders and managers demonstrated a commitment to improving the quality of care for people through

improved engagement with people receiving a service, their relatives and health professionals.

- The registered manager had introduced several improvements since our last inspection including; new appraisals to encourage reflective practice, recording of changes in people's needs in terms of risk assessments and a restructure of staff within the service.
- Records of people's care needs were concise and now contained only current information.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Most staff we spoke with told us they enjoyed working for the service and were happy overall. They had confidence in the management team and felt supported by them. Staff told us they could ask for guidance or advice at any time. One staff member told us, "The registered manager and assistant manager have helped me out in a professional and personal way. I always feel I can talk to them."
- Records showed that the provider had contacted families when incidents or events had happened within the service. This showed us that they had complied with the duty of candour regulation to ensure that relevant people were kept informed.

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

- Staff told us they communicated information to each other verbally, using daily notes and mobile devices. Relatives told us they often read through the daily notes to obtain updates or spoke with the registered manager or office staff.
- People and their relatives told us they felt confident they were listened to and their suggestions for change were considered or actioned.

Continuous learning and improving care.

- Staff told us they were continually supported to develop their knowledge and skills which improved outcomes for people. Lessons learnt had been shared from previous incidents and further training sourced from health professionals to support staff.
- The provider had driven improvements in the service since our last inspection by restructuring the service to support care staff and introducing various changes including the re-evaluation of existing processes to improve the service.