

Gilder Care Limited

Gilder Care Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

Gilder Care Ltd is a domiciliary care agency. It provides personal care and support to people living in their own home. There were 35 people receiving support at the time of our inspection.

At our last inspection the service was rated as Good; on this inspection we found the service remained Good. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the outcome for safe as Requires Improvement due to some recruitment files not containing all required references. At this inspection we found that this had quickly been addressed and recruitment files contained the required pre employment checks, meeting current requirements.

People received safe care. Risks to people's health and wellbeing were assessed before any support was provided. This was regularly reviewed to ensure people continued to be assisted in a safe manner.

The staff understood how to protect people from harm and how to report such any concerns. Some people received assistance with taking medicines and records were kept to ensure that this was undertaken safely and in line with current procedures.

There were safe recruitment procedures in place to ensure new staff were suitable to work with people.

Staff were supported and trained to ensure that they had the skills to support people effectively. When people needed assistance to eat and drink, the provider ensured that this was undertaken in the way the person preferred. People were able to make decisions about how they received their support and care. This ensured their health needs were met in personalised way.

The quality of care and support people received remained good. Care was planned and reviewed with people. The provider ensured that people's choices were followed and clearly recorded on their support plan. People's privacy and dignity was respected by the staff supporting them. People felt comfortable with the staff they knew and satisfied with the support they received.

The service remained responsive. The support plans reflected people's individual needs and preferences. Clear descriptions of how people wished to be supported were set out in support plans, and this was reviewed.

People felt comfortable raising any issues or concerns directly with staff and there were arrangements in place to deal with any complaints. Information was being reviewed to ensure it this was accessible to all people who used the service.

The service remained well led. Staff felt supported by the registered manager. Regular quality checks were completed and people could comment on the quality of service provision. People and staff were encouraged to raise any views about the service to consider how improvements could be made should this be needed.

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.

We found that improvements had been made to recruitment files to meet with current requirements and protect people from unsuitable staff.

Risk assessments were completed to promote people's safety. Staffing levels were sufficient to keep people safe. Medicines had been safely supplied to people. People had been protected from infection risks. Staff knew how to report any suspected abuse. Lessons had been learned from past incidents.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Gilder Care Ltd

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 checked 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 on 14 June 2018 and was announced. The provider was given 24 hours notice because the service provides support to people living in their own home. We needed to be sure that staff would be available at the office to speak with us and provide access to documentation.

The inspection team consisted of one inspector.

Before the inspection we reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about.

The provider had sent us a Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with four people using the service, three relatives, two members of staff, the provider, the care co-ordinator and an administration assistant.

We looked at four people's support records to see if they reflected the care and support that was being provided. This also included individual medication administration records and three staff recruitment files.

We looked at other information related to the daily running of the service including quality assurance audits, staff training and the management of any complaints or concerns.

Following the inspection, we received a detailed overview of the training programme that was in place.

Is the service safe?

Our findings

The provider had systems in place to protect people from the risk of abuse or harm. They were supported by staff who understood their responsibility to keep people safe. Staff told us there was a safeguarding policy in place and they described what they would do if they had any concerns regarding a person's safety. One staff member said, "We always work to keep people safe, that's important to us all"

The views of people using the service, and family members if appropriate, were included when the initial assessments were completed and when these were reviewed. We saw risk assessments were completed for all aspects of people's care. These were personalised to the person's specific needs and routines.

A risk assessment was conducted on people's home environment. These included identifying any perceived risks such as trip hazards. Assessments were also completed for any physical support that was provided. For example we saw that one support plan directed staff to make certain both brakes were on wheelchairs at all times. Plus another stated, "Make sure loops on the sling are attached securely onto the hoist before completing task." This ensured the safety of the individual and also of the staff providing the support.

There were copies of assessments and details of the support to be provided in the person's home so the individual and staff had easy access. This was confirmed by people using the service, a relative and also by members of staff. This information was reviewed on a regular basis or when there were any changes to the person's circumstances or routines. All information about any risks to people was discussed with support staff during staff meetings, supervisions and whenever risk assessments or care plans had been updated.

We saw that supplies of protective clothing for use by support staff were monitored, regularly ordered and readily available to staff. We confirmed this during our discussions with staff, who described the equipment and were aware of their role and responsibility relating to infection control. People using the service also told us that staff regularly used protective clothing while providing support.

There were enough support staff to meet people's needs. People told us the carers arrived on time and they were notified if there was any delay. There were systems in place in the main office to handle any emergency. The appropriate staffing numbers were deployed in any emergency or if a member of staff was delayed. Systems ensured that this did not affect any subsequent visits, as staff stepped in to make certain all calls were completed on time as planned.

People received the support they needed to safely manage their medicines. People told us that they received medicines when they needed them. One person said, "They make sure I have my medicines on time." Staff knew how to safely support people to manage their medicines and training was provided at recruitment and regularly updated. The medicines record sheets were audited on a monthly basis.

Records showed staff were recruited appropriately and all the necessary security checks had been completed before staff commenced their role. There was a full induction programme in place that provided staff with the information and training they needed prior to commencing their new role.

Policies and procedures were in place to ensure all actions were in line with current legislation. We saw that these files were regularly reviewed and updated to provide current and relevant information at all times. For example, food hygiene practices and procedures were in place for the safe handling of food.

The provider had systems and routines in place to regularly audit any concerns, comments or incidents, no matter how small. This meant that matters were dealt with in a timely way and procedures were then reviewed to reflect any new required practices.

Is the service effective?

Our findings

People were supported by staff that had received appropriate training and support to undertake their role in an appropriate way to meet people's needs. Feedback received from people that used the service, and relatives, showed us that the support staff knew how to provide the support needed. One person using the service said, "They [staff] are wonderful, they do everything I need." A relative told us, "Staff could not be more efficient. They are excellent."

New members of staff received a full and comprehensive induction into the service. When new staff started working they spent time completing approved training. This training included such areas as recognising and dealing with abuse or concerns, food hygiene and the safe handling of medicines. On completion of training, staff were assessed during a period of working along side an experienced staff member. The provider told us that only when staff were seen to be fully competent were they then allocated to work alone.

Staff were provided with support through individual supervision and checks were made in people's homes to ensure the staff were working safely. People we spoke who used the service and members of staff confirmed this.

Staff were aware of the importance of nutrition and made certain people were eating regular meals that they had chosen. Any additional healthcare support that may be required, if a person lacked appetite, would be followed up by staff and the appropriate professionals contacted. This showed that people were supported to have access to health and social care professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this is known as Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate they worked within the principles of the Mental Capacity Act (MCA) and there was documentation to support this.

People's mental capacity had been assessed to ensure that people's capacity had been taken account of. Staff told us they asked people for consent when personal care was provided. People we spoke with confirmed this was the case. Staff explained how they were aware of such organisations as the Court of Protection and confirmed that they have always worked closely with external bodies to fully support people using the service.

People were supported to make their own choices about their every day lives. People using the service said that staff did support them and that this was in the way they had chosen.

Records showed that people using the service had their needs and choices reviewed and updated regularly. If a person's needs changed in any way, this was immediately addressed and changed in their support plan. Staff explained that regular discussions, as well as contact from the office, ensured that a person's needs were monitored. The provider, administration and care co-ordinator were readily available for discussions.

Relatives confirmed that they were informed of reviews taking place and were regularly kept up to date.

Records showed thorough assessments that were carried and people's choices and wishes were clearly recorded. Staff told us that they worked together to make certain a person had the full support they needed. Staff told each other if a person needed any extra food the next day. One relative told us, "Staff are really good with keeping an eye on [relative name] and they all make certain we know if anything is needing attention."

Is the service caring?

Our findings

All comments received were positive about staff. People told us staff were caring and kind. One person said, "Oh yes, definitely." Another, "Yes, always." One comment was, "Their care goes above and beyond." Another person told us, "The staff are amazing and so kind always." A relative commented, "Staff are unbelievably caring and thoughtful. They stay until they are satisfied everything is as it should be."

People said staff respected and supported their privacy, dignity and independence. One person told us, "Staff knock first before coming in." Staff told us how they maintained people's dignity during visits. The provider told us this was an essential quality in any member of staff, the respect of a person and their feelings. Staff encouraged people to be independent and do things for themselves if this was what they chose to do. Routines were always flexible, for example, different days meant that people had different needs as their abilities may change on a daily basis. In these situations, staff support was adjusted to make certain the person's choices were accommodated.

Our discussions with staff showed that they knew people well. They explained what daily routines were followed and what people enjoyed doing the most. We saw that support plans reflected these routines and reflected the person's choices.

People using the service, and their relatives, confirmed they were regularly asked what they thought of their support and how they wanted this to be provided. This was then added to support plans and arrangements made to work towards any chosen goals and aims.

Support plans included personal preferences and choices about how the person wanted their support to be given. Our review of comments received by the service and review of records showed that these choices were being met.

Staff were able to tell us in detail about the needs of people, their likes and dislikes as well as the specific support they required. This demonstrated that staff were knowledgeable about the needs and preferences of the people they supported.

People could be assured that information about them was treated confidentially and respected by staff. Records relating to people's care and support were stored securely.

Is the service responsive?

Our findings

People had individualised and detailed support plans that told staff precisely how to provide support in the way the person preferred. For example, one person's stated, 'Please give me a little time to wake up.' Another stated, 'Please talk about my day.' Then there were details of how the person enjoyed spending their days out, so staff were fully aware of which subjects to discuss. Information on support plans also gave staff details about how the person managed to undertake some things on their own. For example, one plan stated, 'I am able to mobilise using my frame.' Such detail meant that staff were able to interact with people in a meaningful way and ensured that people remained in control of their lives.

Records showed that staff made certain they involved people using the service, and their relatives, in the planning of their support package. This ensured people's needs were met in the way they wanted. Staff explained that if a person did not want a certain member of staff to provide their support, they just had to say and that would be respected. Support plans were regularly reviewed and updated as people's needs changed.

Staff understood and respected people's social and cultural diversity and values. The staff team itself was multicultural and staff were experienced in providing support and meals for people from a variety of backgrounds. The provider explained that all members of staff worked in partnership with relatives to support each person as they wished and in a way that respected their cultural needs.

There was a complaints procedure in place. The information was accessible to meet people's individual communication needs. People and relatives told us they would have no problem with contacting the office or speaking with support staff if they had any concerns. They said they had every confidence that staff would act appropriately. Although there had been no recent issues presented, previous records showed that any complaints received had been investigated thoroughly, and changes made where necessary.

The staff ensured people had access to the information they needed in a way they could understand it. This meant the home complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported at the end of their lives. Comments included such statements as, 'I will always remember you all for the kindness you showed to [relative].' Another said, 'My [relative] very much appreciated your care, kindness and company.' There was policy and procedure in place for staff to follow in such circumstances. Support plans contained the choices of the person concerned in the event of their death along with contact details for the next of kin. The provider explained that the service supported family members in such circumstances.

We noted that one comment received by the service was thanking staff for their continued support during changes in the person's medical needs. It stated that the individualised support had meant that the person had been able to remain in their own home. Another comment was, 'You are our lifesavers.'

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Although the registered manager was on annual leave at the time of this inspection, the provider was available plus two other staff members to provide assistance.

There were systems in place to monitor and check the quality of the service and the support that was provided. These checks included regular audits of records, spot checks on medicines records, training and risk assessments. The provider encouraged suggestions and feedback from people using the service, from relatives and staff to continually monitor the quality and suitability of the service provided.

The provider also undertook hands on care and support to ensure the support plan was appropriate at all times. This also provided the opportunity to speak about the member of staff allocated to the individual in a relaxed way with people using the service.

The timing of each visit to people was important to the staff team and this was closely monitored. Any late visits for things such as traffic delays were handled with a telephone call to say the staff member was on their way and a rough time provided for their arrival. If the delay was going to be longer than a few minutes, other staff were deployed to that person. When the member of staff was freed up they then went on to the next person who required support. This meant there was never a knock on effect due to any late visits. The audit that had been completed for appropriate timings, showed there had been no late visits during the whole of last year.

Policies and procedures were in place to cover all areas of the service. Areas covered included subjects such as dealing with medicines, safeguarding and moving and handling. These documents were regularly reviewed and updated as required.

Records showed that regular checks were carried out on the office premises. Checks included areas portable appliance testing and fire alarm checks. All documents was up to date and securely stored. A data protection assessment had also been completed.

Gilder Care worked with other agencies such as local hospital and the surgery. The service is committed to The Social Care Commitment which is the organisation taking a pledge to strive to deliver high quality care and ensure the public have confidence in the care and support offered by Gilder Care staff team. The provider told that they have been invited on to a parliamentary review of panel regarding current care provision.

We were told that staff are to offer families a dementia awareness morning to be included in a coffee morning held for people using the service. This will provide a platform for joint discussion and provide an opportunity for everyone to get to know each other.

The provider explained that families also receive support where possible. For example, if anyone is seen to be running low of food the family are informed and a list of favourite items provided for their use. Plus, working with the local authority contracting hours, Gilder Care adds up the hours not used over a period of time. When needed, a staff member will use this time to sit and chat with a person using the service while the family get to take time off and have time to themselves.

The provider was aware of their responsibility to have on display the rating from their last inspection. We saw the rating was clearly on display on the provider's website and within the service. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed us that we had been notified appropriately when necessary.