

Giles Care Ltd

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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

About the service:

Giles Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults with mental health needs. At the time of the inspection the agency was supporting 24 people, only 15 were receiving personal care. CQC only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

People's experience of using the service:

People told us they felt safe and supported by staff in the way they preferred. Potential risks to their health and welfare had been assessed and there was guidance in place for staff to mitigate the risks. Checks and audits were completed to make sure people received a high standard of support. People and staff were asked their opinion on the quality of the service and suggestions for improvements.

People's needs were assessed before they started using the service. People were involved in developing their support plan and asked their opinion about the quality of the service. People were supported by staff who were passionate about supporting people to live their life fully and preventing discrimination relating to their religion or sexuality. Staff supported people to become more independent and develop their life skills and activities. People were encouraged to lead healthier lives and keep as active as possible. Staff supported people to attend healthcare appointments and express their views about their support.

People were supported by staff who had been recruited safely, received training appropriate to their role and received supervision to develop their skills. Incidents had been recorded and analysed to identify how to keep people as safe as possible. People told us they knew how to complain and raise any issues they may have and these had been resolved to their satisfaction. The management team worked well with other agencies and continued their learning to ensure people were supported effectively.

Rating at the last inspection:

Requires Improvement (report published 28 February 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found the service now met the characteristics of Good in all areas. The overall rating is now Good.

Follow up:

We will continue to monitor the service.

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?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Giles Care Ltd

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

Giles Care is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to adults who may be living with mental health needs.

The service had a manager registered with the Care Quality Commission. 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 it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 19 February 2019 and ended on that day. It included visiting people in their own homes. We visited the office location on 19 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

We spoke with the two people who were happy to meet with us. We spoke with the registered manager, provider, senior team leader and two care staff. We observed staff spending time with people and their interactions.

We reviewed a range of records. This included three people's care records, three recruitment records, supervision and training records of all staff. We reviewed records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Assessing risk, safety monitoring and management:

- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to follow to reduce the risks.
- All aspects of people's lives were assessed for risks and staff worked with people to manage the risk. It had been identified that one person could administer their own medicine but did not feel comfortable having a month's supply of medicine in their home. Staff had agreed a system so that the person would only have a maximum of two days medicine in their home.
- When people had been assessed as not always recognising the risks of smoking, there were systems in place so that the person could continue to smoke safely. People had areas in their homes where measures had been put in place for them to smoke safely.

Lessons learnt when things go wrong; using medicines safely:

- Incidents were recorded and analysed to identify patterns and trends in people's behaviours.
- When patterns had been identified, staff approached people, to identify if there were any changes in their life that they needed support with.
- Staff acted to support people to learn from any incidents and put plans in place to reduce the risk of them happening again.
- Staff supported people to order and collect their medicines, to ensure that people had a constant supply of medicines.
- People were supported to attend appointments with health professionals to review their medicines to make sure that their medicines were meeting their needs.

Supporting people to stay safe from harm and abuse, systems and processes:

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware how to recognise and report any concerns they may have. Staff were confident that the registered manager would act appropriately.
- The registered manager had reported concerns to the local safeguarding authority and had worked alongside the police to keep people safe while they were in the community.

Staffing levels:

- There were sufficient staff to meet people's needs. Permanent staff covered sickness and annual leave, the registered manager and team leader knew people well and provided cover if needed.

- People told us that they always received their support when they needed it. The timing of the support could be changed to support people to attend appointments and activities.
- Staff were recruited safely. Checks had been completed before staff started work at the service including references and full employment history. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers to make safer recruitment decisions.

Preventing and controlling infection:

- Staff received infection control training and supported people to keep their homes clean.
- Staff had access to and wore gloves when needed, to prevent the risk of infection.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People met with the registered manager and provider before they began to use the service.
- People's needs were assessed to make sure that staff would be able to meet their needs and to discuss what goals the person was working towards.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment, this included people's needs in relation to culture, religion and sexuality.

Staff skills, knowledge and experience:

- Staff received training and regular updates in subjects such as safeguarding, mental capacity act and health and safety. There was a training matrix in place so staff were reminded when their training required updating.
- Staff completed training online, by distance learning and face to face. Some staff were completing a vocational qualification in care, the senior team leader had made specific arrangements with the assessor, to meet the specific needs of the staff and the service.
- New staff completed an induction including shadowing more experienced staff to learn about people's choices and preferences.
- Staff received regular supervision to discuss their practice and development. Staff told us they felt supported in their role and could discuss any issues they may have.

Supporting people to eat and drink enough with choice in a balanced diet:

- Staff supported people to shop for their own food and encouraged them to make healthy choices.
- People told us staff encouraged them to eat less sugar, by looking for alternatives when they went shopping. People were prompted to eat more fruit and vegetables.

Staff providing consistent, effective and timely care. Supporting people to live healthier lives, access healthcare services and support:

- Staff monitored people's physical and mental health, they contacted relevant health and social care professionals when people's needs changed.
- People told us they were supported to attend appointments. During the inspection, people were attending healthcare appointments with staff.
- People were encouraged to be as active and healthy as possible. People told us, that staff went on long

walks with them several times during the week. One person told us how this had helped both his physical and mental health.

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 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 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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- Staff supported people to make their own decisions and respected the decisions even if they were unwise.
- When people needed support to make sure their decision was acted upon, staff advocated for people.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported:

- People told us they were well treated and the staff were kind to them. We observed an open and relaxed relationship between staff and the people we met.
- Staff knew people's choices and preferences including their sexuality and religion.
- One person had written to thank staff for respecting their religious belief. The person did not celebrate Christmas, staff organised a breakfast with the person so that could spend time with them and let the person know that they were special.
- Another person told us how staff supported them to maintain their relationship, sexuality and how they liked to spend their leisure time. They told us how staff made sure they had tickets and a safe place to stay when they attended rallies in support of their sexual orientation.

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

- Management and staff were passionate that the people they supported should not be discriminated against.
- Staff supported people to attend health appointments to make sure that people were given the opportunity to express themselves and their views about their support.
- Staff discussed with people how they wanted to be supported and involved people in meetings with social care professionals.

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

- People told us that staff always waited to be invited into their homes.
- Staff had worked with people to develop goals that they wanted to achieve. One person told us, "The care is unbelievable, I am learning how to do my washing, maintain my hygiene, make my bed and doing daily chores."
- Staff supported people to learn life skills, one person had notes around their flat to remind them to do chores, such as dusting or washing up.
- Staff described how they supported people to continually improve their skills and the pride this gives people.
- People were supported to develop their interests. One person was interested in working within radio, staff had identified a volunteer position at a local radio and had supported the person to apply for it. The person told us how much they enjoyed the role.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised Care:

At the last inspection, we recommended that the provider seek guidance for writing person centred support plans. At this inspection, improvements had been made.

- Each person had a support plan. People had been involved in developing the support plans to include their choices and preferences.
- Each person's plan, had details about what the person wanted to be supported with each time they received support.
- Staff could describe how they supported people at each visit and this was reflected in the support plan.
- Plans included information about how staff should support people with their religious beliefs and sexuality.
- People told us they discussed their support regularly with staff and if they wanted changes, this was recorded and put in place immediately.
- People told us that staff were flexible and adaptable to their needs. When people needed additional support, this was accommodated.
- People were supported to take part in activities they wanted. Staff supported people to attend clubs, one person told us, staff had stayed with them on their first visit, so they felt safe.

Improving care quality in response to complaints or concerns:

- People told us they would ring the office or registered manager if they had a problem.
- During the inspection, people rang the team leader, with any concerns they had about their support or any other aspects of their lives.
- People told us that any issues they had were resolved quickly and to their satisfaction.
- There had been no formal complaints since the last inspection. The provider had a complaints policy in place and this had been given to people.

End of life care and support:

- Staff were not supporting anyone at the end of their lives. There were policies and procedures in place for staff to follow.
- Some staff had received training in end of life care and this was an ongoing programme of training.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

At the last inspection, we recommended that the provider embeds previous improvements and increase their audits to cover all aspects of the service. At this inspection, improvements had been made.

- Audits and checks had been completed on all aspects of the service including recruitment, support plans and training.
- The checks and audits had been effective, any shortfalls found had been rectified.
- The senior support worker, visited people regularly to check the quality of the service provided.
- Both the registered manager and senior support worker worked alongside support workers to check they were providing support to the required standard.

Provider plans and promotes person-centred, high quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- There was an open and transparent culture within the service. People and staff told us they could contact the management team at any time and they felt supported.
- During the inspection, people and staff rang the senior support worker for support and let them know any changes.
- Staff discussed people's support at handover each morning and were kept informed of any changes.

Engaging and involving people who use the service, the public and staff:

- The service had identified that the people they supported did not like to complete questionnaires. The senior team leader met with people on a regular basis, to ask their opinion on the quality of the service and any suggestions they may have.
- The provider had analysed the results of the visits at the end of the year. The results had been positive and any suggestions had been put in place.
- Staff attended regular meetings, to discuss their practice, keep up to date and make suggestions.

Continuous learning and improving care; working in partnership with others:

- The management team attended local forums with other registered managers to keep up to date with any

changes and best practice.

- The provider told us, that this had been helpful in the improvement of the quality of service they provide and meeting regulation.
- The provider and registered manager were proud of the improvements they had made in the service. They described how the improvements they had made in recording and support planning had been positive when working with other agencies. The improvements in documentation had assisted people to receive an increase in the support they received.
- The service worked closely with other agencies including the local authorities and mental health services.