

Galilee Care LTD

# Galilee Care

## 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

Galilee Care is a domiciliary care agency providing support and personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found  
Feedback from relatives was positive. One relative commented, 'I am happy with them.'

There was enough staff to support people and people told us staff arrived on time. Staff knew how to support people safely where there were risks from health conditions or where equipment such as hoists were used.

Care plans contained detailed risk assessments. Risks to people's health and wellbeing were assessed and risks mitigated. Environmental assessments were also in place, which identified and reduced any environmental risks to people and staff.

People were protected from the risk of abuse. Robust recruitment processes were in place. This prevented unsuitable staff from working with people. Staff were skilled in carrying out their roles. The registered manager ensured staff were appropriately trained.

People told us they felt at ease with staff. People were cared for by staff who treated them with care, kindness, dignity and respect. Staff were committed to providing person centred care and respected people's individual preferences.

People's needs were assessed prior to receiving a service including their protected characteristics under the Equalities Act 2010.

People were 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. For example, Staff had the information they needed to support people to make choices. Staff knew people had the right to make unwise decisions if this was their preference.

Staff and relatives told us that the service was well managed. The service worked in partnership with other organisations to improve outcomes for people where this was needed. The registered manager had oversight of staff performance. Spot checks were undertaken to ensure staff were following correct procedures and practices.

The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided. Staff told us they were kept informed about any changes to their role. Staff and people

told us the registered manager was approachable and listened to their ideas and suggestions.

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

#### Rating at last inspection

This service was registered with us on 12 August 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the length of time since the service registered with us.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Galilee Care

## 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 Care Act 2014.

#### Inspection team

The 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.

The service had a manager registered with the Care Quality Commission. This means the provider and manager were legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice of the inspection. We needed to be sure the provider or registered manager would be in the office to support the inspection. We also needed to arrange to speak with people and for documents to be sent to us.

Inspection activity started on 26 October 2021 and ended on 2 November 2021. We visited the office location on 26 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker and care worker.

We reviewed a range of records. This included three people's care records, medicines records, and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative said, "Yes, we feel safe with the staff. They are good."
- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these. The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required.
- Staff had received adult safeguarding training. They understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is about protecting people from harm or abuse. If I suspect, I will report to the manager or take it higher to CQC or Police."
- Staff told us they would not hesitate in whistleblowing (telling someone) if they had any worries. A member of staff said, "If my manager or company is not responding to an allegation of abuse for example, I can report it to CQC or social services."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and managed. People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence and ensuring their needs were met. The registered manager understood this.
- Potential environmental risks and hazards such as uneven surfaces, appliances and trailing wires within people's homes had been adequately identified in assessments and controlled.
- Policies and systems were in place to ensure that incidents were recorded, including late or missed calls. The registered manager told us there had not been any incidents.

Learning lessons when things go wrong

- The registered manager had logs in place to record any accidents and incidents. The registered manager told us that they would monitor these, so any trends could be recognised and addressed.
- The registered manager told us they would use the information to make improvements to keep people safe whenever required.
- There had not been any incidents, accidents and near misses since registration.

Using medicines safely

- Medicines were safely managed and administered. People that required support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.

- Staff had received medicines training. Yearly medicine administration competency checks forms were in place for medicine administration reviews.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. These were audited by the registered manager regularly.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff. Medicine audits were carried out.

#### Staffing and recruitment

- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were enough staff deployed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing. A relative said, "Staff do turn up regularly."
- People and staff had access to an out of hours on call system manned by the registered manager.
- People were supported by staff who had been safely recruited. Checks were completed to make sure new staff were suitable to work with people. Two references, including one from the most recent employer, and Disclosure and Barring Service (DBS) criminal record checks were obtained. DBS checks help providers make safer recruitment decisions.

#### Preventing and controlling infection

- A healthcare professional said, 'The pandemic has been a difficult time, yet the manager has always shown reliability, and has been knowledgeable in the Covid-19 requirements.'
- There were effective systems in place to reduce the risk and spread of infection. For example, the registered manager had ensured all staff knew they must wash their hands frequently and used appropriate protective equipment (PPE), due to the COVID-19 pandemic.
- We were assured that the provider's infection prevention and control policy was up to date. Staff had completed the relevant training. Spot checks on infection control practice were undertaken to ensure staff were following the correct procedures and government guidelines.
- Staff had access to enough personal protective equipment (PPE). Staff confirmed they used their PPE at all times. A member of staff said, "We use a mask and gloves before entering people's homes. I have had my two covid-19 vaccines. We also carry out weekly tests."



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The registered manager carried out an initial assessment with people before they started providing care and support. People told us they were fully involved in the assessment process.
- Records showed initial assessments considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- Information gathered at the initial assessment stage was used to develop people's individual care plans. These were developed over time as staff got to know people and their relatives.

Staff support: induction, training, skills and experience

- Staff had the training they needed to support people safely and effectively. Staff had undertaken training in areas such as safeguarding, food hygiene, and health and safety. Staff had also completed training in specific needs such as dementia, moving and handling and use of equipment. One staff said, "I completed moving and handling, safeguarding, using the hoist amongst others."
- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of their role. New staff worked alongside other experienced staff before providing care on their own.
- Staff have completed the Care Certificate. The Care Certificate is a set of standards which social care workers must adhere to in their daily working life.
- Staff received regular supervision which included the opportunity to discuss their personal development. Staff were positive about the supervision, which enabled them to be heard and listened to.

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

- Care plans included a nutrition and hydration risk assessment and guidance for staff on people's dietary requirements.
- Staff demonstrated that they understood the importance of following set guidelines in place. They followed people's care plans which detailed the support they required with eating and drinking.
- Staff received training regarding nutrition and fluids, so they had the knowledge to support people to eat healthily.

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

- A healthcare professional said, 'The manager has always shown initiative when it comes to providing care and supporting my clients; i.e. She will make necessary contact if a patient does not have correct medication or equipment upon discharge, then inform me so I can log in our system; and also inform me of any changes of care requirements.'
- Staff worked effectively with other agencies to support people with their healthcare needs. For example, health care professionals had been contacted in assessing people's specific risks and the registered manager had ensured that staff provided support as required.
- Relatives told us staff supported their loved ones to maintain good health, including contacting healthcare professionals on their behalf if necessary.
- Care plans showed that healthcare formed part of people's initial assessments, which were taken into consideration before care provision started.
- The registered manager told us any concerns highlighted by staff were referred to relevant professionals, such as GPs. We saw evidence of this in people's care records.

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 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.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- The registered manager and staff had received MCA and Deprivation of Liberty Safeguards training. They understood people had the right to make their own decisions about their care.
- Staff understood and supported people to make day to day choices. Where people had capacity, staff understood they had the right to make unwise decisions. One member of staff said, "We talk to them to find out how they want things done every time we visit."
- Where relatives had lasting power of attorney for people and were legally able to make decisions on people's behalf the registered manager had checked this was in place.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us that staff treated them well and they are caring. A relative said, "They are very nice, friendly, caring and helpful." Another said, "They are brilliant, I cannot fault them."
- Staff knew people well. People's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. For example, one person had needs relating to their religion and culture. Staff were aware of these needs. As far as possible people were able to choose the gender of the staff who were supporting them if they wanted to do so.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff treated their loved ones with dignity. One relative said, "They do respect our values, I cannot fault them."
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices. A relative said, "I am involved in my dad's care."
- Care records promoted people's right to independence and focused on what people were able to do for themselves.
- The registered manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets in the office. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People told us they had regular staff who supported them, and staff knew them well. Care plans included people's individual preferences and interests, personal history and staff understood these.
- Each person had a designated care staff who covered all their daily needs. Staff were matched with each person they supported.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person.

Improving care quality in response to complaints or concerns

- A healthcare professional said, 'I currently do not have any concerns about Galilee, I just hope they can expand in the areas we find it hard to source in!'
- People knew who to contact if they were concerned about anything. One relative said, "If I had any complaints, I will speak with staff."
- The service had not received any complaints since they started providing personal care.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us that they made documents available to people they supported in different formats such as large print if needed.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with.

End of life care and support

- There was information in people's care plans about whether they wanted to be resuscitated by the

emergency services should they require this intervention to maintain life.

- At the time of the inspection, there were three people who were receiving end of life support. Relatives and healthcare professionals supported care staff in a joined way to meeting their needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A healthcare professional said, 'The service is certainly well managed; the manager has always been my only point of contact via email, landline and mobile; and I've not had any concerns regarding my referrals. Please give the Outstanding rating.' Another said, 'The manager is professional and helpful and accommodating. She is also very easy to deal with, caring and supportive of all of her clients.'
- There were effective systems in place to monitor the quality of the service. A range of quality audits such as care plans, medicines, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager. This meant that the registered manager had a robust system in place for monitoring the quality of the service.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement.
- Spot checks on staff practice were undertaken to ensure staff were providing a good standard of care and following procedures. This included areas such as ensuring staff followed infection control guidance, used equipment safely and communicated appropriately with the people they supported.

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

- There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood the need to be open and transparent if there was such an incident and understood their duty of candour responsibilities.
- The registered manager had informed CQC of significant events that happened within the service, as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the registered manager encouraged a culture of openness and transparency. A member of

staff said, "The management is good. They listen and care for staff."

- There was a positive focus on supporting staff to communicate and express their views. A member of staff said, "The manager is a lovely lady, open minded, you can tell her anything and she cares about staff. She is a good manager."
- The registered manager sent out regular surveys to people and their relatives. Feedback received showed people and their relatives were satisfied with the service. For example, relatives wrote, 'Galilee Care has been the best we had' and 'Very kind and very friendly.'
- People were asked for their views by telephone monitoring, in writing and by visits from senior staff. They provided feedback about the service received. Feedback received showed people were satisfied with care and support received.
- A healthcare professional said, 'We have also always received very positive feedback from clients and families alike. The carers are thorough and prompt and do a very decent job to very high standards. The Manager will always feed back to us if she feels someone needs more care than what was recommended by the hospital upon discharge.'
- Staff received regular supervision and there were meetings for staff where they could raise any concerns. There was also a survey for staff and staff said they felt listened to. A member of staff said, "We have staff meetings. Sometimes on video and sometimes face to face. I am able to talk freely and I am listened to."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The registered manager worked with people, their relatives and healthcare professionals to meet each person's needs.
- The service was working in partnership with a number of organisations. This included the local authority, occupational therapists, CCG and district nurses.
- A healthcare professional said, 'The Agency are able to take on care packages very quickly, often on the same day we refer to them which is helpful for freeing up hospital beds. We have had some clients come back into hospital and upon discharge, they have asked for the support from Galilee Care again rather than going with a different service.'