

Gordon Care Services Limited

# Gordon Care Services Limited

## Inspection report

Orion House  
104-106 Cranbrook Road  
Ilford  
Essex  
IG1 4LZ

Tel: 02033055806

Website: [www.gordoncareservices.co.uk](http://www.gordoncareservices.co.uk)

Date of inspection visit:

01 December 2017

07 December 2017

Date of publication:

31 January 2018

## 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

This inspection took place on 01 and 07 December 2017. We gave the provider 48 hours' notice of our visit on 01 December and arranged with them to return on 07 December to complete the inspection. This was the first inspection of the service since it was registered in November 2015.

This service 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 younger disabled adults and children with a disability. When we inspected the service was providing personal care to two adults and five children. The provider's Nominated Individual was also the registered manager of the service.

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.

Not everyone using Gordon Care Services Limited 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.

The provider had systems to safeguard people from harm and abuse. Care workers completed safeguarding training and knew how to report any concerns.

The provider assessed possible risks to people using the service and developed action plans to mitigate any risks they identified.

There were sufficient staff employed to provide care and support and where people needed support from more than one care worker, the registered manager arranged this. They also carried out checks on new staff to make sure they were suitable to work with people using the service.

Where people needed support with their medicines, the registered manager ensured they received these as prescribed and safely.

Care workers had access to personal protective equipment for the prevention and control of infection.

The registered manager referred to guidance from the Social Care Institute for Excellence (SCIE) and the Royal Pharmaceutical Society (RPS) to make sure they followed up to date guidance.

Staff completed the training they needed to provide effective care and support to people using the service.

Where people needed support with their health care or nutritional needs, their care workers provided this.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

People using the service or their relatives told us their care workers were kind and caring. They also said care workers treated people with respect.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received. People using the service told us they knew how to make a complaint.

The registered manager promoted a culture that was person centred, open and inclusive. People using the service told us they felt the service was well managed.

People using the service and staff were involved in reviewing the care and support people received. Care workers told us they were able to comment on the service and the manager listened to their views.

The registered manager carried out checks and audits to monitor quality in the service and make improvements.

## 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.

The provider had systems to safeguard people from harm and abuse. Care workers completed safeguarding training and knew how to report any concerns.

The provider assessed possible risks to people using the service and developed action plans to mitigate any risks they identified.

There were sufficient staff employed to provide care and support and where people needed support from more than one care worker, the registered manager arranged this. They also carried out checks on new staff to make sure they were suitable to work with people using the service.

Where people needed support with their medicines, the registered manager ensured they received these as prescribed and safely.

Care workers had access to personal protective equipment for the prevention and control of infection.

### Is the service effective?

Good 

The service was effective.

The registered manager referred to guidance from the Social Care Institute for Excellence (SCIE) and the Royal Pharmaceutical Society (RPS) to make sure they followed up to date guidance.

Staff completed the training they needed to provide effective care and support to people using the service.

Where people needed support with their health care or nutritional needs, their care workers provided this.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

### Is the service caring?

Good 

The service was caring.

People using the service or their relatives told us the care workers were kind and caring.

People also said their care workers treated them with respect.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received. People using the service told us they knew how to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager promoted a culture that was person centred, open and inclusive. People using the service told us they felt the service was well managed.

People using the service and staff were involved in reviewing the care and support people received. Care workers told us they were able to comment on the service and the manager listened to their views.

The registered manager carried out checks and audits to monitor quality in the service and make improvements.

# Gordon Care Services Limited

## **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 was planned to check 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 01 and 07 December 2017. We gave the provider 48 hours' notice of our visit on 01 December and arranged with them to return on 07 December to complete the inspection. We gave the service notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 01 and 07 December 2017 to see the registered manager and to review care records and policies and procedures. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included statutory notifications the provider sent us about significant incidents or events that affected people using the service and information the provider sent us in their Provider Information Return dated 4 November 2017. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During our visits to the provider's office we looked at care records and risk assessments for three people using the service, staff recruitment and training records for three care workers and other records related to the day to day running of the service. This included records of complaints and accidents and incidents, the provider's policies and procedures and checks and audits they carried out to monitor quality in the service and make improvements.

Following the inspection we spoke with the relatives of three people using the service and contacted 12 care

assistants and nine health and social care professionals for their views on the service. We received comments from five care assistants.

# Is the service safe?

## Our findings

People using the service and their representatives told us they were cared for safely. Their comments included, "I am never worried. I know my [family member] is safe", "My [family member] is perfectly safe when they are out with the carers. I never worry about that" and "I'm sure they are safe, I wouldn't use carers if I didn't think they would do a good job".

The provider protected people using the service from abuse as they had robust policies and procedures for safeguarding adults and children. Care workers understood and followed the provider's procedures. When we asked care workers what they would do if they thought a person might be subject to abuse, their comments included, "If I suspected that a child was being abused, I would inform my manager and the child's social worker. Ensuring that appropriate measures are taken to investigate this suspicion", "I would let the manager know", "If I have any concerns for clients the first person I contact is management, if I am unable to get in touch with management I contact the local authority. If it is an emergency, then I will contact the police" and "In the situation that I believe or have suspicion of abuse towards a client I will instantly reach out to my team leader or manager with this concern and ensure further action is taken to investigate this. If I witness or have confirmation on this abuse I will also contact the authorities immediately."

The provider had reviewed and updated their safeguarding policies in October 2017. The policies covered the provider's responsibilities to children and adults using the service and gave care workers clear guidance on actions they should take if they had concerns. The procedures included contact details for the local safeguarding adults and children teams. The provider's training records showed all care workers were up to date with their safeguarding training and we saw confirmation of this on the staff files we reviewed during the inspection. Information the provider gave to people using the service also included guidance on how to raise concerns with the provider and other agencies including the local authority and the Care Quality Commission (CQC).

The provider assessed risks to people using the service and took action to mitigate those they identified. People's care records included assessments of possible risks that included financial abuse, infection control, epilepsy, moving and handling and accessing community services. The provider had recently reviewed all of the assessments we saw and these included clear guidance for care workers on mitigating risks they had identified for each person using the service. For example, one person's risk assessment for the risk of financial abuse required their care workers to "agree activities that require entrance fees with the family before leaving home" and "provide a receipt for any money that is spent." A second person's assessment of the risk of possible financial abuse included an action that the registered manager or team leader would carry out a monthly audit of all financial transactions that involved the person's money. The provider was able to show us that they had completed these audits and this was evidence that they took action to mitigate possible risks to people using the service.

Records and information about people using the service was accurate, legible and up to date. The provider stored copies of people's care records securely in the office and they confirmed that they regularly backed



up computer records off site to ensure these were available in the event of an emergency that meant they could not use their office premises.

Where necessary, people's care records included information about behaviour that challenged the service and guidance for care workers on the actions they needed to take to support people. For example, one person's care records included instructions for care workers that prompted them to divert the person's attention away from possible behavioural triggers, offer alternative activities and de-escalate any behaviour that challenged. The daily records completed by care workers showed they followed the provider's guidance to manage incidents of behaviour that challenged.

Before they provided a service to people the registered manager completed an assessment of their care needs. They told us they used the assessment to determine the level of support and the number of care workers the person needed and we saw they reflected this in the care and support plans they developed. Where people expressed a preference, the provider planned their support to accommodate this. For example, the family of one child using the service said they preferred a female care worker and the care plan and staff rota showed the provider arranged this.

The provider ensured new care workers were suitable to work with people using the service. They carried out checks on all new care workers and the staff records we reviewed each included a photograph, application form, two references, an interview record, proof of the person's identity and right to work in the UK and a Disclosure and Barring Service check.

Where people using the service needed support with their medicines the registered manager ensured this was provided by care workers they had assessed as competent to provide this level of support. Training records showed that care workers who helped people with their medicines had completed training and the registered manager had assessed their competence and understanding of the tasks involved. We checked the medicines administration record (MAR) sheets for one person using the service and saw these were up to date with no errors or omissions. The registered manager had audited the medicines records in April 2017. Following the audit they had reminded care workers to check expiry dates of medicines and agreed arrangements for the safe storage of medicines with the person's family. This was evidence people received the medicines they needed safely and as prescribed.

The provider's quality assurance policy included procedures to follow in the event of safeguarding concerns, incidents or accidents that affected people using the service. The provider confirmed there had been no such incidents since the service started to support people.

# Is the service effective?

## Our findings

The registered manager referred to guidance, legislation and standards to ensure they provided effective outcomes for people using the service. They were able to demonstrate a good knowledge of the fundamental standards of care, relevant legislation and guidance, including the Social Care Institute for Excellence (SCIE) guidance papers on safeguarding people using social care services and guidance from the Royal Pharmaceutical Society Society's guidance on managing people's medicines.

Care workers had the skills, knowledge and experience to deliver effective care and support to people using the service. Records showed they completed induction training that was in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Care workers also completed training the provider considered mandatory. This included manual handling, infection control, health and safety, basic life support and medicines management.

Care workers told us they received the training they needed to work with people using the service. Their comments included, "I do receive the training I need and this is accessed via online training and also in person where a trainer comes in to train us. I have found especially the introduction to autism to be extremely beneficial", "I received all the relevant training. Challenging behaviour was very informative" and "With Gordon Care I got trained which helped with me being out in the field. One of the courses that was truly helpful was the safeguarding.

Care workers also told us they felt supported by the provider. They said, "I have always had the support of Gordon Care. While at work I get supervision regularly. It helps me know I have the organisation's support whenever I am unsure of anything" and "I have had several instances of beneficial help through shadowing / supervision from my team leader".

Staff records showed that the registered manager carried out regular spot checks on care workers when they were supporting people using the service. The manager also met with each care worker regularly to discuss their performance, training and personal development needs.

Before they started to provide care and support to people, the manager visited them in their home to complete a full assessment of their needs. Some people's care records also included a local authority assessment. We saw the assessments covered people's personal care, physical and mental health support needs and included clear guidance for care workers on the care and support people needed. Where the provider identified a change in a person's care or support needs, they communicated this promptly to the local authority and agreed changes to the support they provided. For example, we saw the number and time of care visits were adjusted when a person's needs increased.

Where care workers used equipment to support people in their own homes we saw the provider made sure this was regularly serviced, maintained and recorded in their care plans and risk assessments.

Where people's care plans indicated they needed support with eating or drinking, the registered manager made sure they received this. Care plans included details of any support people needed with their nutrition and hydration and we saw care workers recorded this in people's daily care notes. Where required, people's care plans included their religious or cultural dietary needs, for example if a person required a vegetarian diet.

The registered manager and care workers told us that family members supported most people using the service to access health care services. However, they also said they would monitor people's health and report any changes to the family or GP if required. Care workers also told us about times when they had called a person's GP or the ambulance service when a person became unwell and family members were not available.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the (MCA) 2005.

The registered manager understood their responsibilities under the MCA and people's care plans included information and assessments of their capacity to make decisions about the care and support they received. Where people had capacity, we saw the provider involved them in planning and directing the care they received. Where people lacked capacity to make these decisions, we saw the provider worked with their relatives or representatives and the local authority to agree decisions that were in the person's best interests.

People's care plans included guidance for care workers on consent and the person's capacity to make decisions. The provider reminded care workers to explain the care and support they provided and offer choices to people routinely. For example, one person's care records included important information about the ways in which they communicated and made choices. Their care plan said, "I don't like not having choices. Please allow me to choose what I want to do".

## Is the service caring?

### Our findings

People using the service and their representatives told us their care workers were kind, caring and treated them with respect. Their comments included, "The [care workers] are lovely, they are more like friends", "The care is excellent, I don't think it could be better" and "I'm very happy with the carers. It's not easy but they do a good job".

People told us they usually had the same care workers at each visit, they arrived on time and the service always contacted them if there were any changes. One person said, "We always have the same carers unless they are sick or away and then they always tell me who will be coming". A second relative commented, "They are always on time, 98% of the time. I'm flexible and it doesn't cause any problems if they are held up. They always let me know". A care worker said, "I usually visit the same people but if I go to a new client, the manager will usually introduce us and tell me what care the person needs. I can also look in the care plan if I'm not sure."

People's care records showed that the provider supported them to express their views about the care and support they received. One person's relative told us, "They came to see us before they sent the care workers. They talked to us about how we wanted things done and made sure we were happy. They do check with us from time to time to make sure it is all going well".

People told us their care workers stayed the correct amount of time. Care workers also told us they had enough time to provide people with the care and support they needed. One said, "There's enough time but it's busy and you need to be organised. It's important to spend time talking to people, it's not just about helping with the care. I always make sure people are happy before I leave".

Care records showed that the service supported people to be as independent as possible. Care plans included information about what each person could do for themselves and what help they needed. For example, one person's care plan included detailed information about activities they enjoyed. The plan included clear goals to "Promote health and welfare" and "Promote dignity and independence" and daily care notes showed that care workers offered daily choices and encouraged the person to do as much as possible for themselves.

## Is the service responsive?

### Our findings

Care workers told us they had the information they needed to provide people with appropriate care and support. They told us, "Before meeting a new client, I am given her/his folder and briefed about the client. I also meet the parents and child and enquire more to ensure his support is person centred", "Before the introduction to new clients, I usually read the support plan of the client in question and meet the parents or carers accompanied by the team leader or manager for a formal introduction", "Starting with a new client can be a daunting experience, but with Gordon Care we are given access to read the client's care plan and meet the family this helps us know the client's routine and how we can work with the family to give the best support possible" and "When beginning work with a new client I am given access to their support plan and prior risk assessment forms for guidance and knowledge on each client's specific needs. The first few shifts with said client I will be accompanied by my team leader or manager in meeting and working to ensure I am aware and prepared for future work and communication with them".

The provider supported people using the service to contribute to planning the care and support they received. Records showed that the manager visited each person in their home before they started to deliver support to them. The manager completed a care needs assessment and risk assessments and we saw that people using the service, or their representatives, signed these to indicate they agreed to the support provided.

Care plans included information about people's physical, mental, emotional and social care needs. Each plan included a life history and information about significant people and events in the person's life. The plans were written in a person centred way that focussed on the abilities, aspirations and care needs of the individual. People's care and support plans showed they were able to direct the care and support they received in line with their preferences and routines. The provider used 'I' statements to remind care workers of this and make care plans person centred. For example, "I need you to ensure I am always safe", "I am aware of my choices so you will need to ask what I want" and "I like going outside when the weather is good".

The provider met the information and communication needs of people with a disability using the service. One person's care plan included information for care workers about the methods they used to communicate their wishes and preferences. For example, the care plan gave care workers working with this person information about how they communicated their preferences and expressed frustration. The plan also included information from the person's family that enabled care workers to understand body language the person used.

The provider and registered manager monitored and reviewed people's care plans to make sure they had up to date information about their care needs and to make sure these were met by the service. They had reviewed the plans we saw regularly and people using the service, their relatives and professionals involved in their care were included. This meant the provider had up to date information about people's care needs and confirmation they had agreed with their care and support plan.

Care records included evidence of regular spot checks on care workers by the registered manager. They completed a written report and made sure the care worker followed the provider's policies and procedures when they supported people with their care. Spot check reports included a monthly phone call to the person using the service or their family. The registered manager checked the care worker's punctuality, whether they followed the person's care plan and record keeping. Where they identified that care workers were not providing care and support in the way detailed in a person's care plan, they took action. For example, they reminded care workers that they must stay for the correct amount of time agreed in the person's care plan and must wear personal protective equipment such as gloves and aprons at all times.

The registered manager also reviewed each person's package of care and we saw they had done this at least once in 2017 for the plans we reviewed during our inspection. We saw evidence people using the service, their family and care workers were involved in the review and the registered manager made changes where required. For example, they had developed picture cards to enable care workers and one person's family members to offer meaningful choices.

The provider had a procedure for responding to complaints they received from people using the service or others. The procedure included clear timescales for responding to complaints and we saw all complaints were resolved within these.

People using the service told us they knew how to make a complaint but all those we spoke with said this had never been necessary. Their comments included, "We've never needed to use the complaints procedure. We've never had any complaints" and "There's never been any need to complain but I'm sure the office or [the registered manager] would sort it out if I had to."

## Is the service well-led?

### Our findings

People using the service or their relatives told us the service was well-managed. Their comments included, "[The registered manager] is very good. You can speak to her at any time and she will always come and see me if I ask" and "It's a very efficient service, we've never had any problems and [the registered manager] is excellent, she has very high standards".

Care workers told us the service was well managed and they received the support they needed. Their comments included, "I think it is well managed and I do receive support when needed, both by my manager and other support workers within the organisation", "The company is well managed and staff are supported by the manager who is so approachable, hands-on and appreciative of the work we do", "Working for Gordon Care has been good. I have had no issues with the organisation. I am always able to speak to management if I have any problems. I have always been supported with anything related to my job" and "I feel supported in every aspect of day to day work as I stay constantly updated with management to document my progress and concerns. The level of feedback and assistance has been crucial to my development as a care worker".

The provider's stated aim is to "Offer genuine care and support and to ensure that our services are person-centred to your needs". The registered manager spoke passionately about the importance of maintaining and increasing people's ability to be independent, as well as the importance of treating people with respect and offering them meaningful choices. Their comments included, "We will all need help as we get older and I want to help people the way I would want to be helped" and "Everyone we support can make choices. It can take more time but it's important".

The registered manager had 10 years' experience of working in social care services and a qualification in the management of health and social care. They registered with the Care Quality Commission in October 2015. They told us they kept up to date by attending the local authority's forum for providers and completing continuous professional development (CPD) training. The registered manager was also a qualified trainer and was able to support care workers with their training and development needs. The registered manager was aware of their responsibility for notifying CQC about significant events affecting people using the service.

The registered manager dealt with incidents in a transparent way and involved people using the service at all times. They confirmed there had been no major incidents but in the event of a service failure, for example a missed call, they would arrange for an immediate replacement and carry out a welfare visit to the person using the service to investigate and report to the social services department.

Care workers received feedback from the registered manager in a constructive and motivating way. Staff files we reviewed included records of regular supervision meetings where the registered manager praised care workers for work they had done with people using the service or for completing training.

The provider had systems in place to ensure the security of confidential information. They stored paper records in lockable cupboards in the office, staff had their own private log in for the provider's computer

systems and electronic data was regularly backed up off site to ensure it was secure.

The registered manager had systems in place to monitor quality in the service and make improvements. They had reviewed their quality assurance policy and procedures in January 2017 and carried out regular checks and audits. For example, they carried out three-monthly audits of people's care records and took action to address issues they identified. One person's care record did not include sufficient detail in their daily care notes. The registered manager discussed this with the person's care workers and monitored their standard of recording until they felt this had improved. They had also identified some information was missing from a person's care records and arranged for this to be included. When they completed actions they identified, the registered manager signed and dated the action plan to reflect this.

An administrative audit the registered manager carried out in August 2017 included reviewing records of accidents and complaints. Following the audit they ensured all care workers had completed moving and handling training and they updated their business plan. They also audited all staff recruitment files in August 2017 and as a result included a record of completed training on each care worker's file to evidence the training they had undertaken.

The registered manager was also able to show us they had achieved ISO 9001 certification in April 2017 for their quality management systems. We saw the assessor's evaluation and report on the service and the registered manager was able to show they had made a small number of minor modifications to achieve certification. ISO 9001 is the recognised standard that outlines the requirements an organisation must maintain in their quality systems to achieve certification.