

Gemcare South West Limited

# Gemcare South West Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 30 October, 2 and 5 November 2018 and was unannounced.

At our last comprehensive inspection in February 2016, a breach of a legal requirement was found so we issued a requirement notice. This was because the provider had not ensured people's care plans were effectively reviewed, met their needs and preferences and were reflective of the care being delivered. We also asked the provider to make improvements to how people's complaints were recorded. After the comprehensive inspection the provider submitted an action plan to tell us what they would do to meet the legal requirement in relation to the breach.

On 21 July 2017, we undertook an announced focused inspection to check that improvements had been made in these areas. We found the provider had met the legal requirement notice as issued at the previous inspection.

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 older and younger adults within Plymouth. At the time of the inspection the service was providing personal care to 481 people, including those with physical disabilities, sensory impairments, mental health needs, and people living with dementia. The service also provided care to people who were at the end of life. The provider had taken action when other providers were not able to continue their services, to provide care to the people affected and employ the staff members concerned. They told us they did this with the aim of maintaining quality services across the city of Plymouth.

A registered manager was employed to manage the service locally. 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.

When people had risks associated with their health or care needs, these had not always been assessed. Information was not always available to staff detailing how to help reduce these risks. When people had mental health needs, individualised information was not always available to staff to help reduce risks to people or recognise concerns. Clear information about people's medicines needs were not always available, particularly in relation to prescribed creams and lotions. Staff had received training to administer medicines but had not had regular assessments of their competency.

Staff had not always been recruited safely. There was an ongoing training programme, however not all staff whose training was out of date had been identified as needing refreshing; and the provider did not have evidence that some staff who had transferred from another organisation had up to date training in place.

The registered manager and providers had not monitored the service effectively. They had not ensured they had oversight of work delegated to other staff members. They had not identified the concerns highlighted

during the inspection.

People told us they felt safe using the service. Staff had received training in how to recognise and report abuse and were confident in reporting concerns. We received mixed feedback about the consistency of staff people were supported by and whether they received communication about any changes. People told us calls were not missed and staff were not rushed.

People told us they received support from staff who had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided and told us staff treated them with care. People were treated with dignity and respect and the service was working to increase staff knowledge of human rights. People's care plans contained information about their likes, dislikes and preferences and people confirmed these were respected by staff.

Staff told us they felt supported in their role. They confirmed they could contact the office for advice when needed and were listened to.

The providers were keen to develop a positive culture in the service which reflected the services vision and values. Staff confirmed they felt valued by the organisation, and people and their relatives gave positive feedback about how they were treated by the staff and the organisation as a whole.

The registered manager and providers sought information that would help them improve the service. They attended external social care forums, sent surveys to people and staff and reflected on the outcomes of inspections for similar services. This information, along with outcomes from complaints and suggestions from the staff team, were used to plan improvements for the future.

We found breaches of regulation. You can see what action we told the provider to take at the back of the full version of the report. We also made recommendations.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were not always recruited safely.

People's risks were not always assessed.

Clear information about people's medicines requirements was not always available to staff.

People were protected by staff who could identify abuse and who would act to protect people.

Staff followed safe infection control procedures.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People could not be assured they were receiving support from staff whose training was up to date.

Staff received an induction before they supported people with their care needs.

Staff were well supported and felt confident contacting senior staff to raise concerns or ask advice.

The provider had implemented a policy regarding Mental Capacity Act 2005 (MCA) and staff had received training.

### Is the service caring?

**Good** ●

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People and relatives spoke highly of staff.

People said staff protected their dignity.

The provider had taken action to help increase staff understanding of human rights.

### Is the service responsive?

**Good** ●

The service was responsive.

Care records included information about people's routines and preferences.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

People were supported in their decisions and given information and explanations in an accessible format if required.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

The registered manager and provider had not ensured they monitored the quality of work delegated to other staff.

The provider had not ensure their policies were being complied with.

The management team had a clear aim to lead by example. Staff told us they enjoyed their work.

The provider and registered manager had clear visions and values about how they wished the service to be provided. People's feedback showed these values had been embedded in the way staff cared for people.

People's feedback about the service was sought and their views were valued and acted upon.

# Gemcare South West 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.

The inspection took place on 30 October, 2 and 5 November 2018 and was announced. We gave the provider 48 hours' notice to ensure there would be someone in the office location when we visited. The inspection was carried out by three adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses similar services.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This also included feedback from people, relatives and staff. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we visited four people and looked at their care records. We spoke with 24 people and six relatives by phone. We reviewed seven other people's records in detail. We also spoke with five members of staff and reviewed four personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager and providers reviewed the quality of the service. This included a range of questionnaires to people who used the service, minutes of meetings and policies and procedures.

Following the inspection we sought the views of three professionals who know the service well. These were a social care professional who worked for the local authority, an occupational therapist and a commissioner.

# Is the service safe?

## Our findings

The service was not always safe.

Information was not always available to staff about how to reduce risks to people. The PIR stated, "We are now including the risk assessment with the care plan in one document and summarising exactly what care is needed at the beginning of the document for easy access." Information was included about some risks to people. However, all the risks relating to people's needs had not been assessed and information for staff regarding how to reduce the risk was not always recorded.

Some people had risks relating to particular health needs, for example diabetes. Information was available for staff about how to recognise the signs of hypo and hyper glycaemia; and the registered manager told us staff had received training on diabetes. However, no further information about other diabetes related risks, for example to people's foot or eye health was included. One person was described as at risk of choking and needing their food blending, however no assessment of this risk had been completed and there was no evidence to show why they were described as at risk of choking or who had advised their food needed blending. The person's care plan directed staff to record what the person had been eating and drinking. However, it was not clear if anyone was monitoring it to identify any concerns. The records had not been completed fully and did not show that the food had been blended. Other people described as at risk of falls or urinary tract infections (UTIs) had also not had these risks assessed. The registered manager had not understood their responsibilities to assess all risks to people.

When people were at risk because of their mental health, these risks had not been assessed and clear information about the support they required was not recorded. One person told us there was a risk to their mental health if staff did not know them well or take time to talk to them, as this may result in staff not recognising that their mood was very low. The person's records described them as 'occasionally moody' and there was no further information about how their needs should be met. Despite their need for consistency within the staff that visited, their records showed 11 different staff had attended over 14 visits. Another person, was described as having 'depression and chronic low moods' however there was no assessment of the risks of this or information in their care plan to guide staff how to meet their needs.

When people were supported to move by staff, they generally had manual handling risk assessments in place. However, one person was described as being fearful of too many transfers and fearful of falling. Information for staff about how to reduce the level of concern for the person was not included in their records. They were also described as having a 'very poor memory and sometimes getting confused'. However, their risk assessment described them as having 'comprehension and cognition ability'. Any impact the person's confusion could have on their safety when being moved, had not been assessed. Information provided by the local authority had identified risk when moving the person. Their records stated the person, had discomfort and loss of range of movement in one knee, required support to lift and place their feet on the equipment, found all transfers effortful and that staff needed to be particularly vigilant due to raised fatigue levels. The records from the local authority were available in the person's home but this information had not been included in the moving and handling risk assessment completed by the service.

Where two staff members were required to move someone safely, people told us two staff members always attended. Where people were supported to move by staff, they said the staff seemed competent and that they had confidence in the staff abilities.

Some people were supported by staff to use equipment such as catheters and PEG feeds. The risks associated with these such as potential blockages or equipment malfunction were not assessed. The registered manager told us staff had been trained to use the equipment, however in the event of an equipment failure there was no clear guidance for staff to follow, to help ensure any further risks to the person were reduced.

The provider had not ensured all risks to people's health and safety had been assessed or that appropriate steps had been taken to mitigate the risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not always recruited safely. Robust checks had not always been completed to ensure people were only supported by staff who were suitable to work with vulnerable adults. The registered manager was not aware of their responsibility regarding recruitment under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This impacted on the way staff had been recruited. Not all new staff members had provided a full employment history and this had not been followed up, to help ensure they were of good character. For example, there was a gap in one staff member's career history of seven years, another member of staff's recruitment record did not include any evidence of employment history, a third did not have a complete history, as required. Another new staff member had provided identity documents that were out of date at the time of their application but no further documents had been requested.

Not all staff members had adequate checks in place to provide assurance they were of good character before supporting people. The provider's policy stated new staff required, "Two satisfactory references, one of which should be from a previous employer." One staff member had received some negative comments in their references but these had not been explored further. One staff member had been employed after only one reference had been sought and a further staff member had no reference from a previous employer. Following the inspection the registered manager told us they had implemented changes regarding recruitment.

Safe recruitment procedures had not always been followed. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people required assistance from staff to take their medicines. People told us they were happy with the way they were supported with their medicines. However, their care plans did not always describe why or when they needed their medicines or, regarding creams, where they needed applying. One person had been prescribed a short course of a new medicine. Staff did not have a care plan about this and had not recorded what they had administered on a medicines administration record (MARs). It was not always clear from records whether prescribed pain relieving medicines were to be taken 'as required' or every day. The provider had a clear medicines policy in place. This stated, "There must be a care plan for the application of the cream." However, when people only needed support with prescribed creams or lotions, staff recorded them on a medicines administration records (MARs) but the person's care plan did not always state that they received support with medicines. The policy also required "Instructions for creams and lotions must be clear, clear information must be available to inform carers as to what the service user's cream is for", including "How much to apply, where precisely to apply the cream, the frequency of application and for how long the application is to continue." These were not always in place. The PIR stated, "We have included body maps as part of the document to clearly indicate what areas, if any, to apply creams or areas needing



attention." However, these had not always been completed to show where creams needed applying.

Medicines administration records (MARs) were kept in the person's home of any medicines administered and these were checked by senior staff to ensure they were correct and well maintained. However, sometimes MARs could not be checked promptly as they had not been returned to the office and this had not been followed up with the relevant staff members. MARs that had been checked had clear information about what errors had been found but there was no evidence that these had always been followed up. The registered manager told us that actions taken would include further training and supervision for staff but could not confirm exactly what action had been taken regarding the errors identified on the MARs we saw.

People were supported by staff who had received medicines training, however assessments of staff competency to administer medicines had not always been completed. The provider's policy stated, "Carers who work alone must be appropriately trained and regularly assessed for their competence in the safe handling of service users' medication." However, in the staff files we saw, only one had evidence of a competency assessment. This had been completed two years ago. The registered manager told us they had not ensured competency assessments were completed for new staff or existing staff.

We recommend the provider seeks advice from a reputable source regarding safe medicines management.

People gave mixed feedback about the consistency of staff that visited them. The PIR stated, "We try our best to ensure people receive care from a small team of carers, to help meet their needs consistently and to enable relationships to be built. It is important that service users recognise our carers, and that our carers know them well enough to understand how they want to be cared for." Some people told us they were happy with the consistency of the staff but others fed back that this did not always happen. Staff also confirmed people did not always have a consistent staff team.

Most people told us staff attended at the allocated time and that they were informed when staff were going to be late. Feedback included, "The staff always turn up on time so I know I'm going to be safe." However, other people told us, "Two or three times a week I have to call the office because they are late arriving" and "More information is needed when your times and carer have been changed."

Staff told us they generally had enough travel time to get between calls; and one person confirmed, "Every time they visit the staff never seem to be rushed." Staff were supported by an on-call system. The PIR explained it was, "Available seven days a week, twenty four hours a day, so employees can always seek advice and guidance if they find themselves in a difficult situation." No-one told us staff missed visits and one person added, "They're reliable. I'm never left without my care".

People were protected by staff who had an awareness and understanding of signs of possible abuse. Safeguarding training was part of the induction for new staff members. The provider used the local authority safeguarding training to update staff knowledge, but due to limited spaces on the courses had struggled to ensure everyone's training remained up to date. No refresher was provided by the organisation for staff whose training was out of date if there was no space available on the local authority training. Following the inspection, the provider told us they were exploring other ways of ensuring staff safeguarding training remained up to date.

The PIR stated, "Safeguarding is a mandatory discussion topic for all of our supervisions and appraisals, reinforcing the safeguarding procedures to ensure people are kept safe and free from harm." Staff knew what action to take if they had concerns about someone's safety. One staff member explained, "If I had any concerns I would straight away tell the manager." A lone working policy was in place which helped ensure

staff were not put at risk when working for Gemcare.

People told us they felt safe when being supported by Gemcare staff. People had been asked how staff should enter their home; and what actions they needed to take on arrival and when leaving to make the person feel safe. People reported that staff respected this information, for example checking that people had phones or personal alarms on and within reach before they left. One person told us, "They all wear uniforms so I know who they are and I can recognise them." A staff member explained, "We are taught that safety is our number one priority." One person confirmed, "I feel very safe with my carers" and a relative added, "I absolutely feel that my husband is safe with them handling him."

One person described how staff enabled them to maintain their independence whilst minimising risks from any hazards. For example, their sight was poor but staff still supported them to take things out of the oven and ensured items in the home were put in the right place so the person could move around safely.

Risk assessments of each person's home environment had been completed to identify any hazards. Further actions, such as working closely with the fire service to help ensure people's properties were safe, and investing in lifting equipment so people didn't have to wait for the emergency services if they fell, had also been implemented by the provider to help reduce risks to people.

People were protected from the spread of infection by staff who had received infection control and food hygiene training. A staff member told us, "They all wear uniforms and all protective gear is disposed of properly", and a staff member confirmed, "I always make sure I carry enough PPE (personal protective equipment e.g. gloves and aprons), with me."

## Is the service effective?

### Our findings

The service was not always effective.

Not all staff had up to date training in place. The PIR stated, "We have an employee training development plan in place, to help ensure training for all employees is being completed and refreshed in due course." The initial training matrix provided by the registered manager showed some staff training was out of date. When we highlighted this, the provider and registered manager reviewed the information and identified that the dates for some staff training was incorrect and they weren't out of date. However, they also identified that some other staff's training, such as safeguarding, moving people and medicines administration, that was out of date, had not always been highlighted as needing refreshing. These errors had not previously been identified by the staff responsible for planning training, the registered manager or the provider. The provider and registered manager had reviewed staff's manual handling and medicines training records and told us they had identified which staff needed training immediately. However, it remained unclear from the training matrix, how much training was up to date and how many staff required refresher training.

The organisation had taken over providing care to people and taken on the staff of another organisation in April 2018. At the time of the inspection in October 2018, the registered manager did not have evidence that all the staff who had transferred to the organisation had the correct, up to date training in place. They had requested information from the previous employer but when this had not been received, they had not undertaken to provide training for these staff members. These staff members had been enabled to provide care to people. Following the inspection, the registered manager told us extra training courses had been planned to help ensure all staff had up to date training.

The provider had not ensured all staff had received up to date training. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "It doesn't matter what illness or disability you have, they know what they are doing" and "You can tell they must be well trained by just watching what they do for me." An assessment was carried out of people's needs before they received support from the service. However, assessments did not seek people's needs regarding all protected characteristics. The provider told us they would review how they sought and recorded this information.

New members of staff completed an induction programme, which included training to develop their knowledge and skills and shadowing experienced members of the team. The PIR stated, "The Induction is thorough, and involves the Care Certificate as mandatory for those new to care." However, the registered manager told us staff new to care were not currently undertaking the Care Certificate. The Care Certificate is an identified set of national standards that help ensure staff, new to care understand and follow best practice. Following the inspection, the registered manager told us the Care Certificate would be a part of future inductions for new staff.

Staff members confirmed the induction was thorough and included a wide range of information including the company's values, and how to conduct themselves in people's homes. This was called 'The Gemcare Way'. The 'Gemcare Way' was a programme to include people and staff in defining the Gemcare standards.

Staff had a 'ready for work interview' with the registered manager before they were able to work alone. This helped the registered manager assure themselves that staff were confident and competent at their role. A new record was being developed for staff who were being shadowed to complete about the new member of staff. This would provide further information for the registered manager when deciding if new staff were 'ready to work.'

Staff told us they had the training and skills they needed to meet people's needs. Comments included, "I personally think Gemcare have a very good programme of training. The training we have is second to none" and "We have weeks of training and if you feel as though you haven't still grasped it, you can ask for more." The provider was keen to help staff develop skills in their individual areas of interest. They explained that one member of staff had been supported to put a workshop together about how proud they were to care for people, and they delivered this to other members of staff. This helped other staff members reflect on their own role.

Staff received support from senior staff and the office to help them fulfil their role. The provider told us, "Anyone in the office will go out when needed. One of us will always go out if there is a death or serious incident to support staff." Staff told us they felt well supported and that they could approach the registered manager at any time. Team meetings were held which included information for staff about any improvements that needed to be made and were also an opportunity for staff to suggest further ideas for improvement. For example, one team meeting was used to discuss how staff routes and times could be rearranged to make the team more efficient. Comments from staff members included, "My managers and directors not only listen to me but they offer advice and training along with team building on a regular basis which is both encouraging and engaging" and "We are kept up to date with developments and are openly encouraged to offer any ideas we may have."

People's needs were assessed before they were supported by the service. This helped ensure their needs were known by the staff who supported them. People fed back that they were happy with the way their care was provided. Comments included, "The staff know what he likes and doesn't like" and "The carers are very practical and just work around what we want. It's absolutely brilliant."

Some people were supported by staff who prepared meals and drinks for them. Information was included in people's care plans about people's preferences and what they liked and disliked. Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. One person told us, "If they think I need a nurse they will react straight away."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff had received training about the MCA and the provider had recently implemented a new policy regarding their responsibilities. Most people supported by the service had the capacity to make their own decisions.

People told us staff always asked for their consent before commencing any care tasks. Comments included, "They always tell me what they are going to do then ask me if that's okay." However, even though most people supported by the service had the capacity to make their own decisions, they had not always signed the consent forms in their own records. These had often been signed by relatives or friends instead. Following the inspection, the registered manager told us they had updated records so that if someone had not been able to sign their own consent forms, it was clear why.

## Is the service caring?

### Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "I would give them 10 out of 10 for their care" and "Absolutely lovely. I couldn't wish for anybody better." Relatives added, "I'm so grateful for their care and feel so blessed" and "They have a lovely caring attitude."

People told us staff treated them with kindness and compassion. Comments included, "They're ever so kind and ever so helpful" and "They couldn't be kinder. I look forward to seeing them. They come in smiling"; and a staff member explained, "I care about the people I visit as I would my mum and dad." People told us staff showed concern for their wellbeing in a caring and meaningful way. One person explained, "After my visit is over and they have gone, they sometimes call me to see if I'm OK." A staff member also shared with us a time they had stayed with a person until 1am as they were unwell. They had also taken responsive action when the person's condition deteriorated. They said, "I just couldn't leave." The PIR explained that part of the recruitment process was to identify whether potential staff members had a caring nature.

People told us they were treated with dignity and respect. Comments included, "The personal care is good and dignity and privacy are good" and "They always knock on my door and come in smiling." People told us staff also respected their home and belongings. One person told us, "They even ask if they can go to the toilet!"

People told us staff supported them to maintain their independence. The PIR stated, "We encourage service users to do tasks for themselves, so as not to disable them and to value the contributions they can still make." The provider described how they had supported one person's decision to learn how to operate their own hoist so they could move about independently.

People were supported by staff who understood the importance of respecting their human rights. Staff had received training on equality and diversity and respected people's individual differences. The PIR explained, "We have a number of "Dignity Champions" attending specialist forums organised by the local authority. They learn precisely how to enhance and protect people's protected characteristics and it is our intention to recruit and train more of them." The annual survey the provider sent to people invited people to share any suggestions they had regarding equality and diversity.

The provider told us they encouraged staff members from diverse backgrounds and actively challenged any discrimination against people or staff. One staff member told us, "It's quite a diverse agency."

## Is the service responsive?

### Our findings

People told us the service was responsive. Comments included, "I can definitely always get hold of the office. In fact, they often pre-empt my needs", "Staff always ask if there's anything else they can do" and "If it wasn't for Gemcare I don't think I'd be here now."

People's care plans described the support they needed from staff members as well as their preferred routines, likes, dislikes and information about their past. People told us staff respected this information and a staff member confirmed, "We get plenty of information about whom we are caring for."

People's care plans were reviewed regularly and if people's needs changed. However, information recorded at review meetings was not always used to update the person's care plan. For example, one person's review record stated they now received an extra 30 minutes for welfare and to promote fluid intake and that they were now classed as receiving end of life care. However, this information had not been added to their care plan with detail about what action staff needed to take.

People were not usually supported with social activities; however, care plans gave staff information about people's interests and these helped staff build relationships with people. One person told us, "I have a carer that sits with me from 12pm till 6pm and we talk about everything, we get on really well together." A relative explained that their loved one enjoyed banter with staff about their favourite football teams. Another person told us staff would say "Hello" from them to their friend, who staff also visited. This helped maintain an important relationship for the person.

Care plans and information could be provided in larger fonts and one person confirmed they had been offered their information in a non-standard format. This reflected the principle of the accessible information standard. However, the provider did not have a policy describing how it would fulfil its responsibilities under it, and information was not routinely being sought about people's needs when they started using the service. The accessible information standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

We recommend the provider seeks advice from a reputable source regarding implementing an accessible information standard policy.

The registered manager and provider took complaints seriously and used them as learning to improve the service. For example, a recent complaint about the response received from on call staff had resulted in the on-call team being changed and increased.

People told us they were happy raising concerns and complaints to staff and management and that previous concerns had been resolved to their satisfaction. One person told us the swift response they received to a complaint, had made them feel more confident about raising any concerns in the future. Other people and relatives told us, "There's nothing to complain about", I would know how to make a complaint,

but I've never had to" and "I just can't find any faults."



## Is the service well-led?

### Our findings

The service was not always well led.

A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who were responsible for the day to day management of four different staff teams. There were also staff who worked in other supporting roles, such as human resources, in the service's office.

The registered manager and providers had not monitored the quality of the service effectively or ensured their policies were implemented. The provider had a quality policy in place which described how they would provide a quality service. It stated, "The organisation believes that a culture that is supportive of continuous improvement must be maintained by way of regular auditing and reviewing of the standards of performance in all aspects of the organisation and its personnel." Tasks, such as monitoring and planning training, recruitment and monitoring and updating people's records had been delegated to specific staff members. However, insufficient checks of this work meant gaps we identified during the inspection had not been previously identified by the provider.

Senior staff were required to monitor the quality of records about people and their needs. They reported to the registered manager what tasks they had completed but the registered manager did not routinely check the work completed or check whether further work was required that had not been completed. For example, one person had fallen but an incident form had not been submitted by staff. This had not been identified or followed up by senior staff. The registered manager had not known that these delegated tasks were not always being completed to the required standard. They had also not identified other gaps we highlighted with people's records, such as missing risk assessments and gaps in medicines records. The provider had completed checks to ensure the correct documents were present in people's records. However, they had not checked whether the content of the records reflected people's current needs; or checked that the monitoring completed by the registered manager was effective.

The provider had not effectively assessed and monitored the quality of the service being provided. They had not ensured the risks relating to the health, safety and welfare of service users had been assessed. They had not ensured an accurate, complete, contemporaneous record was maintained in respect of the care provided to each service user. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff gave positive feedback about the service. Comments included, "They are a very reliable agency", "I feel very fortunate to have the agency coming in" and "I'm very satisfied from the carers to the manager." Staff added, "I feel very privileged to work for Gemcare" and "I wouldn't work anywhere else."

The providers had a strong focus on the culture of the organisation and how this could positively influence the service people received. The PIR stated, "We believe that our carers will be inspired to demonstrate the caring values if we the management, collectively and regularly demonstrate that we are role models for all of

our people, including service users." Staff fed back that they felt valued and cared for by the organisation. Comments included, "The managers are very fair and always respectful of any issues that may occur personally and professionally", "They go over and above to help me" and "They care for us and our clients and that's what matters." People and their relatives confirmed that they felt this culture was evident in the way staff supported them. A relative explained, "In my opinion Gemcare have been excellent; their care toward my mother has been impeccable and absolutely heartening to see. Without exception the carers have been kind, empathetic, knowledgeable and wholly fair; and neither I, nor my mother could praise them enough. I have been greatly impressed by the professionalism, pride and diligence shown. At no point has anyone in this agency been less than excellent and I would welcome any opportunity to praise the carers both individually and as an agency. Unquestionably 10/10."

Gemcare had a clear vision and values in place. The PIR stated, "The vision of Gemcare South West Limited is to ensure that people are at the heart of our service." Staff understood this value and were inspired to provide a caring service. A staff member told us, "I think Gemcare do their utmost to provide a high standard of care throughout and I am very proud to work for a company who are committed to making sure the service users' needs are met in all ways." One person confirmed, "It's the consistently high standard of kindness and general care."

There was a drive to improve quality. The provider told us, "We have a plan to reach excellent by 2020." Various activities were undertaken to identify where improvements could be made. The registered manager told us they and the providers looked at published reports of similar services following CQC inspections to identify any learning points for themselves. They also attended forums held by the local authority that shared best practice. This information was then disseminated to the staff team and, when appropriate, also shared with people using the service. Following feedback from the inspection, the registered manager updated relevant records and procedures to help ensure improvements were made.

The provider used the service's core values to identify improved ways of working. The PIR stated, "Our company steers by values and these are inclusion, integrity and competence. The management team epitomise these and demand that all employees demonstrate them as part of our culture, practices and care delivery." The provider explained that a senior staff member had suggested providing training for staff about professional boundaries. As a result, a workshop had been developed which also incorporated time for staff to reflect on what their own values were, how they treated people, the community and other staff; and what made the service different.

The provider's value of inclusion was evidenced through their plans to use the information gathered by staff at these workshops to help define the company's future ways of working. They were also looking at ways to involve people who used the service. Some of the information gathered in the workshops had been formulated into a booklet called, "The Gemcare Way." The provider told us, "We are hoping staff will be able to challenge each other by saying, 'It's not the Gemcare way.'"

The registered manager and providers took an active role within the service. They visited people to respond to complaints, conduct reviews and provide care, if required. This helped them understand challenges staff faced and the needs of the people they visited. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service. The PIR stated, "It is our culture that the management team are visible and that our employees can approach us without hesitation." Staff confirmed, "Management are very approachable and try to do their utmost to solve any issues regarding clients and staff" and "Our directors and manager are on site and are easily approachable and help us with the daily planning of the service."

The registered manager and providers told us staff were encouraged to question practice and suggest ways to enhance the service provided. A staff request for 'on call' staff who could promptly stand in for staff who were unable to work, for example due to sickness, had been implemented. The registered manager told us this had made it much easier to cover shifts at the last minute. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. Comments included, "I am often encouraged to share my point of view and feel supported by my peers and Manager/Directors."

People and those important to them had opportunities to feedback their views about the quality of the service they received. The PIR explained, "We encourage service users to provide feedback when spot checks take place and when their care plan is being reviewed"; and a staff member added, "I listen to people's views on their care and take note." People received regular questionnaires about the quality of the service and changes were made as a result.

The provider proactively engaged with other organisations, such as the local authority in order to improve lives for the whole community as well as people receiving support from Gemcare. At the time of the inspection, the provider was helping trial a new way of working with social services to review the number of hours care people received. They told us they were able to help the relevant social worker understand people's individual needs and benefitted from the social worker being able to respond promptly to any concerns raised about people. They had also supported a person who used the service, and a staff member to be in a video promoting flu jabs. This would be available on the local authority website and the person was going to be interviewed on the local radio about having a flu jab.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. A healthcare professional confirmed that when things went wrong the registered manager and providers took appropriate action. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The provider had not ensured all risks to people's health and safety had been assessed or that appropriate steps had been taken to mitigate the risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The provider had not effectively assessed and monitored the quality of the service being provided. They had not ensured the risks relating to the health, safety and welfare of service users had been assessed. They had not ensured an accurate, complete, contemporaneous record was maintained in respect of the care provided to each service user.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19(1)(a)(c)(2)(3) Health and Social Care Act 2008 (Regulated Activities) Regulations</p>

2014

The provider had not ensured all staff were recruited safely.

## Regulated activity

## Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not ensured all staff had received up to date training.