Gladstone Care Ltd

Gladstone Care Limited - 54 Gladstone Street

Inspection report

54 Gladstone Street
Scarborough
North Yorkshire
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 30 June 2016 and was announced. Gladstone Care Limited - 54 Gladstone Street, provides care and support to people who live in their own homes within the Scarborough and Ryedale area.

The service is registered to offer a domiciliary care service to the following; people who are living with dementia, people with learning disabilities or autistic spectrum disorder, people with mental health needs, older people and people with physical disabilities. However, the majority of care needs were in relation to dementia and physical disability, with a small percentage of people supported due to needs associated with a learning disability or mental health. The service was offering care and support to 188 people at the time of the inspection.

The service had a registered manager. 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.

People using the service told us they felt safe while staff were supporting them with personal care. Staff told us they were confident that if they had any concerns about people's safety, health or welfare they would know what action to take. This included reporting their concerns to the registered manager or to relevant external agencies.

Potential risks to people were assessed and used to develop plans of care to protect them from harm, while maximising their freedom. Staff had undergone a robust recruitment process and received training and supervision to enable them to meet people's needs in a safe and timely way.

People's needs were met, which included support with meals and drinks when required. Staff liaised with health care services and external agencies where appropriate.

People's choices and decisions were recorded in their care records. Staff gained consent from people before delivering care. Staff promoted the rights and decisions of people, and were aware of the principles of the Mental Capacity Act 2005.

Reviews of care were not consistently recorded. However, people's needs had been assessed prior to them receiving a service and they told us they had been involved in the development and reviewing of their care plans.

People were happy with the care and support they received. They made positive comments about staff and told us they were kind and helpful.

Information was given to people using the service to ensure they knew how to raise concerns or complaints. People told us they were aware of how to raise concerns. Complaints had been addressed and actions had been recorded.

The service responded to people's individual needs and preferences. Care plans reflected the knowledge staff had of each person, so that they could be placed in the centre of care. Staff were organised into local geographical area teams, which meant that people most often received care from staff they were familiar with and who knew their needs well.

Systems were in place to check the quality of the service provided. The registered manager sought regular feedback from people in order to develop and improve the service. Regular staff meetings were held where staff were encouraged to voice their views. They told us that communication was effective and that they felt supported by the registered manager.

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.

People were protected from abuse because staff knew what abuse was and understood their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and plans were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Medicines were administered safely. People received support with their medicine where it was required.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to enable them to provide appropriate care and support.

Staff asked people for their consent to care and treatment and people's right to make decisions about their care was protected.

People were provided with support to ensure their dietary needs were met.

People were supported by staff who liaised with health care professionals when needed.

Is the service caring?

Good

The service was caring.

The staff knew people well and had formed positive relationships with people.

People were treated with respect and regard to their dignity

Is the service responsive?

Good

The service was responsive.

Staff responded to people's individual needs and preferences.

People were aware of how to complain.

People were asked about their views on their care and supported to be involved in the local community.

Is the service well-led?

Requires Improvement

The service was well led.

The registered manager provided staff with good leadership and support.

There were quality assurance systems in place to monitor the quality of care and act on identified required improvements to the service.

Staff supported people to comment on and influence the running of the service.

Gladstone Care Limited - 54 Gladstone Street

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 service is registered to offer a domiciliary care service to the following; people who are living with dementia, people with learning disabilities or autistic spectrum disorder, people with mental health needs, older people and people with physical disabilities. However, the majority of care needs were in relation to dementia and physical disability, with a small percentage of people supported due to needs associated with a learning disability or mental health. The service was offering care and support to 188 people at the time of the inspection.

This inspection took place on the 30 June 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by one inspector. Before the inspection visit, we reviewed the information that the provider had sent to us. This included notifications of significant events that affect the health and safety of people that used the service. The provider sent us a Provider Information Return (PIR). This 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. We also gathered other information we required during the inspection visit.

During the inspection we spoke seven members of staff including the registered manager. Following the inspection visit we spoke with eight people who were supported by the service or who were carers of people who were supported by the service. We also spoke with a health care professional and a health and social care professional.

We looked at the records of four people, which included their plans of care, risk assessments and records about the care they received. We also looked at the recruitment, training and supervision records for three members of staff, a range of policies and procedures, quality assurance records and minutes of staff meetings.

Good

Is the service safe?

Our findings

People told us the care workers made them feel safe and secure. People told us that the care workers were skilled at moving them, and that they trusted them when using the hoist or other handling equipment. One person told us, "Yes they all know what they are doing and I can relax because they know what to do." A relative told us, "They are excellent when it comes to moving [the person]. They make [them] feel secure, there are always two of them for safety, and they are always competent staff."

Staff understood the safeguarding and whistleblowing policies of the service and knew what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding both as a stand-alone course of training and as part of the Care Certificate. The registered manager told us that safeguarding was regularly discussed at staff meetings and staff confirmed this.

The service had raised concerns with the local authority when they found this necessary, though none had met the criteria for informing CQC around safeguarding of adults from abuse. Copies of completed alert forms were kept securely in the office and the details were discussed in team meetings as learning points.

Care plans provided guidance for staff on how to manage situations to ensure the safety of each individual. Staff told us how risks were managed, which reflected the information seen in the records. We found staff had a positive attitude to risk taking, which allowed people to take risks safely. For example, we heard that people were supported to take part in activities in the community, such as shopping or social visits and plans were in place to ensure the risks involved were minimised.

People told us that there were sufficient staff and that they usually knew who was coming to support them, which was reassuring. Our discussions with staff showed that staffing levels were good and sufficient to meet the needs of people supported in their own homes. Team members were on rota with easy access to other staff which they worked alongside. This was particularly helpful for people who required two members of staff to support them. Staff told us they were allocated travelling time between calls which meant that they did not need to rush. People agreed that staff did not rush and that they always had time to ask if there was anything further they needed.

People told us that staff arrived on time and stayed for the time they were allocated. They told us this made them feel secure and cared about. If staff were going to be late, people told us they were usually contacted and reassured about when they would receive their call. One person said, "They never leave without asking what else they can help with. Nothing is too much trouble for them."

Staff told us there was always either the registered manager or a senior member of staff on call who was responsible for any emergencies during the day or night. Staff told us they had access to this support should they need it at any time. The registered manager told us that staffing levels were monitored and were flexible to ensure that people received support when they needed it. Staff told us that staffing levels enabled them to support people to lead active lives in the community and follow their interests safely.

We looked at the recruitment records for three members of staff. Each applicant completed an interview process which tested the applicant's knowledge, values and behaviours. We saw essential checks had been completed for each member of staff, such as two references and a Disclosure and Barring Service check (DBS). The DBS check ensures that the service does not employ people who are known to be unsuitable to work with vulnerable people. Staff confirmed this recruitment process had been followed.

The service had disciplinary procedures in place and the registered manager told us that they had used this to ensure people were protected, though not in the past year. The registered manager ensured that equipment used for moving and handling, such as hoists, were regularly serviced so that they remained safe for staff to use and for the people they cared for.

We examined the way in which medicines were managed. We saw that the service had a policy on the safe handling of medicines. This police was not up to date and did not include guidelines for how to handle medicines in line with the Mental Capacity Act (2005). For example there was nothing in the policy about covert medicines, or any guidance on people's mental capacity around taking medicines. The registered manager told us they would update this as a matter of priority. Staff told us they understood the principles of the Mental Capacity Act with reference to supporting people with their medicines. For example, they explained how they supporting people to take as much responsibility for their medicines as possible, and ensured people have given consent.

All staff received safe medicines handling training in their induction. They also received specific instructions from care staff they were shadowing before they worked unsupervised. Medicine handling training was up to date for all staff. Medication administration sheets were used to record the medicines people had taken and were kept in each person's home. We were able to check archived records, which showed that staff had signed for medicines correctly and that the right medicines were given at the right time.

Medicines which were to be administered as needed (PRN) were recorded and accounted for according to the medicines policy. Medicine handling practice was regularly audited and staff were given feedback individually and in team meetings to improve practice.

Staff told us that they involved the GP if they considered that medicines needed to be reviewed, if this was part of their duties. When we spoke with staff they were knowledgeable about individual's needs around medicines and what risks were associated with this.

The service had a policy and procedure on infection control and staff confirmed that they followed this. Staff told us that they received infection control training in their induction, and we saw that staff had received training in this area. Staff understood good infection control practice and told us that they had ready access to aprons, gloves and hand gel so that they could carry out safe infection control practice.

The service had policies and procedures around lone working. Staff worked in zones, which reduced travelling time and meant it was practical to meet up safely for double up calls. Staff had mobile phones at all times when they were working and had access to the on call system if they required assistance at any time.

Good

Is the service effective?

Our findings

People told us that they thought the staff were well trained and understood how to care for them effectively. One relative of a person who used the service told us, "They know how to move [my relative] safely. The staff use a slide sheet, which is written in the plan, and they all do it the same way. We both feel confident that this is safe." Another relative told us, "They go out with [my relative] and really listen to what she wants. We have even found where we can buy proper dripping which [they] love." One relative said, "They notice changes in [my relative] and they are quick to suggest the doctor when it's needed." Another relative told us, "The staff are very good at offering liquids and encouraging [my relative] to drink."

The registered manager told us that care workers had received induction that included training in all the essential areas of their work. Records of training showed that staff had completed induction and that this covered all areas of training the provider considered to be mandatory, so that staff became familiar with these areas of competence. Staff also worked alongside experienced members of staff until they were confident and competent to work unsupervised.

After induction, staff completed a comprehensive range of training suitable for their role. This included the Care Certificate for all staff. The Care Certificate is an identified set of standards for health and social care workers to adhere to in their daily working life. Training certificates were available in staff files and staff told us that they were reminded by office staff when training needed to be updated. We spoke to a number of staff who were attending the offices for health and safety training on the day of the inspection visit. The registered manager told us that training was through face to face in house training or through external providers, depending on what was most effective. This showed that staff had the training to offer people appropriate care.

The registered manager told us that all care workers received regular supervisions and appraisals and records confirmed this. Supervision records showed that any areas for development and improvement were recorded on staff files. Staff told us that supervision was an opportunity for them to discuss their developmental needs and any issues that affected their work. They told us that the registered manager was available to discuss concerns or to communicate information and that they regularly met with them.

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.

We checked whether the service was working within the principles of the MCA. People's plans of care showed that the principles of the Mental Capacity Act 2005 (MCA) Code of Practice had been used when assessing people's ability to make decisions. The service policy on the MCA did not include details on Deprivation of Liberty Safeguards (DoLS) to protect people and needed to be updated to reflect this.

However, despite this staff understood the principles of the MCA and DoLS and were able to tell us about the five main principles. For example that they should always assume capacity and support people to make their own decisions. They were able to tell us about when a Best Interests Decision may be made and who might be involved in this. A Best Interest Decision is one which is made on a person's behalf when they lack capacity to make the decision for themselves. This involves a multidisciplinary team to ensure the decision is appropriate for the person's needs and is in their best interests.

Applications to Deprive a Person of their Liberty when they live in the community must be made to the Court of Protection. The registered manager told us that no applications had been made to the Court of Protection about DoLS.

People were supported to make decisions about the care and support they received and were asked for their consent. It was clear from speaking with people that they were actively involved in making decisions about their care and support needs. Records also showed that people were involved in making decisions about their care and support and their consent was sought and documented. Care workers displayed a good understanding of how and why consent must be sought.

People were supported to access healthcare as required. People's health care needs were recorded in their care plans and professional advice had been taken into consideration so that staff had the information they needed to meet people's needs. We saw in daily notes that when people had a medical or health problem the service was quick to refer to health care professionals with people's consent.

The registered manager told us that they had regular contact with health care professionals so that the care staff offered to people was appropriate for their changing needs. Staff described liaising with the local GPs and district nurses, adult and community services and the community mental health team. Records confirmed that these professionals were consulted.

A health and social care professional told us that they had no concerns about the way the service communicated with them and that they acted on their advice. This meant that the service worked well with professionals to improve the quality of people's care.

Risk assessments related to health care needs were in place, for example nutritional needs, moving and handling and falls so that staff had guidance in these areas.

Where the service was responsible for needs relating to eating and drinking, care plans included instructions for staff on how to meet people's needs in this area. People told us that the staff supported them appropriately with their needs around eating and drinking. Risks were assessed and the registered manager told us that guidance from health care professionals such as the Speech and Language Therapy team (SALT) would be included when necessary.

Care plans contained details about people's dietary needs. People's likes and dislikes, and any specific needs, such as diabetic diets or allergies, were recorded. Where relevant, care plans included specific instructions about healthy eating plans and shopping arrangements.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring. One relative told us, "The staff quickly put my [relative] at ease and built up [their] confidence in them. They are really understanding and sensitive to how difficult it was for me to give up some of the control over the running of the house. They made that easy." Another person said, "What I like is that they are never ever patronising, they talk on a level with us and treat us as important and worth listening to." Someone else told us, "I could not have chosen better [than Gladstone Care]." A relative said, "The staff are so sensitive and kind about helping [my relative] with washing and dressing." Another person said, "They are all very kind and respectful." A relative said, "They have been so supportive of me as a carer and they know and care about the whole family."

Care workers told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support. For example, their choices of meals and food. We saw that the care plans contained assessment information that helped care workers understand what people's preferences were and how they wanted their personal care to be provided for them.

Staff told us that their induction contained guidance on how to treat people with kindness and compassion. Care plans gave instructions to staff to spend time talking with people to get to know them better. Staff said that the registered manager placed emphasis on staff caring about the welfare of each other and being valued members of a team. They told us that they felt supported and valued in their role.

In the Provider Information Return (PIR), the registered manager told us that the service provided small teams of staff for people, and as far as possible maintained relationships through keeping people with the same member of staff, unless they were away from work for any reason. They felt this enabled staff to build a good rapport with people and to get to know the details of people's care needs.

Staff tended to work in regular geographical areas which meant that people became familiar with a small staff group. They confirmed that they liked to work this way and that they knew people's preferences and what made them comfortable. People told us they liked having one particular staff member who attended them most regularly. They said that the small staff teams were particularly reassuring when they needed two staff to assist with moving, and these calls were almost always carried out by staff they knew well.

Records confirmed that staff had received training in equality and diversity. This ensured that staff had information necessary to offer support which did not discriminate against people on the grounds of gender, sexual orientation, marital status, race, colour, nationality, ethnic or national origin, religion, age or disability.

Staff talked about the importance of maintaining each person's dignity and the ways that this could be achieved. For example, being kind when offering personal care and being aware of the way they addressed people to show respect. Staff told us that they respected people's need for privacy and that they made sure that they intervened only as much as was necessary to provide the care and support people needed.

People were supported to maintain relationships with their families and friends and staff accompanied people into the community for outings. People said that they enjoyed the outings they had with staff.

Good

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs. One person told us, "I can vary the social element of my care and they fit around what suits me." Another person told us, "One day when I wasn't well they stayed for longer and looked after me in bed," and, "They are very flexible. When my relatives are here, they don't come, but they can visit for longer another time." A relative said, "They respond to how [my relative] is on each day they come. Some days the staff need to do everything to help, other days [the person] can do little things for [themselves] and the staff patiently work around what is best for [them]."

People told us they were consulted in organising their care plans and described how they had been involved in the assessment and on-going review process. The registered manager told us that care plans were regularly reviewed and updated when people's needs changed. Records showed that care plans were up to date and correctly described people's current needs.

People received personalised care and support specific to their needs and preferences. Care files were personalised and reflected that people were at the heart of planning their care and support. Some plans had identified specific goals, such as around developing mobility or support to improve mental health. One person said this made them feel positive about the future and that they knew all the staff were working towards improving their independence. Staff commented that the information contained in care files enabled them to support people appropriately in line with their preferences.

Care files included information about people's life histories and included their interests and goals. Care plans included details which mattered to people, such as their preferred routines, drinks and snacks. Care plans identified significant people involved in people's care, such as their relatives, friends and health care professionals and identified ways to maintain people's support networks.

Plans included encouraging people to be as independent as possible and addressed people's social and recreational needs. The registered manager told us that plans considered people's emotional wellbeing and improving people's quality of life. People told us that the care workers supported them in a way which improved their sense of confidence and happiness. One person told us about how the staff adjusted the care they offered depending on how their relative was on the day. Another person mentioned how staff responded to their relative's fluctuating needs as they were living with dementia and told us how reassuring this was.

The registered manager told us that they liaised with the community mental health team when necessary to support people to integrate into the community and to live as fulfilling a life as possible.

Staff were aware that people's needs may fluctuate and told us that care plans were flexible to take account of any changes in people's needs. Staff told us they supported each other so that they could respond at short notice when people needed extra care. The registered manager explained how the service shared information with health care and other professionals, and that they were aware of the importance of supporting people in transition between services, such as hospital, day care and community support.

Staff worked in teams which covered specific geographical areas. Support was organised to respond to people's individual needs. This was achieved through staff becoming familiar with people's care needs within their geographical patch.

People told us they were encouraged to raise any concerns or complaints and that these were quickly and kindly dealt with. People were made aware of the complaints system when they started using the service. People told us they knew how to complain and that their concerns were listened to and acted upon. The service had received a small number of complaints. These had been addressed and the registered manager had involved the complainant in the investigation and informed them of the outcome.

The complaints procedure set out the process the provider should follow and included contact details of the provider, local authority and the Care Quality Commission. This ensured people were given information about how to complain.

Requires Improvement

Is the service well-led?

Our findings

People told us that the service was well managed. One person told us, "They make sure that the staff can arrive on time, they give them time to get here, and they listen to what we say about who we feel comfortable with." Another person said, "They ask us what we think about things and they really want to know and change it if it isn't right." Another person said, "If I have ever called the office they are always polite and very helpful."

The registered manager did not keep notes of people's reviews of care which meant it was difficult to understand how people's needs had changed. The registered manager told us that staff carried out reviews regularly and in response to people's changing needs, however, the notes were usually discarded when the changes were incorporated into the main care plan. This meant that the service were not keeping relevant records to ensure people's changing care needs could be met. We have made a recommendation about this.

There was a registered manager in place for the service. In the PIR, the registered manager told us that they maintained their professional development and that they worked in close partnership with the directors, who visited each week for updates and to share information.

Staff told us and records confirmed that staff turnover was low. This meant that the staff team had consolidated and were in a good position to offer continuity of care. Care staff told us that they were happy with the management arrangements.

The registered manager explained that the geography of the area meant that a number of calls were a distance from one another and that staff were allowed travelling time so that they were able to give people the full time they were allocated. Care workers told us that they worked together well as a team and covered for each other in the case of staff absence owing to sickness or leave.

The registered manager told us that every member of staff was invited into the office regularly for meetings and at other times, so that they could see the management team face to face and pass on any concerns or issues. Staff told us this was a good opportunity to catch up with news and to touch base so that they felt part of a team.

The registered manager also told us that they operated an open door policy and staff told us they felt confident about approaching the registered manager or any of the office based staff at any time. The registered manager was supported by senior staff, who were responsible for the day to day smooth running of each team's work. Staff told us that they were clear on who they needed to report to and who could offer them support. This meant that the management structure supported the delivery of a quality care service.

Staff told us there were regular staff meetings, where they discussed any concerns, ideas and suggestions. Staff meeting minutes provided evidence of these meetings and staff told us that their contributions were listened to and taken into consideration.

The registered manager was aware of the requirement to submit notifications to CQC for a range of incidents and situations, however no notifications has been required recently.

People who used the service were surveyed annually for their views. The results of surveys were collated and analysed. Plans for improvements were drawn up using the results of these surveys and the registered manager told us that if people were dissatisfied with any aspect of their care they would speak with them personally to address the problem. People receiving the service and staff confirmed that they were regularly asked for their views and that they were encouraged to raise any issues, which were swiftly dealt with.

The registered manager had a quality assurance system in place. We saw a number of internal audits, including medicine management, spot checks on staff performance, moving and handling and daily notes. The results of audits were discussed in team meetings and records showed that any improvements identified were acted upon.

Staff told us that they were informed of the results of audits, and that any individual areas for improvement were discussed with them on a one to one basis. The registered manager kept up to date with current best practice in care topics, through regular updated training and internet research.

The registered manager was clear on the key challenges to the service. They recognised the difficulty of covering a wide geographical area efficiently and had put measures in place to address this. There had also developed staff spot checks to improve the oversight of staff who worked on their own in the community.

We recommend that the registered provider consults best practice guidance to ensure that records support staff to give care appropriate to people's changing needs.