Guinness Care and Support Limited

Guinness Care At Home Cornwall

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:

Guinness Care At Home Cornwall is a domiciliary care service that provides personal care and support to people living in their own homes in the community. When we inspected the service was providing the regulated activity, personal care, to approximately 30 people in St Austell, Wadebridge, Padstow and Bodmin areas in Cornwall.

People's experience of using this service:

People using the service all told us they felt safe and staff treated them in a caring and respectful manner. Comments included, "I feel safe because you can ask them to do anything", "They always ask me if I am managing ok" and "All the staff are very polite, which is important."

The service had recently been short staffed. People and staff told us staffing levels were improving and more staff were still being recruited. This period of staff shortages had impacted on the rotas and resulted in some people receiving an inconsistent service. However, people told us the reliability of the service was improving.

People told us they were given a list each week detailing the times of their visits and the names of the staff booked. People told us if the staff or times altered they were mostly informed of these changes.

Some people told us they did not always have consistent staff. However, they were happy with all the staff who provided care for them and new staff were introduced to them before they worked on their own. People said staff always stayed for the full time of the visit and were competent in their roles.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were kept under regular review and updated as people's needs changed.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Staff were recruited safely and they received regular supervision and support from management. New staff completed an induction which involved training and a period of shadowing more experienced staff. Training was regularly updated so staff were aware of any changes in working practices.

There was a positive culture in the service and management and staff were committed to ensuring people received a good service. Staff told us they were well supported and had a good working relationship with each other and the management team.

People said the management of the service had not always been reliable. However, all reported that they felt the running of the service and the rotas were improving. People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

Rating at last inspection: Good. Report published on 1 December 2016.

Why we inspected: This was a planned inspection based on the previous rating.

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

The full details can be found on our website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not entirely well-led Details are in our Well-led findings below.	**Requires Improvement**

Guinness Care At Home Cornwall

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people. Their area of expertise was in older people's care. The expert by experience telephoned a sample of people and their relatives to check if people were happy with their care and support.

Service and service type: Guinness Care At Home Cornwall is a domiciliary care service that provides personal care and support to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A registered manager from Guinness' Plymouth office had applied to be the registered manager for this service until the permanent manager returned from extended absence.

Notice of inspection: We gave the service 48 hours notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 20 May 2019 and ended on 24 May 2019. We visited the office location on 20 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: Before the inspection we reviewed the Provider Information Return (PIR). 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. We took this into account when we made the judgements in this report. We also reviewed notifications we had been sent. Notifications are specific issues that registered people must tell us about.

During the inspection we spoke with four care staff, the manager, the operations manager and the care co-ordinator. We visited two people in their own homes and met two relatives. The expert by experience telephoned and spoke with six people who used the service and three relatives to gain their views of the service. We reviewed four staff recruitment files, supervision and training records, four care records and records relating to health and safety, safeguarding and other aspects of the service.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from harm or abuse.
- Safeguarding processes and concerns were discussed at staff meetings.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. There was a positive approach to risk taking to enable people to regain and maintain their independence. Any identified risks were well managed.
- A member of office staff answered telephone calls when the office was closed. People were given information packs containing details of their agreed care and telephone numbers for the service, so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

Staffing and recruitment

- In November 2018 several staff had left the service. At the time of the inspection most of these vacancies had been filled and interviews had taken place for the outstanding posts. In the meantime, management, a newly recruited senior care worker and other staff were covering the remaining vacancies. People and staff told us staffing levels had improved recently.
- These staff shortages had impacted on the rotas, resulting in some people receiving an inconsistent service. To help ensure people were safe everyone was given a list each week so they knew the times booked and the staff coming to them. If it was vital that people needed to have specific times, to meet their needs, this was arranged. No one reported any missed visits.
- If the information on the lists changed or if staff were running late people told us they were mostly kept informed. One person told us, "They always ring up if they are going to be late."
- The service was in the process of amending the rota system to set up templates with people's preferred times and some people told us their times had already been agreed and actioned.
- The service only accepted additional packages of support where there were enough staff available to

meet the person's needs. Management had been particularly careful about taking on new work while there were staff vacancies.
● Staff confirmed their rotas mostly included realistic amounts of travel time, which helped ensure they arrived for visits at the booked times.
● Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

● Medicines were well managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
● Some people needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff.
● People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection

● Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
● People told us staff practiced good infection control measures.

Learning lessons when things go wrong

● There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.

Good

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before, or as soon as possible after, they started using the service to help ensure their expectations could be met.
- When it was not possible to complete an assessment before the service started, an experienced worker would carry out the first visit and the assessment at the same time.
- Assessments of people's needs detailed the care and support people needed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs.
- Regular spot checks were also carried out to check staff competency and practices.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face sessions and competency assessments.
- New staff had completed a comprehensive induction and shadowed experienced staff until they felt confident to work alone. Where staff were new to care, they completed the Care Certificate, a set of national standards social care workers are expected to adhere to.

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

- Staff carried out, or supported, some people with meal preparation and people told us staff were competent in preparing food. People and their relatives said, "They always leave me with a drink and a sandwich if I want one", "I am a diabetic and they know how to look after me" and "The staff know not to leave any food left on my husband's plate due to him having a choking hazard."
- Staff had been provided with training on food hygiene safety.
- People's dietary needs and preferences were recorded in their care plans.

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

● If needed staff supported people to see their GP, community nurses, and attend other health appointments regularly. A relative commented, "They always let me know if my loved one needs to see a G.P."
● The service worked with other agencies to help ensure people's needs were met. Staff recognised changes in people's health and sought professional advice appropriately.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
● Staff were provided with training on the Mental Capacity Act 2005 and were aware of how to protect people's rights.
● People were asked for their consent before they received any care and support. For example, before assisting a people with personal care and getting dressed.
● Staff involved people in decisions about their care and acted in accordance with their wishes.
● Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. The service recorded when people had power of attorney arrangements in place.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity

● People's preferred routines were recorded in care plans. This meant staff were able to deliver care in line with people's wishes.
● Staff treated people with kindness and compassion. Staff were friendly and caring towards people and knew what mattered to them. People said about staff, "I have a great friendship with my carers", "All the carers are lovely", "The staff know me well, they understand what I need" and "They will do anything for me."
● Where possible staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.
● Some people told us they did not always have regular staff. However, they were happy with all the staff who provided care for them and this was improving. One person said, "I mostly see the same people."
● People told us new staff were introduced to them because they worked with other staff during their induction. As one person said, "I like the way that new staff shadow the more experienced carers."
● The service recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.

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

● People were involved in day to day decisions and had control over their care package. One person told us, "They always ask for my permission before doing anything."
● Where people had difficulty communicating their needs and choices, care plans described their individual ways of communicating. Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.
● People told us they were able to contact the office to discuss aspects of their care and support at any time. A manager visited people regularly to review their care plan and ask about their views of the service. One person told us, "I feel as though I am listened to."

Respecting and promoting people's privacy, dignity and independence

● People told us staff supported them in a dignified and respectful manner.
● It was clear from our observations when we visited people at home that staff demonstrated an awareness of the importance of treating people with respect and maintaining their dignity by the way they spoke and supported people.

- People told us staff always stayed for the full time of their visits and were never rushed.
- People's confidentiality was respected and people's care records were kept securely.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Staff had built positive, caring relationships with people and knew them well, including their likes, dislikes and preferences so they could deliver person centred care during visits.
● Care plans were developed which reflected people's individual needs across a range of areas. These were reviewed with the person at least six monthly or in response to changing needs to help ensure they remained up to date and accurate.
● Some people needed support to help them to move around. Their care plans detailed the equipment required and how staff should support them. Equipment to enable staff to support people in their own homes had been provided.
● Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being. This were taken to the office monthly and audited by managers.
● The service used an electronic system to record people care plans and details of their visits. Staff were kept informed of any changes to people's needs by messages sent to their mobile phones.
● Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Improving care quality in response to complaints or concerns

● There was a complaints policy in place which outlined how complaints would be responded to and the time scale. Information about the complaints procedure, and who to contact, were in the information packs kept in people's homes.
● People and their families told us they knew how to make a complaint and felt their concerns were listened to and actioned. Where complaints had been raised these had been resolved appropriately and within the agreed timescale.

End of life care and support:

● The service was not providing end of life care to anyone at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

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

RI:□Service management and leadership was inconsistent.

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

● The quality assurance systems had failed to be effective enough in managing staffing shortages in a timely way, as the shortages had occurred in November 2018. While these shortages had affected the reliability of the service the provider had put measures in place to reduce the impact on people. This included recruiting new care and office staff, supplying people with lists of the times of their visits and updating the rota system.

● Managers were in the process of meeting with each person to discuss their times and plan new rotas with them. Most of these meetings had taken place and we spoke to two people where their reviews had been carried out. They told us the agreed actions which had been put in place regarding visit times and the numbers of staff supporting them. However, at the time of the inspection changes to the rotas were still in process and were not yet embedded or sustained.
● The manager had been absent for nearly six months. Before their absence they had applied to become the registered manager, but the application had been cancelled due to the time that had elapsed. The registered manager from the provider's Plymouth office had been overseeing the daily running of the service, spending at least two days a week in Cornwall. This manager had submitted an application to be the registered manager for the Cornwall office in April 2019. The operations manager was also working at the service at least twice a week to support the acting manager and staff.
● There were quality assurance and auditing systems in place, both carried out by the service and by the provider. For example, the organisation's recent quality assurance development plan stated that help would be brought in from other services if a service needed support. While the provider had arranged for manager cover, care staff cover had not been brought in from other services.
● Supervisions, appraisals and spot checks were used to check staff were meeting the standards required by the service.
● The management team worked together to manage the day to day running of the service, including working hands on, alongside staff where required. There was a good communication between the management team and care staff.
● People said the management of the service had not always been effective, particularly during the period when there were staff shortages. However, most reported that they felt the running of the service and the rotas were improving. Comments included, "The carers are ok, but the office is not good", "Times and visits are always changing", "Things have certainly changed for the better", "I think the service is very good" and "The office hasn't always been so good, but it has improved recently."
● Staff said they felt respected, valued, supported and fairly treated. There was a positive culture in the service and staff made comments like, "You can always ask a manager and they always listen", "They really

care about their staff, sending messages to tell us about traffic jams or roadworks" and "Managers always ask how we are and notice if we are looking tired or stressed."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

● The provider's systems were designed to help ensure people received person-centred care which met their needs and reflected their preferences.
●The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns confidentially through a whistleblowing policy. Staff said they could talk to management at any time, feeling confident any concerns would be listened to and acted on promptly
● Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
● The registered provider kept up to date with developments in practice through working with local health and social care professionals.
● The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others.

● Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
● People and their relatives were asked for their views of the service through questionnaires and regular visits from management.
● The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.