

Guarantee Care Services Ltd

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Inspection report

Global House
1 Ashley Avenue
Epsom
Surrey
KT18 5AD

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Tel: 02086171844

Website: www.guaranteecareservices.com

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Guarantee Care Services is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection the service was supporting 8 people with a variety of health needs and some people living with dementia.

People's experience of using this service and what we found

People told us they felt safe with the staff and knew who to go to if they had any concerns. Staff received safeguarding training and were aware of how to report a safeguarding concern.

Risks to people were assessed and care was planned to reduce risks to people. Staff knew people well and regular reviews were carried out to identify any changes in people's needs.

There were enough staff to support people. People had regular staff who cared for them and they arrived on time and knew people well. People were supported with their medicines appropriately by trained staff. Good infection prevention and control procedures were in place and staff knew how to follow these.

Lessons were learnt and shared with the team. Accidents and incidents were monitored, and actions were recorded. People knew how to make a complaint and actions taken following any complaints were recorded.

Assessments were carried out by the registered manager prior to care being provided. These were detailed and personalised. Staff were aware of people's needs and received appropriate training to support them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring. Care plans and daily records were written in a kind manner and the management team demonstrated a caring attitude. People and their families were involved in care plan reviews and the service actively sought feedback from people about the care they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was inspected but not rated (published 22 October 2019) this was due to a lack of evidence to provide a rating. At this inspection we found enough evidence to provide a rating.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Guarantee Care Services on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 well-led.
Details are in our well-Led findings below.

Good ●

Guarantee Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 June 2021 and ended on 16 June 2021. We visited the office location on 15 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager and three care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has now been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "I feel safe. They are such charming people; I couldn't fault any of them." Another person said, "I feel safe because they thoroughly assess the staff, they will only employ people who are a good fit for the service."
- Staff had received training in safeguarding and knew how to report a safeguarding concern. One staff member told us, "I would inform the office if I had any concerns". Another member of staff said, "I will observe for any abuse, neglect, I would definitely inform the management and if they didn't take action I will inform safeguarding."
- The registered manager understood their responsibility in relation to safeguarding and had reported all concerns appropriately. The registered manager kept a log of any safeguarding concerns so these could be monitored and reviewed.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Detailed risk assessments and care plans were in place so staff knew how to support people. One person had diabetes, there was a specific diabetes risk assessment and care plan in place which detailed specific signs and symptoms to look out for that could suggest the person was becoming unwell.
- Another person was living with epilepsy and had seizures. A risk assessment was in place that assessed the risks to the person and gave staff information on what they would need to do, this included information on calling the emergency services if the person was not recovering from their seizure.
- Where people used equipment such as wheelchairs and walking aids, there was a specific risk assessment in place that identified any risk to the person when using this equipment and how staff should check the equipment to ensure it was safe. One person's risk assessment stated that their four wheeled walker should be checked to ensure it was at the right height for the person before use.

Staffing and recruitment

- People told us that staff arrived on time and stayed for the correct duration of time. One relative said, "They do have time, they don't rush and they spend time talking to us."
- There were enough staff to meet people's needs and people were cared for mostly by the same staff members. Staff worked in teams, one staff member would drive both care workers and this meant that the level of late calls was very low and there were no reports of any missed calls.
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- Staff supported people with their medicines safely. Staff were appropriately trained to do this. They received medicine training online and then the registered manager would observe them administering medicines to ensure they were doing this safely.
- People received their medicines appropriately and on time. Medicine administration records (MAR) were clear and showed that people were receiving their medicines as they should be.
- Protocols were in place for medicines that people took as they required them. One person who was living with epilepsy had a protocol in place for a medicine they needed if they had a seizure. The protocol was detailed and told staff how and when to administer the medicine and what they needed to do afterwards.

Preventing and controlling infection

- Personal protective equipment (PPE) was worn in line with government guidance. PPE was kept in people's homes at the entrance so staff could safely put it on and take it off.
- Staff had received training in infection, prevention and control (IPC) and had been regularly observed by the registered manager carrying out this practice.
- An IPC audit was completed monthly to monitor the effectiveness of the practice that was being carried out and to identify any changes that needed to be made.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated by the registered manager. The registered manager completed a detailed analysis of the incident or accident and recorded the actions taken and lessons learned. A person had fallen due to the arrangement of their living environment, with the person's consent the service reviewed this and supported them to re-arrange their furniture. This was shared with the team and staff were reminded to always assess the accessibility of a person's environment and to raise any concerns.
- The registered manager also took the opportunity to learn from any complaints the service received. Details of lessons learnt and how this was shared with staff members was documented.

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.

At the last inspection this key question was rated inspected but not rated. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out a face to face assessment of needs for people prior to providing care for them. One relative told us, "[Registered manager] came and did an assessment and asked us lots of questions, about what we wanted, [Registered manager] was very thorough."
- The service obtained information from other health care professionals such as social workers before carrying out their assessment. This meant they had information to support their own assessment.
- A detailed assessment form was used that covered a variety of needs to ensure the service could provide the appropriate care. One person was anxious about receiving care and this was identified during the assessment stage. The service ensured their approach was sensitive to this when planning their care and introducing care staff to the person.

Staff support: induction, training, skills and experience

- People and relatives told us that staff were skilled and experienced in their roles. One person said, "They know what they are doing and how to help me, they are really great."
- Staff were provided with an induction before starting to work with the service. This included mandatory training and an introduction to the policies and procedures. The staff member would then spend time shadowing an experienced care worker and this was recorded.
- Staff supervisions were carried out every three months with the registered manager. The supervisions covered a variety of areas such as safeguarding, communication and person-centred care. There was also an opportunity to review individual progress and well-being of the staff member.
- Training was detailed and appropriate to the care that staff were providing. Staff were provided with specific training for their role. One member of staff had been assigned to care for someone with epilepsy. They were sent on a specific training course to support them with this.

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

- People were supported to maintain a balance diet and this was recorded in the daily notes and on food and fluid charts where appropriate.
- One person received their meals from a food delivery service. The staff had noticed that the person did not always eat their meal because it was left in the packaging. The registered manager called the food delivery service and explained that the care worker would set out a plate and cutlery on a tray and asked them to serve the food. This was implemented and the person began to eat their meals without any problems.

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

- When staff had any concerns about a person's health or care they would contact other agencies appropriately.
- One person told us that a staff member had noticed that their legs were swollen, and they were concerned. This was escalated to the GP and appropriate action was taken.
- Another person told us, "Twice they have had to call the paramedics because I have not been well, they have stepped up to the mark."
- We saw evidence of phone calls between the service and other health care professionals. For example, we saw that the service would call the pharmacy as a reminder when people were coming to the end of their supplies of medicines to ensure they always had enough medicines.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- We spoke with the registered manager about the MCA and they were aware of the principles. Although they were not currently supporting anyone who lacked capacity they knew what they would need to do if this would arise. They explained that they would arrange for a capacity assessment to be carried out and would have a best interest meeting to support with decision making.
- The care plans were written with a focus on choice and decision making. One care plan detailed that choice should be given at every point in care delivery. For example, 'Support me to choose which shirt and trousers I would like to wear.'
- Staff received training in MCA and had a good understanding of how to apply it. One staff member told us, "The most important thing is to remember is they have to consent for everything you do, if they are not able to give consent a best interest decision has to be made." Another staff member told us, "Anything we do they have to consent to that, I always ask what people would like, what kind of breakfast they would like, we respect their decisions and respect their home."

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.

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has now been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. One person told us, 'They encourage me, I feel they are really looking after me.' Another person said, 'They are kind and patient, they have good banter with me.'
- Staff treated people with kindness and respect. One staff member said, 'I will always be calm and slow mannered, I treat people with respect by talking nicely and being polite at all times.' Another staff member said, 'I read the care plans so I am fully aware of their preferences and I treat people how I would like to be treated.'

Respecting and promoting people's privacy, dignity and independence

- A relative told us that the staff are respectful and discreet. They said, 'They will come in and have a chat and ask about our day, but they aren't over the top, they respect our privacy.'
- We saw in one person's care plan how they were supported to shave independently. Although the person needed support the staff did what they could to enable the person to do as much as possible themselves. The care plan gave details such as 'Spray the shaving foam in the corner of the sink and put the razor in my right hand.' This allowed the person's dignity to be maintained.

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

- People were involved in their care planning and decision making about the care they received. The registered manager wrote the care plans with people and their relatives and we could see that people had contributed to these. One person liked to be taken out for a walk at lunch time with the staff. The registered manager told us that the person decides when they would like to return from their walk, this isn't decided by the staff. We spoke to the relative of this person who said, "They will stay longer to walk with him if this is what he would like to do." This had also been reflected in their care plan.
- A staff member told us that if someone needs them to stay longer to support them they will always try to, "We inform the office we need more time and they will arrange cover for other people, we work as a team to give people what they wish"
- Regular review calls were made to people to give them opportunity to tell the service of anything else they would like them to do. One person recently asked to be supported to go shopping. This is now happening, and the person told us how much they enjoyed this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were detailed and highly personalised. Care plans contained information for staff on how to support people's emotional needs as well as their physical needs. This included step by step instructions for each area of care that detailed specific information. For example, how people liked to have their hair brushed.
- One person enjoyed playing board games. Their care plan informed staff to support the person to pursue this interest and to ask if they wished them to play with them. We could see from the daily notes that this had taken place.
- The daily notes showed that a variety of choices were being offered in relation to meals and how people spent their time. People were engaging with different options each day and staff were asking people what they would like.
- Discussions around end of life care took place when people's care plans were reviewed. If at the time, people were not ready to discuss this the registered manager would re-visit this discussion at a later date.
- When end of life care was being provided, the registered manager would closely support the person and their relatives, whilst ensuring the staff members played an active role in caring for the person.

Meeting people's communication needs

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

- The service adapted its approach to support people with their communication needs. One person had sensory loss, their care plan detailed how to support them with information for staff in relation to speaking slowly and positioning themselves so the person could see them as they spoke.
- The registered manager would support people's communication needs by meeting with them face to face to review any documentations. The registered manager would read the documentations to people who needed support with this to ensure that they were fully involved with the organisation of their care.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which was shared with people when they started receiving care. People knew how to raise any concerns if they were to have them. One person told us, "I would call [the

registered manager] and I have done in the past, she acted on any complaints I have had"

- A complaints log was kept with details of the complaint, the investigation and the actions taken. This enabled quality of care to be improved and issues reflected upon.
- A person had made a complaint regarding staff shoes being directly on their carpet. The registered manager discussed this with the person and arranged for staff to wear shoe covers. This practice was then offered to all people receiving care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has now been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback about the management team. One person said, "[Registered manager] is brilliant, she listens." Another person said, "[Registered manager] is really on the ball, she wants it to be good."
- The registered manager knew people well and was closely involved in their care. The registered manager took responsibility for the service and its improvement.
- People and staff could contact the management team at any time and we received feedback that said this was beneficial. One person said, "I would always just call [the registered manager], she wants to know what's going on and will make changes where she can."
- The staff team worked closely with the manager and the whole team would communicate regularly regarding any changes to people's needs or ideas they had. This enabled the team to provide a highly personalised service to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The managers had informed the CQC of significant events including significant incidents and safeguarding concerns.
- People told us that they were informed if something unforeseeable was going to change in relation to their care arrangements. A person told us that they were always informed if someone was going to be late or if a different member of staff was coming.
- A person told us that there had been a problem with an agency carer. They told us that the registered manager had gone to visit them and explained what had happened and apologised, they also took action to ensure this did not happen again.

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

- The registered manager was clear about their role and took responsibility for the management of the

service. There was a wide range of audits carried out to monitor the service and ensure regulatory requirements were met.

- Actions from audits were followed through and shared with staff. One audit of documentation had identified that occasionally staff were not including enough detail in their notes regarding the care they had provided. We saw this was shared in a staff meeting and we did not identify any detail lacking in documentation.
- The registered manager carried out spot checks to review how care was being delivered and completed review calls for people every three months to assess how their care package was going.
- There were plans in place for the growth of the service. The registered manager told us, "As the service grows we will have team leaders who will oversee different areas and will be responsible for assessments and care planning and I will then oversee this."
- Staff told us they felt supported and valued. One staff member said, "[Registered manager] is fully supportive. She is someone you can talk with, she is very understanding." Another staff member told us, "They are always there and listen to our opinions, they involved us in the decision making and they are easy to contact."
- The registered manager was part of a managers forum where they were able to gain support and receive updates on best practice.