

Guild Healthcare Ltd

Guild Healthcare

Inspection report

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Date of inspection visit:
25 February 2021
26 February 2021

Date of publication:
12 March 2021

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Guild Healthcare is a domiciliary care agency that, at the time of the inspection, was supporting 58 people living in their own homes within the local community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service had policies and procedures in place in relation to medicines administration and management and these had mostly been effective. However, we did find some concerns with processes including the need to update people's current medicines within their care plans and better auditing for one person's medicines administration record (MAR) charts. The service's quality monitoring audit had failed to identify these.

Following several medicines incidents, the service had taken appropriate action although further measures could have been put in place to further safeguard. We had confirmation shortly after our inspection site visit that these had been taken. We also promptly received a service improvement plan that demonstrated what action they would be taking in response to our findings. This provided us with assurances.

Overall, we found people had received their medicines as prescribed and that staff had good knowledge of medicines administration and management. Staff had been robustly inducted, trained and supported in this aspect of their role and the provider regularly assured themselves, through competency assessments, that staff had the appropriate skills to administer medicines. One staff member told us, "I was amazed at the amount of training I received."

The people who used the service, their relatives and staff all spoke positively about the service, medicines management and the responsiveness and communication of the management team. One person who used the service said of the staff, "I am not sure on the (medicines) training staff do but they seem so knowledgeable and kind; they are amazing at their job." Whilst a relative told us, "I have seen the supervisors look through the medicines to make sure they are okay. I have not had any issues with staff and feel they are all good at their job."

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

Rating at last inspection

The last rating for this service was requires improvement (report published on 01 May 2019).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about medicines

management. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We have found evidence that the provider needs to make some improvements. Please see the Safe and Well-led sections of this full report.

Following our inspection site visit and the feedback given on our findings, the service took prompt action to rectify the concerns identified which provided us with assurances. A service improvement plan was also promptly and voluntarily submitted that provided further assurances of how those actions were to be embedded into practice.

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?

Inspected not rated.

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

Inspected not rated.

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Guild Healthcare

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we had about medicines management.

Inspection team

This inspection was carried out by two inspectors. An assistant inspector made telephone calls to people who used the service, and their relatives, in order to seek feedback.

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. The notice period also gave us time to ascertain any health and safety or infection prevention and control needs considering the pandemic.

What we did before the inspection

We reviewed information we had received about the service, relating to medicines management, since the last inspection. We sought feedback from the local authority. 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 four people who used the service and three relatives about their experience of the support

provided in relation to medicines administration and management. We spoke with five members of staff including the registered manager, one supervisor and three care assistants.

We reviewed a range of records. This included four people's care records relating to medicines administration. We looked at two staff files in relation to recruitment, induction, training, support and 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. We looked at training data and investigation reports into medicine incidents.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about medicines administration and management. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely; Systems and processes to safeguard people from the risk of abuse

- The medicines administration record (MAR) charts we viewed showed most people had received their medicines as prescribed. Where we found a discrepancy with one person's medicines, the registered manager told us they would investigate the anomaly.
- Where MAR charts had been printed, we found that staff followed good practice guidance. However, for some MAR charts that had been hand-written by staff, these had not, and improvements were required in order to mitigate possible medicine errors or misadministration.
- People's medicines needs had been assessed prior to using the service and a person-centred care plan developed with the person's full involvement. These were mostly accurate however we did identify some care plans where people's list of current medicines needed updating. The registered manager confirmed this would be actioned promptly.
- The people who used the service told us they had confidence in how staff managed and administered their medicines; their relatives agreed.
- One person who used the service said, "Staff deal with all my medication and they make sure I have it at the right times." Another person said, "Staff have a thing called a MAR chart that tells them what tablets I have, and they check it to make sure it is right. I feel safe with them giving me my medication."
- Staff demonstrated, through discussion, a good knowledge of medicines administration and could effectively describe what safeguards were in place to keep people safe. All staff knew what action to take should a medicines error occur. Staff had been robustly inducted and trained and their competency regularly assessed.
- The provider's medicines and associated policies reflected current good practice and legislation such as the National Institute for Health and Care Excellence's (NICE) 'Medicines management for people receiving social care in the community'.

Staffing and recruitment

- The people who used the service, and their relatives, told us they had confidence in the staff, felt the care provided was safe and that staff had time to effectively administer their medicines. This demonstrated that there were enough staff to meet people's medicines needs in a person-centred manner.
- One person who used the service told us, "I see staff counting the tablets to make sure there are no problems and they give me time, I do not feel rushed taking them."
- Staff had been recruited safely and appropriate recruitment checks had been made prior to them

commencing in post. We found an employment gap for one staff member and this was brought to the registered manager's attention who acknowledged a full employment history was required.

Learning lessons when things go wrong

- This inspection had been prompted by several incidents where medicines had gone missing from people's homes. We saw that appropriate action had been taken in response to these incidents although the service could have taken more robust action in one case.
- Following our inspection site visit, the registered manager confirmed action had been taken to further mitigate risk regarding the incident where we identified more robust action could have been taken.
- For medicines errors, we saw that these were robustly recorded with prompt and appropriate action taken to mitigate the risk of reoccurrence. Staff we spoke with agreed that the service was responsive and appropriate in managing medicines incidents.
- A service improvement plan was promptly and voluntarily submitted by the provider following the inspection detailing what action they had already taken, and what they planned to take, in response to the inspection and the feedback given.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about medicines administration and management. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The provider had an auditing system in place to monitor, assess and improve the quality and safety of the service delivered in relation to medicines administration. For most people, this system had been effective.
- However, for one person's MAR charts we saw that the auditing system had failed to identify several concerns where practice and recording had failed to meet good practice guidance. We brought this to the registered manager's attention who promptly took action to rectify this.
- There was a registered manager in place that understood their responsibilities and evidenced accountability. For example, where concerns were highlighted as part of this inspection, the registered manager took prompt and appropriate action to drive improvement.
- A service improvement plan was quickly and voluntarily submitted following our site visit that showed actions were being taken that demonstrated staff were accountable for their actions.
- Staff spoke positively about the registered manager and their ability to listen, quickly rectify concerns and drive improvement. One staff member told us medicines had, "Been handled much better since [registered manager] became manager." Another staff member said, "If I'm worried (about medicines), I call [registered manager], they are really good, deals with it immediately and gets back to me."
- The service had reported safety incidents as required to the appropriate stakeholders including CQC and the local authority.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The people who used the service, and their relatives, told us communication was good with the provider's management team. They told us they were included in their care planning and kept well informed when things went wrong.
- Where a medicines incident had occurred for one person, they told us, "I know the [registered manager] looked into it and they told me what was going on." They went on to say, "I have complete faith in the care staff. I had a survey the other week and the only thing I could put was that they were impeccable..."
- People's relatives agreed. One told us, "Staff keep me informed of everything. I really value that at the moment with all that is going on and we cannot visit. We call [service user] and they are happy with the care they get and has no issues."

- Staff told us they received constructive feedback, felt listened to and that the registered manager was responsive. One staff member told us that as part of their medicines training, scenarios, including medicines errors, were fully discussed so they would know what action to take should a medicines issue arise.