

Guild Retirement Housing Limited

Guild Care

Inspection report

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Tel: 01493751869

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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?	Good ●

Summary of findings

Overall summary

Guild Care is registered to provide personal care to people living in their own homes. There were 53 people receiving personal care from the service when we visited.

This announced inspection took place on 1 and 2 September 2016. The provider was given 48 hours' notice because the registered manager is sometimes out of the office.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff received training to protect people from harm and they were knowledgeable about reporting any suspected harm. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce risks which had been identified. Arrangements were in place to ensure that people were supported and protected with the safe management of medicines.

The provider had procedures in place in relation to the application of the Mental Capacity Act 2005 (MCA). Staff we spoke with confirmed they had received training regarding MCA. The registered manager and the staff were knowledgeable about these. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed.

People were supported to access a range of healthcare professionals and they were provided with opportunities to increase their levels of independence. Health risk assessments were in place to ensure that people were supported to maintain their health. People received adequate amounts of food and drink to meet their individual preferences and nutritional needs.

People confirmed that their privacy and dignity was respected and their care and support was provided in a caring and a patient way.

Appropriate recruitment checks had been completed to ensure that staff were suitable to provide care and support for people using the service.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. People and their relatives were able to make suggestions in relation to the support and care provided and staff acted on what they were told.

There were links with the external community. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance

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.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and the number of staff employed ensured care was provided to meet people's needs.

People were supported with their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's rights had been protected from unlawful restriction and decision making processes.

Staff were supported to do their job and a training programme was in place to ensure they had the appropriate skills to support people using the service.

People were supported to make choices about their meals and drinks that were provided.

Is the service caring?

Good ●

The service was caring.

People received care and support that met their individual needs.

People's rights to privacy, dignity and independence were valued.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in the review of their care needs and this was carried out on a regular basis.

People were supported to pursue activities and interests that were important to them.

There was a procedure in place to appropriately respond to people's concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

There were strong links with the local community and people were able to access local shops, amenities and services.

People and staff's views were sought, with arrangements in place to listen and act on what they had to say.

Guild Care

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.

This announced inspection took place on 1 and 2 September 2016. The provider was given 48 hours' notice because the registered manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. We took the information in the PIR into account when we made judgements in this report.

During the inspection we visited the service's office, visited two people and met two relatives. We spoke by telephone with ten people and four relatives. We spoke with the registered manager, a care coordinator, the operational manager and five care staff. We also spoke with care professionals to gain their views about how people were being supported; These included a district nurse, a quality assurance officer and a care manager from the local authority.

We looked at four people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

Is the service safe?

Our findings

People we met told us that they felt safe and were satisfied with the care and support they received. One person said, "Staff have been really supportive and help me with whatever I need." Another person said, "I feel very safe living here and the staff help me to go out and about whenever I want." One relative told us that, "The carers are really good with my (family member) and I feel that they are in safe hands." Relatives we spoke with said they felt that their family members were cared for safely.

We saw that people's individual risk assessments had been completed and updated. These risk assessments included areas such as moving and positioning, medicines, environment and bathing/showering. This showed us that there were appropriate steps taken to minimise the risk of harm occurring.

The staff had access to the contact details of the local safeguarding team and safeguarding information was available into them in the service's office. Safeguarding training had been provided for staff and refresher training had been given annually and staff confirmed this to be the case. Evidence of staff's up to date ongoing training was seen in the training records held in the service's office.

Staff that we spoke with demonstrated that they were aware of their safeguarding responsibilities and reporting procedures and told us that they would not hesitate in reporting any incident or allegation to their registered manager. The registered manager had effectively dealt with safeguarding concerns and we saw evidence of correspondence and investigations to resolve concerns that had been raised.

We saw that there was a document in the care plans which detailed the level of support required and also whether the person or their family would be responsible for the ordering and /or administration of medicines. One relative told us that the care staff always made sure that their family member received their medicines. They said it was most reassuring that this was safely done each day as their family member would forget to do it for themselves.

We saw a sample of the medicine administration records (MAR) and they had been accurately completed and showed that medicines had been administered as prescribed. MAR charts were monitored by care coordinators and the registered manager to ensure that medicines were accurately recorded and administered. One person said, "[care staff] always make sure that I get my tablets on time and sign the record [MAR sheet]."

Medicine training sessions were provided and refresher training was given annually and staff we spoke with confirmed this. Staff received competency checks following training to ensure they were safely administering medicines and further training would be provided where required.

Regular audits were carried out by senior member of care staff to monitor medicine procedures and ensure that all prescribed medicines had been properly administered. This demonstrated that people were protected from harm because the provider followed safe medicines management procedures.

Satisfactory recruitment checks were carried out by the provider's personnel department in conjunction with the registered manager and care coordinators. This was confirmed in two staff recruitment records we saw. Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Information provided in staff recruitment records showed that appropriate checks, which included a satisfactory criminal record checks from the Disclosure and Barring Service (DBS), proof of identity, and references, had been carried out prior to the member of care staff started work at the service. The registered manager said that any gaps in employment were pursued with prospective staff during their interview. This showed us that the provider had only employed staff that were suitable to work with people using the service

Staff we spoke with told us that their recruitment had been dealt with effectively. One member of staff said, "I came for an interview and had to have a DBS check and provide proof of identity and references." Staff also confirmed that they had shadowed more experienced staff before commencing work on their own and had completed an induction which included training in mandatory subjects.

We saw that there were sufficient numbers of staff to meet people's needs during our inspection. This included being able to assist people with their personal care needs and providing meals and drinks and undertaking some domestic tasks for the person. Staff we met told us that there was sufficient staffing available to be able to assist people with their care and support needs. We saw that the registered manager and care coordinator monitored staffing levels and where people's needs changed additional staff were rostered where necessary such as for healthcare needs or where a person's mobility had changed.

Is the service effective?

Our findings

People we spoke with told us that they received effective care and support. One person said, "The staff know me very well and help me with what I need and the staff take time out to listen to me if I have any problems."

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. The registered manager confirmed and we found that no one receiving the service was subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff had received training and were aware of the procedures regarding MCA. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. This showed us that if people's capacity to make certain decisions changed that appropriate action would be taken to support people.

The registered manager told us that they were aware that where people's mental capacity changed a request for an assessment would be submitted to the relevant local authority to be carried out and completed. At the time of our inspection all of the people who were using the service had the mental capacity to make informed decisions for themselves either with, or without, support from staff.

Staff confirmed that they had received an induction when they commenced work and completed ongoing training since starting their job role. Staff said that they enjoyed and benefited from a variety of training sessions. They told us that they were supported to gain further qualifications including the Care Certificate and diplomas in health and social care. Examples of training included, administration of medicines, safeguarding people from harm, dementia awareness, safe moving and positioning, mental capacity and catheter. Training was monitored by the care coordinator and registered manager and staff we spoke with confirmed that they were informed of dates when they would need to refresh or update their training. People we spoke with commented that the staff were knowledgeable about their care needs and always acted in a professional manner.

Staff confirmed and records showed that they received regular supervision sessions. Staff we spoke with told us that they felt well supported by the registered manager, care coordinator senior carer and their staff colleagues. Staff also confirmed that they received an annual appraisal to monitor their development, performance and work practices.

We found that assessments for people's nutrition and any dietary needs and food preferences had been completed as part of their assessment of their care needs. Any associated risks or allergies were

incorporated into their care plan.

People told us that staff assisted them with choosing their meals and drinks. One person we spoke with said, "It's really good and I am very happy with the staff who help me with my care and meals." Another person said, "The staff do give me a choice before preparing my breakfast or lunch." Staff told us that people were assisted to seek advice from their GP and a dietician whenever their dietary needs changed.

People had regular appointments with healthcare professionals and these were recorded in the daily records. One person told us that, "The staff always help me if I need to see a doctor or if I feel unwell."

Healthcare professionals we spoke with were positive about the service and felt that communication was professional and information had been provided when required in an efficient manner. We spoke with a district nurse and they were positive about the support being provided by the service. They told us that they had communicated well with the service and discussed any changes and issues regarding people's healthcare. This showed us that people's healthcare needs were supported by the most appropriate professional.

Is the service caring?

Our findings

People we spoke with were positive about the care they received and one person said, "It's very good and the staff are really kind to me and very caring." Another person said, "The carers [staff] come and see me every day and they are really kind and treat me with dignity and respect and I look forward to seeing them." Another person said, "They [care staff] are lovely to me and so kind and I look forward to them coming to see me – we have a laugh together – they always make sure I am happy and comfortable before they leave." A relative said, "They [care staff] are so caring with my [family member] and they understand what they need." Another relative said, "The staff are very polite and caring and have really looked after my [family member] very well."

People we met confirmed that they were involved in the planning of their care and support and that they could make changes to the care and support they received. People's support plans and daily notes confirmed that the details recorded matched their current support needs. A relative we spoke said, "The staff are always kind and caring with my [family member] and I have no concerns." Another relative said, "My [family member] receives good and consistent care."

We saw that there were agreements in place for people's care plans which had been signed by the person or their representative regarding the care and support to be provided.

Members of staff described the aims of people's support in enabling them to live as independently as possible and have a good quality of life. One member of staff said, "It is good to help people fulfil things they want to do in their life and to meet their needs in the way that they want to." Staff encouraged and supported people to make choices about their lives. This included when assisting people with washing and dressing. People said that they were encouraged by staff to do as much as possible for themselves with staff assisting only where they required additional support.

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way including caring for people living with dementia. Care plans reflected people's wishes and preferences and how staff should support them. We saw that the registered manager had ensured, as much as possible, that they were able to meet people's preferences regarding whether they wished to be supported by male or female staff. This showed us that people's equality and diversity was considered and acted upon.

The staff we met spoke with a great deal of warmth and affection about their work and the care they provided for people. One member of staff, "I love helping people with what they need and encouraging them to be as independent as possible and be able to remain in their own home." Another member of staff said, "I like my job and it's like a family and we [staff] all pull together to provide the best possible care for people."

Discussions with staff during the inspection showed that they had a good and detailed understanding about individual's care and support needs. It was evident from discussions with healthcare professionals that there was a proactive contact with the service to ensure that people's care and support was well coordinated.

The registered manager told us that no one using the service currently had a formal advocate in place but that local services were available as and when required. Advocates are people who are independent and support people to make and communicate their views and wishes. However, people had family members who acted in their best interest and voiced their family member's views to the service where required. This was confirmed by people and relatives we spoke with.

Is the service responsive?

Our findings

People were provided with the care and support they needed by staff who knew what was important to each person. One person said, "They [staff] come and help me to get washed and dressed and help at night to get ready for bed – it is very reassuring to know that they [care staff] will be here to help me with what I need."

We saw that people's care and supported needs were assessed prior to receiving support from the service. Assessments included the person's background, care and support needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts. Care records showed that people's healthcare needs were also assessed including the involvement of relevant healthcare professionals regarding any medical/health issues.

We saw that care records gave staff detailed information to enable them to provide people with individual personal care and support, whilst maintaining their independence as much as possible. People were assisted to take part in daily living tasks and were encouraged to make choices including meals and places they wished to visit in the local community. There were detailed guidelines for staff to follow so that they were able to safely assist with people's assessed care and support requirements.

Staff confirmed that the support plans gave them sufficient information so that they could provide the required care and support. Examples of care and support that people received included assistance with their personal care needs, preparation of meals and drinks, assistance with administering and with prompting of medicines, assistance with domestic tasks and social and welfare calls.

We saw that there had been regular six - monthly reviews completed regarding the care that was being provided. We saw that care plans were in the process of being updated by the care coordinator and registered manager to ensure that care and support was current and accurate. Daily notes that care staff had written, described the care and support that had been provided during each visit to the person's and detailed any significant events that may have occurred such as a healthcare /medical appointment. This meant that the registered manager and staff were able to respond to people's care based upon the latest information.

Feedback from a quality assurance officer and care manager from the local authority was positive. They told us that no complaints or issues had been raised and that they had received positive feedback from people using the service.

The service had a complaints procedure in place which included timescales for responding to complaints. One person told us that "I can always talk to the staff if I ever have any worries." We saw during the inspection that people's concerns and queries were addressed by staff in a timely, reassuring and attentive way. Relatives that we spoke confirmed that they found the registered manager and staff to be responsive and proactive in dealing with any concerns or issues. One relative said, "I would always feel confident in raising any concerns and feel that [registered manager] and [care coordinator] would listen and resolve any issues regarding my [family member]."

Is the service well-led?

Our findings

People we spoke with expressed their satisfaction with the service and did not raise any concerns about the care and support that was provided to them. One person said that, "I can always speak to the staff about anything I am not sure about or any worries I have." Relatives we spoke with told us that they were very satisfied with the care and support that was provided to their family member. Relatives also confirmed that they were able to speak with members of the management team regarding any aspect of the care and services being provided.

People who use the service were asked for their views about their care and support and their views were acted on. People told us that they had regular contact with the services' registered manager and the management team.

There was an open team work culture within the service. Staff told us they enjoyed their work and assisting people using the service. Staff told us that they felt the service was well managed and that they felt supported by the registered manager and the care coordinator. One member of staff said that, "I can always raise any issues with my [registered] manager and we work really well as a team." Staff also told us that, "I feel supported by the [registered] manager at all times, including during out of business hours – I have used the on call phone number and a member of the management team has always answered straight away and helped me with my concern/issue." Another staff member told us that, "My fellow workers and members' of the management team are very helpful and very supportive and we help each other out during the day."

Staff told us that they were confident that if ever they identified or suspected poor care standards or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of. Staff said that they felt confident that they would be supported by the registered manager to raise their concerns. A member of staff told us that when they had raised an issue regarding some poor practice this had been effectively dealt with. Another staff member said, "We are a good team if there was any bad practice this would be reported to the registered manager and acted upon without any hesitation or delay."

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided through annual surveys, regular one to one discussions and tenant meetings. People using the service and their relatives told us that they completed a questionnaire to have their say about the service. We saw the action points from 2015 survey and examples included timings of care calls and actions to be taken if a member of care staff was running late. People also had the opportunity to discuss their satisfaction with the service during the reviews of their care and during quality monitoring visits made by members of the management team. We saw samples of these recorded visits in people's care files.

Incident forms were looked at by the registered manager and care coordinator. Any actions taken as a result of incidents was documented as part of the service's on-going quality monitoring process to reduce the risk of the incident reoccurring. The registered manager told us that there were no current issues or trends requiring further action. This showed us that the provider had systems in place to monitor the quality of

service being provided at the service.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

The registered manager and care coordinator monitored the day to day management of the service and undertook audits. Examples included people's care and support plans, medicine administration and staffing rotas to ensure that people were receiving an effective service. We saw that where there were any areas for action these were highlighted and an agreed action plan was put in place to deal with any concerns or shortfalls. Examples included staffing and responding to any concerns or complaints raised. We saw that an operational manager was in daily contact with the registered manager and care coordinator to monitor the care and support services being provided. This demonstrated the provider had processes in place to monitor and promote continuous improvement in the quality of care provided