

Mr. Dean Oliver Dervan

# Geolis Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

We inspected Geolis Care on 31 May and 01 June 2017. We gave the provider 48 hours' notice we would be visiting the office to make sure the appropriate people would be there to assist us with our inspection.

At the time of our inspection, Geolis Care was providing support to four people in the Trafford area. Care workers were supporting the people using the service in a range of ways, including assistance with washing and dressing, social outings, meal preparation and domestic tasks such as cleaning.

The service was not required to have a registered manager as the provider was registered as an individual. This meant he acted as the provider and manager of the service. Registered providers 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.

At the last inspection we found issues with the way medicines administration had been recorded. At this inspection we found medicines were now being recorded safely.

At the last inspection we found that the registered provider did not document interviews for new care workers or record how any gaps in their employment history had been explored. We found these issues had not been fully rectified at this inspection.

At the inspection we found there had been some improvements made in relation to assessing people's mental capacity and recording people's medicines safely. However, we have identified continued breaches in relation to recruitment of new staff, training and the undertaking of a quality assurance system was still not being completed.

At the last inspection people known or thought to lack mental capacity had not been assessed for their ability to make decisions or give consent to care. At this inspection we found nobody receiving the service lacked capacity, therefore mental capacity assessments did not need to be completed by the service.

Newly recruited care workers did not receive a full induction and the provision of training for all care workers was poor. In addition, care workers did not receive formal supervision or appraisal.

The registered provider did not monitor, audit or quality assure the service for safety or care quality.

People saw regular care workers and told us that they arrived on time and stayed for the full duration of the time allotted for each care visit.

People told us that they felt safe with the care workers. We noted from the training matrix safeguarding

adults training was not provided to staff. However, staff we spoke with could give examples of the different forms of abuse they needed to look out for and said they would report any concerns to the registered provider.

The people receiving support with food shopping and meal preparation gave us positive feedback about this aspect of their care. Those supported by care workers to make appointments with other healthcare professionals were also satisfied with the assistance they received.

None of the people or relatives we spoke with had made a formal complaint. All of the people we spoke with said they felt able to speak directly to the registered provider if they had any problems.

We found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014.

You can see what action we have told the provider to take at the back of the full version of the report.

## 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 not always safe.

The registered provider did not document interviews with prospective care workers and did not record how gaps in previous employment were investigated.

Staff had not been recently trained in the safeguarding of vulnerable adults. However staff were knowledgeable about recognising the signs of abuse.

People and their relatives said that care workers were reliable. They told us that staff always arrived on time and stayed for the full duration of the time allocated.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

New care workers did not receive an adequate induction. The provision of training and formal on-going support for all care workers was poor.

Staff were made aware of people's needs, likes and dislikes and developed effective professional relationships with them.

Consent from people or their relatives was obtained before support and care was provided.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

We received positive feedback from people about how well they were able to build relationships with their care staff.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were involved in making decisions about their care and the support they received.

**Good** ●

### Is the service responsive?

The service was responsive.

Care plans were individualised and person-centred. They contained information on people's likes and dislikes and how they preferred to be supported.

People and their relatives told us that were involved in designing their care plans and were happy that they received the care they had asked for.

People knew how to complain. The service had not received a complaint in the five years it had been established.

Good 

### Is the service well-led?

The service was not always well-led.

There was no quality monitoring system in place. We found continued breaches and robust action had not been taken to address them.

The service worked in partnership with other organisations and healthcare professionals to provide an effective service to people with mental health issues.

People, their relatives, care workers and the healthcare professionals we spoke with all gave positive feedback about the registered provider and how he managed the service.

Inadequate 

# Geolis 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.

The inspection took place on 31 May and 01 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection was carried out by one inspector.

The provider was not asked to complete a provider information return (PIR) prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During this inspection, we asked the provider to tell us about improvements they had made or any they had planned.

As part of the inspection we reviewed the information we held about the service and consulted other relevant organisations. This included contacting the care commissioners at Trafford Council, Healthwatch Trafford and two healthcare professionals involved with people using the service. The health care professionals involved with people using the service all gave us very positive feedback about Geolis Care.

During our inspection we spoke with the registered provider and three care workers. We visited two people who used the service in their own homes. We also spoke with one person's relative.

We spent the first day of the inspection at the service's office speaking with the registered provider and looking at records. These included two people's care records, two staff recruitment files, staff training records, various policies and procedures and other documents relating to the management of the service.

# Is the service safe?

## Our findings

We asked people if they felt safe when they used the service; all of the people we spoke with said that they did. One person told us, "The staff are great, they always ensure my front door is locked before they leave", another person said, "I do feel safe, yes." One person's relative also commented, "We know mum is safe with the staff that visit, this is important for the family."

At the last inspection we identified a breach of Regulation 12 in relation to the unsafe recruitment of new staff. At this inspection we found recruitment and selection procedures still did not meet the requirements of the current regulations.

We looked at a sample of two staff records for staff recently recruited. One file had an application that had not been fully completed, no evidence of medical statements and did not contain references connected to the staff members previous employment. Two references were on file, but these were both character references from a family member and previous work colleague. The registered provider commented that they were unaware this wasn't an acceptable reference. The application contained a Curriculum Vitae (CV), which captured the applicant's full employment history. The second file we viewed again did not have an application form fully completed. We noted this person's previous employment history had not been fully captured and there was no evidence of medical statements. Two references from the applicant's previous employment had been captured on this occasion. We noted both staff files did not contain any interview notes to determine whether both staff were appropriate candidates. The provider accepted these checks should have been completed fully, but felt confident both staff members were appropriate for the role at Geolis Care.

This meant that there was no record of how the service had established candidates' suitability to work in the care sector or how they had explored the gaps in previous employment we noted from one of the care workers' application forms.

This constituted of a continued breach of Regulation 12 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found both newly recruited staff had a Disclosure and Barring Service (DBS) check and proof of identity including a photograph. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups.

At the last inspection we identified a breach of Regulation 12 in relation to the poor recording of people's medicines. At this inspection we found the provider had developed a new medicines administration charts (MARs) to ensure there was now a clear accurate record when staff administered medicines.

People were supported to manage their own medicines as much as possible and medicines were administered safely when people needed help. We viewed a number of completed MAR charts that the provider had audited. We noted no discrepancies or missed signatures from these charts. During our home

visit we viewed (with permission) one person's medicines and MAR charts. We noted these charts had been completed correctly and matched the medicines this person received.

We saw in one person's records that the application of prescribed local medications, such as creams, was clearly recorded on a body map and recorded on the MAR record. Records were signed appropriately indicating the creams had been applied at the correct times.

Staff had been trained on administering medicines safely, however we did not see evidence of competency checks. NICE guidance managing medicines for adults receiving social care in the community 1.11 states 'When social care providers are responsible for medicines support, they should have robust processes for medicines. Staff are assessed as competent to give the medicines support being asked of them, including assessment through direct observation'. The registered provider acknowledged this and confirmed they would begin to carry out competency checks for all care workers who administer medicines. We will review the progress of this at our next inspection.

We checked the safeguarding records which included accidents and incidents. The provider was aware of their responsibilities to manage and report any safeguarding concerns. We noted the provider had a satisfactory system in place for monitoring accidents and incidents across its services. There was adequate oversight of these incidents to help reduce the likelihood of them re-occurring.

We noted from the training matrix staff had not recently received training in safeguarding adults. However, we asked the care workers we spoke with to describe the forms of abuse people using the service might be vulnerable to. Each care worker could give appropriate examples and all said that they would report any concerns they had to the registered provider straightaway. This meant that care workers were aware of their responsibility to look for the signs of abuse and would report any concerns properly.

There were sufficient staff on duty to meet people's needs. There were nine care workers deployed to provide support for four people in receipt of the regulated activity personal care. People we spoke with confirmed staff always turned up at the correct times and they have never had a missed visit. Comments from people included: "This is a great care agency, very reliable" and "I have complete confidence in this service." This meant that the service was reliable and people saw the same care workers regularly, which they very much appreciated.

Some of the people using the service were assisted by care workers with their personal care, for example, with continence or showering. We asked people and their relatives if care workers used personal protective equipment, such as gloves and aprons, when they did this. All of the people and relatives we spoke with said that care workers used gloves and aprons. This meant that care workers acted to prevent the spread of infection by using the appropriate personal protective equipment.

We looked at a sample of care records and could see that specific risks to individuals had been identified and plans put in place to mitigate them. More generic risk assessments had also been completed, for example in respect of the environment to consider the use of equipment and the environment in which the person lived and carers delivered care. This showed us that the service assessed the risks of providing care to people in their homes and acted to mitigate any risks identified.



# Is the service effective?

## Our findings

At the last inspection we identified a breach of Regulation 18 in relation to the lack of staff training and induction as well as appraisal and supervision for staff. At this inspection we found some improvements had been made, but new staff did not receive a robust induction.

As part of the inspection we checked the training matrix for the care workers, including the registered provider, as he was one of the main care workers. The provider offered four key training topics which included induction, moving and handling, safe handling medication and food hygiene. We noted all staff had completed this online training within the last 12 months. The provider said staff would also receive practical moving and handling training, however this had not been evidenced. We noted no training was provided in safeguarding adults. The provider confirmed the majority of staff would have completed this in the past, however records of this were not provided to confirm this. The three staff we spoke with commented that they had undertaken this training previously, but couldn't recall if this had been provided by Geolis Care. The provider felt confident staff were aware of their responsibilities.

At the last inspection we found that the service had not implemented the Care Certificate for recruits new to the care sector; the Care Certificate is an introduction to the caring profession that sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. The Care Certificate is not mandatory, but services that choose not to use it have to demonstrate that they have an equivalent induction process that incorporates both theory and assessment of staff competence in practice. At this inspection we found the provider had still not implemented the Care Certificate for new recruits. We asked the registered provider what the service's induction consisted of. He told us that it involved two weeks' shadowing of himself or another experienced care worker; it did not include an assessment of competence.

We noted that the service did not have a policy or procedure about staff supervision or appraisal so we asked the registered provider if care workers received regular supervision or an annual appraisal. He said that this did not happen. Care workers we spoke with confirmed this, although all said that they were in regular contact with the registered provider and could go to him with problems or concerns at any time. Comments from staff included, "I speak to [providers name] daily, I feel supported and the care agency cares about people" and "The manager lets you get on with your job, if I have any issues he will deal with them straight away."

The lack of staff training and induction as well as appraisal and supervision was a continued breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We checked if the provider worked in line with these principles. The registered manager and staff

had a good understanding of MCA and people's rights were protected.

At the last inspection we identified a breach of Regulation 11 in relation to mental capacity assessments and best interest meetings not taking place when people lacked capacity. At this inspection we discussed the requirements of the MCA 2005 with the registered provider. There was a system in place to assess people's mental capacity when necessary and hold meetings in their best interest. Through discussion with the provider and viewing the care plans we noted nobody at the service lacked capacity at the time of our inspection, therefore MCA assessments were not required.

The registered provider confirmed that neither he nor the care workers had received training on the MCA. However, the registered provider said he would now ensure this is part of the staff training package going forward. We asked care workers how they obtained consent from people prior to assisting them with personal care or with medicines and they described how they asked for permission, explained what they were doing and gave choices. One staff member commented, "We always ask for consent first before we do any tasks, such as discussing what meal the person would like or when they would like a shower." This meant that even though care workers had not received MCA training, they obtained consent prior to supporting people.

We also received extremely positive feedback from two mental healthcare professionals who worked with the service to support people with mental health issues. They gave glowing reviews about how the registered provider and other care workers from Geolis Care had supported people with complex behavioural issues. Comments received included: "They [Geolis Care] were responsive in terms of care planning and altering their approach alongside recommendations from the team and in keeping with the vastly different client needs" and "Geolis Care always put the needs of the clients first and have been very consistent in their care."

Some of the people we spoke with were supported with food shopping and meal preparation. Each person said that they were happy with the support they received from the care workers. One person told us, "I get very lonely and can feel isolated, but the carers make me happy and help with whatever I need." This showed us that people were happy with the support they received with their meals.

We asked people if care workers helped them to book appointments to see other healthcare professionals, such as GPs or district nurses. Some managed this themselves or were assisted by a family member, but others told us that care workers did help to do this on occasion. The registered provider said that one person relied on the service to make all their appointments as they could not use the telephone; care workers also accompanied this person to all of their appointments. This meant that care workers from the service supported people to maintain their holistic health when they needed it.

## Is the service caring?

### Our findings

We asked people and their relatives if they thought the care workers were caring and their responses were overwhelmingly positive. People told us, "I have had a different care agency in the past, they don't even come close to Geolis, I am so happy the carers are like family to me" and "The care is very good." One person's relative agreed; they said, "As a family we are delighted with this care agency. We didn't know mum wasn't happy with the last care agency. But she is delighted with this one."

Positive caring relationships were developed with people. Staff told us they valued people they helped and spent time talking with them while they provided support. Two members of staff said, "Because we are a small agency we can provide a personalised service to people. The clients always get consistency" and "We are passionate about our roles, we respect the people we care for."

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. These were recorded before support was provided when people were involved with the planning of their care and support. A member of staff told us how a person liked a particular morning routine and this was respected.

People's privacy was respected and people were supported in a way that respected their dignity. People told us, "The care worker is very aware of my dignity and is very considerate", "They are respectful especially when I need bathing or showering." A member of staff told us how they supported a person who experienced difficulties with their personal care. They had developed a relationship of trust and were helping the person while respecting their dignity and particular wishes.

We asked the registered provider if any of the people supported used advocacy services; he said that at the time we inspected all the people had family members who could advocate for them when required. The registered provider could name local organisations that provided advocacy services and said that he would make referrals for people (with their permission) if he thought they were required. This meant that the registered provider was aware of local advocacy services and would refer people, with their permission, if required.

## Is the service responsive?

### Our findings

During this inspection we looked at two people's care files in the main office and viewed the same two care plans when we visited people in their homes, with their permission, to ensure the information was accurate and reflected their needs. Each care file contained a care visit schedule at the front which detailed the days and times that people received care plus a very brief summary of the support to be provided. There followed a personal profile, which included details of people's likes, dislikes and personal history and a personal details sheet, which listed people's significant medical history, their next of kin, the healthcare professionals involved in their care and their preferred form of address.

Each person had a detailed assessment of needs, which covered all aspects of care and support, including moving and handling, skin integrity, continence, nutrition and medication. Next 'outcomes' were listed for each person; these were a summary of what the purpose of support was and how it would be achieved and finally there was a person-centred description of each care visit. These listed the support people required, what order they liked it, and any other information which allowed the care worker to support the person according to their needs and wishes. This meant that people's needs were fully assessed and appropriate plans were put in place to meet them.

Staff said they informed the manager if they felt that people's support needs had changed. The service was able to provide additional support on a temporary basis to monitor if the change in the support required was permanent or not. The local authority social worker would be contacted to review the person's needs and agree any long term additional support people required.

We asked people if they had been involved in developing their care plans; they all said that they had, along with their relatives. People told us that the registered provider had come to their house and undertaken a detailed assessment of their needs and preferences. One person said, "The manager will discuss the care plan from time to time" and "I believe we have spoken about my care. This is usually done with the social worker also."

The registered provider commented that the service has never received any formal written complaints since it has been established over five years ago. We read the complaints policy and found that each person had a copy of it in the care file at their home. We asked people if they had ever made a complaint or provided any feedback to the registered provider. No one we spoke with had ever made a complaint and each said they would speak with the registered provider if they had any problems. People told us, "I have no need to complain" and "The staff are superb, I don't believe I would ever need to complain."

## Is the service well-led?

### Our findings

At the last inspection we identified a breach of Regulation 17 in relation to a lack of audits and quality assurance systems at the service. At this inspection we found the registered provider had still not improved in this area.

At the inspection we found there had been some improvements made in relation to assessing people's mental capacity and recording people's medicines safely. However, we have identified continued breaches in relation to recruitment of new staff, training and the undertaking of a quality assurance system was still not being completed.

We noted that following the last inspection the registered provider had not sent CQC their written report of the action they would take to meet the requirements of the Health and Social Care Act 2008. We discussed this with the registered provider who was not aware he needed to send this the CQC. The requirement for an action plan to be sent to the CQC is stated in the letter accompanying the final inspection report sent to the registered provider. We found there was no action plan in place to rectify the issues found at the last inspection.

This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered provider what monitoring he undertook to ensure people were kept safe and received a quality service. We were provided with audits of MAR records, we found the levels of these audits were not completed frequently and lacked detail of what was looked at. No other audits in relation to care planning, training, recruitment, and staff development had been undertaken. The registered provider said that he was strongly focused on providing care directly to the people using the service, and as a result, spent less time on the administrative side of this role as registered provider and manager of the agency, we found this was also the case at the last inspection. The registered provider confirmed he was aware of this and was looking to make one of his staff the lead on the quality assurance of the service.

Although we found no discrepancies in the care plans we viewed, there were no formal mechanisms in place for the quality of care plans to be checked and reviewed by the registered provider at the service. The lack of audit and monitoring meant that the registered provider did not have an overview of the quality and safety of the service.

The registered provider confirmed the service had recently begun to send satisfaction surveys to people receiving a service. The registered provider commented that he was in the process of analysing these and would produce a report of the findings. Feedback can be used to highlight both good practice and any issues that need to be addressed. We will view this at our next inspection.

Care workers also told us that they had never been asked to attend a staff meeting or to think of ideas to improve the service. This meant care staff did not have the opportunity to discuss issues relating to their

work and ensure they were always kept up to date on matters affecting the service provision.

The lack of audits and quality assurance was a continued breach of Regulation 17 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before the inspection, we checked our records to see if the registered provider had made any statutory notifications to the Care Quality Commission (CQC). Under the regulations, CQC must be notified about certain incidents, such as serious injuries, safeguarding concerns or when the police have been called. We noted that the service had made no such notifications in the 12 months prior to our inspection so we asked to see the records of all incidents and accidents. This meant that statutory notifications were not required. We saw that each incident had been documented in detail and followed up appropriately. No other incidents or accidents had occurred in this time period and the registered provider was aware of his responsibility to make statutory notifications to CQC.

The registered provider worked in partnership with a local organisation that provided advocacy and other services to people with disabilities in the area. We contacted them for feedback as part of this inspection and they were positive about the support care workers provided and about their dealings with the service.

The registered provider also worked alongside other healthcare professionals to support people with mental health problems. The two health care professionals we contacted for feedback for this inspection were all very positive in terms of the responsiveness of the service, the standard of care provided to the people and the communication they had with the registered provider. This meant that the service worked with other organisations to support people effectively.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not document interviews or how gaps in employment had been investigated.</p> <p>Regulation 12 (1) and (2) (c)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of audit and quality assurance at the service.</p> <p>Regulation 17 (1) and (2) (a) (b) (f)</p> <p>And</p> <p>The registered had not sent CQC their written report of the action to meet the requirements of the Health and Social Care Act 2008.</p> <p>Regulation 17(3)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive an appropriate induction or the training they needed for their roles. They also did not have formal supervision or appraisal.</p> <p>Regulation 18 (2) (a)</p>

