

Guardian Care & Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 23 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

At our last inspection on 1 April 2014, the registered provider was meeting the regulations that were assessed.

The registered provider is registered to provide personal care to people who live in their own homes. The registered provider is registered to provide services to:- Learning disabilities or autistic spectrum disorder; Mental Health; Older People; Sensory Impairment and Younger Adults. The registered provider primarily supports people in the Tadcaster and outskirts of York. At the time of our inspection, there were 53 people receiving a service from Guardian Care and Support.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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 knew what action to take to ensure that people were protected if they suspected they were at risk of abuse. There were sufficient numbers of staff to provide care to the people using the service.

Risks to people's health, wellbeing and safety had been assessed and actions had been taken to reduce any identified risks.

Recruitment procedures ensured that only suitable staff were employed to work with people using the service.

Arrangements were in place to ensure that people were supported and protected with the safe management of their medication. The agency had a medication policy and staff received training which included a practical test to demonstrate competency.

Members of staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the manager to maintain and develop their skills and knowledge through on-going support and regular training. The staff were in contact with a range of health care professionals to ensure that care and support to people was well coordinated and appropriate.

The registered manager had a clear knowledge and understanding of their roles and responsibilities of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make

decisions for themselves. Where a person had a lack of capacity to make their own decisions the registered manager was able to explain how the service worked with other health and social care professionals and family members to ensure a decision was made in the person's best interests.

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People who used the service told us they gave consent to their plan of care and were involved in making decisions around how their support was provided. People's care plans were reviewed to meet their changing needs. Staff told us they felt well informed about people's needs and how to meet them.

People told us they were introduced to staff prior to them providing support and described staff as kind and considerate. People told us that they were treated with dignity and respect.

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

The registered provider had effective quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

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.

There were systems in place to reduce the risk of abuse and to assess and manage potential risks to people.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Staff underwent the necessary checks before they were employed and new staff received a structured induction and essential training at the beginning of their employment.

Is the service effective?

Good ●

The service was effective.

An on-going training and supervision programme was in place to ensure that staff had the support, knowledge and skills to care for people who used the service.

Staff were acting in accordance with the Mental Capacity Act 2005 Including the Deprivation of Liberty Safeguards This meant that people were not at risk of unlawful restrictions being placed on them.

People's health and nutritional needs were being met.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Discussions with staff showed a caring attitude towards people they supported.

People told us that staff treated them with kindness and

courtesy, were respectful and treated them with dignity.

People were very complementary about the staff people received support from. They told us staff respected their opinion and delivered care in a caring manner.

Is the service responsive?

Good ●

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly. The service was responsive to these changes.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

Staff were clear about their roles and responsibilities and they told us they were supported by a management team who were accessible and approachable.

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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 inspection was announced, took place on 23 June 2016 and was undertaken by one inspector.

We gave the provider 48 hours' notice of this inspection. This is because the manager is often out of the office supporting staff and we needed to be sure that they would be available. Before the inspection we looked at all of the information that we held about the service. 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.

During the inspection we visited the service's office. We spoke with six people and two people's relatives on the phone. We also spoke with the registered manager, the care manager and four members of care staff.

We looked at five people's care records and records in relation to the management of the service. We also looked at the management of staff such as recruitment, supervision, and training records. We spoke with healthcare professionals who had contact with the service.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, "They are always very careful with me, I feel safe and can trust all the carers that visit." And a relative told us, "I have the utmost confidence in the staff, [relative] is in safe hands, I have no worries at all."

The registered provider had detailed safeguarding guidelines and policies in place, which were in line with the local authority safeguarding procedures. Staff we spoke with demonstrated an awareness of their roles and responsibilities in relation to protecting people from harm. They had received training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns with the manager and or the local authority's safeguarding team. There was also a whistleblowing policy, which informed staff how they could raise concerns about any unsafe practice. Staff told us they were aware of the policy and felt, if necessary, comfortable about using it to raise concerns.

We looked at copies of people's care plans and day to day care records at the agency's office. These included environmental risks and other risks relating to people's health and support needs. Risk assessments were in place. These included assessments for moving and handling, assistance with medication, skin integrity and any environmental risks. Staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Staff told us about the people they supported and if they had concerns about any aspect of care how they would report it, for example, if a person had a fall or was not eating or drinking well. The manager informed us accidents and incidents were reviewed to identify any trends or patterns.

Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

The service had a policy and procedure for the safe handling of medicines. People's care plans included information on the level of support that people required with their medication and also whether the person would be responsible for the administration of their medications. One relative told us, "The carers remind [relative] to take their tablets which means they now get them regularly."

Records showed that staff involved in the administration of medicine had been trained and staff we spoke with had a clear understanding of their role in administering medicines. One member of staff told us, "I have had training and was shadowed until I was competent." Records we reviewed confirmed this. We were told by the registered manager that staff were not able to assist with medication until they had completed an observational competency test and had their training regularly updated.

People that we spoke with confirmed that staff were on time and had never missed any of their care visits. One person said, "The carers are almost always on time but if they are going to be late then they phone me." The registered manager told us staffing levels were monitored on an on-going basis and the service would only take on a new package of care once the appropriate numbers of staff had been allocated.

We saw calls to people were arranged in geographic locations to cut down on travelling time. This decreased the risk of care staff not being able to make the agreed call time. Staff told us this was never a problem as they were given travelling time between the calls and were able to stay for the full duration of the call.

The registered manager told us people were supported by small staff teams to help ensure consistency of care. Staff we spoke with told us this worked well and people told us they preferred to receive support from a regular team of staff.

The service had an 'on call' system and people we spoke with told us they were able to contact the office at any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours. The agency had emergency contingency plans in place, and we were told these had been put into place when the local area had suffered major flooding. The office had been flooded and internet and phone lines affected, however, access was still available remotely so the service was able to continue. The registered manager made extra checks to ensure staff were able to travel safely to people. Where this was not possible staffing was adjusted, to ensure people were provided with the support they needed. This was to ensure that the people's care and support needs could be safely met.

Staff only started working for the service when all the required recruitment checks had been satisfactorily completed. Records we looked at confirmed that all pre-employment checks including a satisfactory Disclosure and Barring Service (DBS) were carried out. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with some groups of people who may be vulnerable. References from previous employment had been acquired prior to staff starting work. Any gaps in employment were pursued with prospective staff during their interview. This showed us that the provider only employed staff that were deemed suitable to work with people using the service.

Is the service effective?

Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, "They [care staff] are excellent, them coming has made a big difference to me. They help me with everything I need." Another person told us, "The carers always do what they are supposed and always ask if there's anything that needs doing too." Relatives we spoke with said they all felt that the care and support provided by care staff met their family member's needs. One relative said, "The carers are brilliant, they can support my [relative] in a way I couldn't do and that has been an enormous help and relief."

People were supported by staff who had the appropriate skills and knowledge to meet their needs. During induction, staff were shadowed by experienced employees, as they became familiar with the service and the needs of people they provided care and support to. The registered provider had introduced the new Care Certificate for new employees. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. This demonstrated how care workers were supported to understand the fundamentals of care. It assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care.

The registered manager confirmed there was a programme to make sure training was kept up to date. The training records for staff that we looked at showed the training staff had completed and dates for when they were required to retake them. Examples of training included safeguarding, dementia awareness, food hygiene, dignity in care, nutrition and safe moving and handling. Staff we spoke with confirmed that they received regular on-going training sessions throughout the year and that they were advised of dates for the training. One member of staff told us how they provided support to a younger adult with complex needs. They told us they had spent time at this person's day centre to gain more insight into this person's needs. They said, "It was better than any classroom training and in the long run meant the client gets a much better service because I understand them better." This showed that staff were supported to have on-going training to refresh and improve their knowledge and skills and enable them to effectively deliver care to people.

Staff told us they had received regular supervision and an annual appraisal and that they could speak to the manager at any time to discuss issues or concerns. The registered provider followed a supervision format developed by 'Skills for Care' (Skills for Care is a workforce development body for adult social care in England) which is based around reflective practice. Reflective practice is a way of studying your own experiences to improve the way you work and is a way to increase confidence and become a more proactive and qualified professional. This meant there was an effective system to support and monitor staff so that they were delivering effective care for people.

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 make particular decisions, any made on their behalf must be in their best interests and 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.

For people living in their own home, this would be authorised via an application to the Court of Protection. The care records we looked at included details on how people's capacity to make decisions was considered and if they were able to, they had signed their care plans to indicate they were happy with the planned care. The registered manager told us staff received training about the Mental Capacity Act during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest and we saw they had completed MCA training.

People told us that where meals were provided, staff had consulted with them regarding their individual needs and preferences. We saw that assessments of people's dietary needs and preferences had been made and that these were recorded in their care plan. One person said, "I choose exactly what I want to eat. The carers make me breakfast and lunch and it always looks and tastes lovely." A relative told us, "It's fantastic how now [family member] eats, they have really encouraged this which is great."

Is the service caring?

Our findings

People and their relatives we spoke with confirmed that staff were very kind and caring. For example, one person said, "I was a bit apprehensive at first but I was soon put at ease, they [staff] have a lovely way with them." A second person said, "The care staff are so kind and respectful towards to me. They are so patient and take it all in their stride." A third person said, "I look forward to seeing them, they are so cheerful." A relative said, "The staff are excellent and always make sure my [family member] is well looked after." Another relative told us, "The care staff who support my [family member] are very kind and helpful, they do a splendid job."

All of the people we spoke with, including their relatives, told us that care staff respected people's privacy and dignity. People told us that they usually had the same care workers providing care to them. People said that they always knew which member of staff would be visiting and providing their care. One person said, "I am really happy with the carers who come to help me, I have the same group and they are so kind." In written feedback given to the service we saw, "Small team of carers means they [staff] really know the client and provide more a personal and caring service." Another person told us, "They are so respectful, they always ask what I want doing even though it's written down they always check and always offer to do more if they have time." This showed that the service took time to ensure people were respected and consulted about their care and support needs.

People told us that staff had taken time when talking with them and in a respectful way about things which were important to them. One relative said, "They have a really good relationship with [family member], they have taken their time to get to them and gain their trust."

The staff we spoke with showed a great deal of warmth about their work and the people that they were providing care to. One staff member said, "I really love my job and enjoy providing the best care to people living here."

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. The service had policies and procedures with regard to privacy and dignity and equality and diversity. We saw from standard interview questions that prospective staff were asked about discrimination and anti-discriminatory practise was explored during supervision. This showed us that people's equality and diversity was considered and acted upon.

The registered manager told us they had been involved in a number of packages of care to support people with palliative care. The care manager had experience with regard to this and told us they would like to develop a specialist team. We spoke with one member of staff who told us they found this aspect of their role very rewarding. They said, "You are such an important part of the family during this time, and you become very close to people but it is rewarding to know you have supported people." We saw written in a compliment card relating to end of life care provided by the service, "You always put [Name] first and listened to their needs. They always looked forward to you visiting and [staff name] always, managed some

banter, giving us a laugh each day and making life easier." Another compliment card said, "You made sure [relative] passed away in total dignity. For me they [staff] went beyond their duties."

The registered manager told us that people were provided with information as required so that they could access local voluntary and advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us, and we saw from the care records we reviewed, that people were involved in planning their care and support. Everyone we spoke with confirmed they had been consulted about their care and support. One person said, "[Manager's Name] came out to visit, we talked about what I wanted and how I wanted things to be done. [Manager's Name] gets in touch regularly to see if everything is ok or anything has changed." One relative told us, "We sorted the care plan out with [manager's Name]. It's important that the care is provided how [family member] likes things to be done."

The registered manager told us that when a new enquiry came into the agency either herself or the care manager visited the person to complete an assessment. This helped to build up a picture of people's needs and how they wanted their support to be given but also collected additional information which helped the service match people to carers. Once the care package started the registered provider contacted people to review whether the care package was being delivered according to people's wishes and to iron out any initial problems. After six weeks the registered provider visited to review formally and make any changes to the care package. Following this care needs were reviewed regularly.

Care plans we looked at included a plan of care and information for staff on how to provide care and support in accordance with individual need. Along with people's plan of care, risk assessments and daily records were in place. The daily records provided an overview of the care and support given by the staff. People's care was subject to regular review with them and with relatives if appropriate. Information about how to contact the agency out of normal working hours was made available to people who used the service.

The registered provider demonstrated a very clear understanding and commitment to providing person centred care. Person centred care ensures people receive care and support tailored to their individual need. The registered provider told us they held 'pop up meetings' with people's care team to share information about carers' experience of providing the care package. Staff told us the benefit of these meetings in sharing information and the outcome was that people received a consistent service. One member of staff told us, "When I am first introduced to a new client I tell them that I'm here to assist them with things they find difficult, I tell them if there's something I'm not doing how they like please tell me. I say I don't want to walk out of the door and you be unhappy about what I've done." This showed us the service was committed and ensured the support people received was specific to their wishes and needs.

The service regularly and consistently considered the quality of care it provided and took appropriate action where required. This was carried out by speaking with people, their relatives, staff and health care professionals. The service also asked for formal written views and responded to any suggestions for improvement. For example one person suggested staff wore overshoes when they entered their homes to keep flooring clean so this was actioned and staff carried them along with gloves, aprons and other protective clothing.

The registered provider had a system to record all concerns and complaints received and these had been

investigated and written responses sent to the complainants. Where possible, these had been resolved to the person's satisfaction and changes to their care had been made if required. The registered manager told us that the information about complaints was shared with the staff so that everyone was aware of the concerns raised and they took necessary actions to make the required improvements. People we spoke with confirmed they were aware and had received a copy of the complaints procedure. They all said they would have confidence that any concerns would be addressed satisfactorily.

Is the service well-led?

Our findings

People we spoke with and their relatives told us that they had regular contact with the registered manager and the service's management team. They knew who to contact if they wished to discuss any concerns about the care and support being provided. One relative said, "I am more than happy with the service and the management - they are very good." Another relative said that, "The care and support is well managed and organised and the carers are very efficient."

The registered manager and care manager made regular telephone calls to people in order to monitor people's satisfaction with the care being provided. One person said that, "They often ring me to ask me if I am happy with care that I am receiving. And of course sometimes they come and do the care themselves."

People's care plans were audited and spot checks were undertaken in people's homes to make sure they were happy with the care provided and also to monitor staff performance. The registered manager told us if issues were identified extra staff training and support was provided.

Staff told us that they felt the service was well managed and that the registered manager and care manager were 'hands on' (they work alongside care staff providing care) and were available and approachable. They said they felt supported and that they were able to raise issues and concerns at any time. They told us managers were available and one member of staff told us of an instance where they arrived at someone's home to find them unwell. They said they contacted the care manager by text and they were able to call for emergency services. The staff member said they worked well together and the person was attended to efficiently. The staff member said the manager made arrangements so they could stay with the person and contacted the staff member afterwards to ensure they were ok and asked if they happy to continue working. They told us, "You feel really supported and valued."

Staff told us their views and opinions were respected, listened to, valued and acted upon. Staff confirmed that their supervision sessions and staff meetings helped to ensure that information and developments were shared in a consistent and reliable way. Minutes of staff meetings confirmed this to be the case.

There was an open culture within the service. Staff told us they enjoyed their work and working for the service. One member of staff said, "I really love my job and this is a really good service to work for." Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. Another staff member said, "If I saw or knew about any poor care or bad practice I would report it to my manager and I would be confident that it would be acted upon without any hesitation or delay." Notifications had been submitted to the Care Quality Commission as required. This showed us that the provider and staff were aware of their legal responsibilities.

The registered manager undertook a number of audits to monitor procedures to ensure that people using the service remained safe. Audits included the monitoring of people's care plans and risk assessments, discussions with people who used the service and staff, recruitment, health and safety and staff competency checks regarding their working practice. Staff said and records we saw confirmed that the manager and

senior staff carried out competency/spot checks to monitor safe practice. Staff told us that they felt able to discuss any care and support issues or concerns with the registered manager and senior staff. Where action had been identified there was a clear plan in place to ensure that improvements were made.

The registered manager and staff worked in partnership with other organisations and this was confirmed by health care professionals we spoke with. Comments we received were positive and stated that any communication issues, concerns and queries with the service were appropriately responded to and dealt with professionally and promptly.