

Ginger Homecare Limited

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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 was conducted on 27 January 2016 by the lead Adult Social Care Inspector for the service. We made phone calls to people using the service and relatives of people using the service on 3 and 4 February 2016. The provider had been given 48 hours' notice of our planned visit, in accordance with our inspection methodologies of Domiciliary Care services to ensure that the Registered Manager was available to speak with. 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.

We last inspected Ginger Homecare Limited on 20 August 2013 and the service was judged to be fully compliant with the previous regulatory standards.

Ginger Homecare Limited is a privately owned domiciliary care agency providing practical and personal care to people living in the local community. The agency operates from an office base in Farrington. Parking is provided outside the office building.

At the time of our inspection there were 80 service users receiving a service from the agency which equated to approximately 900 hours per week. Approximately 95% of people using the service were funded by the Local Authority.

The Registered manager, Deputy Manager and owner of the agency were present during our visit to the office, all of whom had worked at the agency for over 20 years. The service had procedures in place for dealing with allegations of abuse.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices.

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. Each person's care plan contained a medication risk assessment and a signed medication consent form was found in each care plan permitting care workers to prompt people to take their medication.

We discussed staffing levels with the registered manager. They told us that recruitment was an ongoing process but that staffing levels were sufficient to meet the needs of the people using the service.

Staff told us they felt supported in their role and that they received a thorough induction prior to them starting work. However we found little in the way of evidence that formal, recorded 'face to face' supervisions took place either within staff files or when speaking with staff.

We saw that staff attended regular training via the staff training matrix in the office and found staff to be knowledgeable about their caring role. We found evidence also within staff files of training undertaken such as safeguarding, moving and handling, medication, infection control and food hygiene.

People we spoke with told us they were happy with the care they received from the service and that the approach of staff was caring and compassionate.

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported.

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed.

We looked in detail at five people's care plans. The content of each person's care plan contained some good information and was up to date. However some of the information within care plans was task orientated and not personalised to the individual and in places lacked detail.

People we spoke with talked positively about the service they received, as did relatives we spoke with. People spoke positively about the management of the service and the communication within the service.

A range of quality audits and risk assessments had been conducted by the service. These included medication audits; care plans audits and staff competency checks.

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.

People who used the service were safe. People were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who used the service

People were protected against the risks associated with the unsafe use of medicines.

People and their relatives told us that staffing levels were suitable to provide the care and support they needed.

Is the service effective?

Good ●

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

Staff told us they were supported well by the management team at the service however we found little evidence that formally recorded supervision of staff took place.

Is the service caring?

Good ●

The service was caring.

People were supported to express their views and wishes about how their care was delivered.

People we spoke with told us that staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. We saw that an effective complaints procedure was in place and followed.

The content of each person's care plan contained some good detail and was up to date. However some of the information within care plans was task orientated and not personalised to each individual.

Is the service well-led?

Good ●

The service was Well-Led.

There was a good system in place for assessing and monitoring the quality of service provided. This included learning from any issues identified.

Staff spoke with felt supported and spoke highly of their managers. We saw that clear lines of accountability were in place throughout the organisation.

Ginger Homecare Limited

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 took place on 27 January 2016 by the lead Adult Social Care Inspector for the service. An Expert by Experience made phone calls to people using the service and relatives of people using the service on 3 and 4 February 2016. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had been given 48 hours' notice of our planned visit, in accordance with our inspection methodologies of Domiciliary Care services to ensure that the Registered Manager was available to speak with.

The provider sent us a provider information return (PIR). 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.

We spoke with a range of people about the service; this included seven members of staff including the registered manager and deputy manager, eight people who used the service and three relatives.

We spent time looking at records, which included five people's care records, four staff files, training records and records relating to the management of the agency which included audits for the service.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe whilst receiving care and support from Ginger Homecare. Relatives we spoke with also confirmed that they were happy that their loved ones were happy and safe with the care that they received. One person who received support told us, "Yes, definitely, the carers who come are all nice people and in my opinion they are well trained." Another person told us, "Yes, I am able to trust the service very much so." One relative we spoke with told us, "We feel our (relative) is safe. Staff are aware of their needs and any dangers (to the person)."

We spoke with five members of care staff. They were all aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. Staff were also able to tell us who they would report issues to outside of the provider if they felt that appropriate action was not being taken. One member of staff told us, "If any issues are seen or anything worries us we get in touch with the family or if necessary social service. Any discussions we have are logged. The managers here are very friendly but also very professional."

There had been no safeguarding issues reported to the Local Authority by the service, people using the service, their families and friends or by other professionals associated with the service. We discussed safeguarding thresholds with the registered and deputy manager who understood the need to refer any safety issues to the local authority.

Each person using the service was given a 'Service user guide' which contained a detailed section on safeguarding. This included details on types of abuse and how to recognise them, details of the agency's policy and how to report suspected safeguarding issues both internally and externally.

There had been no accidents or incidents reported during the previous 12 months prior to our inspection. We did see that accident and incident books were kept at the office and saw some historical records.

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. Each person's care plan contained a medication risk assessment and a signed medication consent form was found in each care plan permitting care workers to prompt people to take their medication. We did find one care plan contradicted itself as it stated that the person was 'Self-Medicating' however the person had signed the consent form to state that staff were to prompt them. We discussed this with the registered manager who told us they would correct the care plan appropriately.

There had been eight recorded medication errors for the 12 month period prior to our inspection. These were all recording issues from staff. The care supervisor at the service investigated all errors as part of their medication audit and spoke to the relevant member of staff when errors were found. Staff we spoke with confirmed that the care supervisor did speak with staff regarding recording medication recording errors. We saw medication administration records (MAR) in the office which had been quality checked by the management team at the service. This was done on a monthly basis.

No issues were cited from people using the service or their relatives in regards to medication. Staff we spoke with told us they felt they had the necessary training and knowledge in order to help people take their medicines. Some of the comments we received from people using the service and their relatives were as follows; "Yes I get assistance daily and I am happy with how this is done", "Yes, staff remind me otherwise I would forget to take my medication. Staff are well trained in this area, if it wasn't for them I would be a hospital case" and "I take a lot of medication (told us the details of their medication). I have experienced no problems, they (staff) are great."

We discussed staffing levels with the registered manager. They told us that recruitment was an ongoing process but that staffing levels were sufficient to meet the needs of the people using the service. Agency staff were not used to cover absences, this was done within the staff team via ringing care workers not on shift or by care supervisors and the management team. The majority of the people we spoke with told us that they usually saw the same staff apart from planned absences such as holidays or when staff rang in sick. People told us that if care workers were running late they gave them a call to let them know. One person told us, "They are bob on most of the time and if they are not they usually give me a call, they are very punctual. I generally have a regular team. I am well informed with everything they do." Only one person cited any issues with staffing levels or reliability, they told us that on some occasions only one care worker turned up when the care package was for two care workers. They did however tell us that there were, "some really good staff."

We asked staff about the continuity of care for people, i.e. if they visited the same people regularly. They told us that this did happen for the majority of the time. One member of care staff told us, "Continuity of care is strived for and we do try our best to manage people's expectations for when there are staff absences. We do this by frequent communication with people and just by keeping people in the picture with what's going on."

The service had effective recruitment policies and procedures in place which we saw during our inspection. We saw within the staff files we reviewed that pre-employment checks had been carried out. We found completed application forms, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

Is the service effective?

Our findings

People we spoke with told us their needs were met in the way they wanted them to be. They spoke highly of the staff that supported them and relatives we spoke with told us that they believed the staff to be competent, caring and approachable. Some of the comments we received from people using the service were; "They are better than any other care company", "Last week I had a new carer, they had just started and were excellent. They are all very good, they take the time to talk to you" and "They are wonderful, without all the staff I wouldn't be here today, I would be in a home." Relatives of people we spoke with also backed up these views and told us that they were happy with the staff that provided the service to their loved ones.

Staff told us they felt supported in their role and that they received a thorough induction prior to them starting work. All of the staff we spoke with talked positively about how the agency was managed and that they were able to discuss issues freely with managers, and that managers were always available either by telephone or by visiting the office to offer advice. They also confirmed that out of hours assistance was available via the telephone.

The majority of staff we spoke with had been with the agency for a number of years which showed that they enjoyed their role and felt supported. We received positive comments from staff such as; "This job is brilliant, you see the difference you make to people" and "I'm one of those people who wouldn't work somewhere if it wasn't done right, I need to be happy."

We saw that staff attended regular training via the staff training matrix in the office and found staff to be knowledgeable about their caring role. We found evidence also within staff files of training undertaken such as safeguarding, moving and handling, medication, infection control and food hygiene. Staff confirmed that they undertook regular training and that it was of a good standard.

We found little in the way of evidence that formal 'face to face' supervisions took place either within staff files or when speaking with staff. Staff did tell us that they received supervisions but that they were done informally and not always recorded. We spoke with the registered manager regarding this who told us that staff did come into the office but they confirmed that these discussions were not always recorded. Regular competency checks were carried out by care supervisors who observed staff within people's homes to check they were timely, dressed appropriately and carried out their duties to a good standard. Feedback was given to staff following checks. Annual appraisals were carried out for all staff. Whilst staff told us they felt supported and received appropriate training it is good practice to undertake regular, face to face, recorded supervision with staff to ensure that they have the opportunity to talk about their role, development opportunities or any issues they may have in a one to one formal setting. We have made a recommendation about this.

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.

We checked whether the service was working within the principles of the MCA. The agency did not provide a service to anyone who was assessed as not having capacity to make decisions or anybody who had their liberty, rights and choices restricted by the support given to them. No applications had been made to the Court of Protection to restrict people's choices or liberty.

We spoke with staff regarding their understanding of the MCA, the responses we received were mixed in terms of their understanding of the legislation however staff were very knowledgeable when discussing the issue of consent. All were very knowledgeable about how to ensure consent was gained from people prior to them assisting people. We asked care staff to talk us through how they would support people with personal care and they were able to do this effectively whilst giving us confidence that this type of assistance would be done with compassion and dignity. People we spoke with and their relatives spoke very positively about how staff communicated with them.

We recommend that regular staff supervision is offered to staff to ensure they have the opportunity to formally sit down with their supervisor and manager in order to discuss their role and for this to be recorded.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received from the service and that the approach of staff was caring and compassionate. One person told us, "They (staff) are exceptionally good to me." Another person said, "I see a few different girls (care workers) and I like them all." Another person told us, "I am very happy, I get different people who are all very caring and all very good." Relatives we spoke with also told us they were happy with staff, their approach and manner.

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us. One member of staff told us, "I love the people I see, we have gained each other's trust and I have never had any issues about retaining people's dignity. I have never heard any concerns about any other staff, at times there can be personality clashes, if this happens either party can contact the office and gets the support they need, it sometimes means that changes are made." Another member of staff told us, "We get social workers asking for us, I think that speaks volumes."

We contacted other professionals involved with the service, including the local authority which commissions the majority of the agency's services, and asked them about their experiences of dealing with managers and staff at Ginger Homecare. The responses we received were positive regarding the care people received and how managers and office staff dealt with enquiries and issues.

We saw evidence within people's care plans that showed they were involved with making decisions about how they received their care and support. There was a section within care plans entitled 'My Care Needs' which was broken down into several sections. One example was around personal care and for each person there was a sub-section entitled 'My needs and how I would like to be supported'. This then went on to state the person's preferences. There were other sub-sections also including how people would like assistance with their dietary needs. One person's care plan stated, 'I need help with planning a healthy diet and cooking healthy meals, fish is one of my favourite foods.' This showed as well as the person having been involved in their care planning that it was personalised to them, gave staff the advice they needed and took into consideration that person's wellbeing. There were several examples like this throughout people's care plans. People when we spoke with them also told us that they were consulted in how their care was delivered.

People told us that they were supported to access the local community which helped people to maintain their general well-being by keeping active and taking part in different activities. Examples included, shopping, attending groups and going for meals.

People were offered advice on admission to the service if they needed access to an independent advocate if they did not have family involved, or chose not to involve family members. No-one at the time of our inspection was receiving support from an advocacy service.

Is the service responsive?

Our findings

We looked in detail at five people's care plans. The content of each person's care plan contained some good information and was up to date. However some of the information within care plans was task orientated and not personalised to the individual and in places lacked detail. One example was under a section in the care plan entitled, 'service users preferred routine'. This was a task based list as opposed to a personalised plan of care for the individual. Another example under the heading 'activities of daily living' read, 'bathing, showering, assistance with dressing'. We discussed with the management team the need to personalise information to include people's preferences of how their care was given. We were given assurances that this would be reviewed. We have made a recommendation about this.

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One person told us, "Yes, I do, everyone in the office is very good. I have never made a complaint as I've never had any." Another person said, "I have the telephone number of the office. We are also sent feedback forms which I have filled in." One relative we spoke with told us, "We know how to contact the office, there are no problems, we know we can always speak to people and many of them have been there since we started."

The service user guide contained the agency's complaints policy and gave details for people to raise complaints directly to the agency or to external agencies such as the Care Quality Commission. All contact details were up to date. Staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns.

The service had received five complaints during the 12 month prior to the Provider Information Return being completed. All complaints had been resolved satisfactorily. We saw that the agency had a complaints file in place and that complaints were acknowledged, investigated and followed up appropriately. We saw that the service had also received 11 written compliments within the same period as well as a number of verbal compliments however these had not been formally recorded.

We saw evidence that people's care was reviewed on a regular basis and people we spoke with who used the service told us that they were aware of, and involved with their care plan reviews if they wanted to be.

We saw good evidence that people were helped to access the community to prevent social isolation. There were dedicated sections in people's care plans associated with activities and accessing the community and people we spoke with gave us several examples of this. Staff also confirmed that they assisted people in the community as well as in the home if this was an assessed need for the person, examples were assistance with shopping, banking and eating out.

We recommend that care plans are written in a person centred manner to reflect the individual needs of each person as opposed to a list of tasks for staff.

Is the service well-led?

Our findings

People we spoke with talked positively about the service they received, as did relatives we spoke with. People spoke positively about the management of the service and the communication within the service. Some of the comments we received were as follows; "I like to know when someone new is coming through my door and have them introduced to me. This always happens", "It's the best thing (my relative) has done" and "We are very happy with them."

Staff we spoke with talked positively about their employer. Staff had a good understanding of their roles and responsibilities. Staff we spoke with praised the management team, one member of staff told us, "I get really good support, people (staff) are constantly popping into the office for a chat and if we need to talk about anything (the management team) are always available."

A range of quality audits and risk assessments had been conducted by the service. These included medication audits; care plans audits and staff competency checks. We saw that annual management review meetings were held to analyse the performance of the service and review its objectives. We saw the agenda for the latest meeting which included areas such as; review of service users guide, results of internal audits, resource needs, staff training and evaluation, client feedback and recommendations for improvements.

The service had a two year business plan in place from 2016-2018. This included the current management structure, a brief summary of each role and the aims and objectives of the service which covered staffing, recruitment, meeting service users' needs, audits and service plans. We also saw a training and development plan and audit file.

Surveys were sent out to all the people who received a service on an annual basis. The most recent survey had been sent out in June 2015 which had a 42% return rate. The comments were very positive. Any issues raised via the surveys were addressed via an action plan. We also saw that a staff survey had also been sent out in June 2015, the response rate was low however the feedback received was possible.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. This meant staff had clear information to guide them on good practice in relation to people's care.

The agency had an external quality accreditation via ISO 9001 which is a recognised management accreditation scheme. The latest visit had been conducted in November 2015 and the report was positive.