

Gable Healthcare services 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 announced inspection took place on the 7 and 8 July 2016. Gable Healthcare Services Limited provides a personal care service to people who live in their own homes in the community, including providing live-in carers. At the time of our inspection the service was supporting three people.

There was a registered manager in post at the time of our inspection. 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.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

People told us that they felt cared for safely in their own home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People received care from staff that were friendly and kind and who would go the extra mile to support people and their families. Staff had the skills and knowledge to provide the care and support people needed and were supported by a registered manager who was receptive to ideas and committed to providing a high standard of personalised care.

The registered manager was approachable and supportive. There were systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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 told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support and remained as independent as possible.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint and were confident any issues would be addressed.

Is the service well-led?

Good ●

The service was well-led.

People and staff were confident in the provider. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The registered manager monitored the quality and culture of the service and strived to lead a service which supported people to live as independent a life as possible.

Gable Healthcare Services 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 announced inspection took place on 7 and 8 July 2016 and was undertaken by one inspector. The provider was given 24hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed the previous inspection report.

We contacted the health and social commissioners who monitor the care and support of people living in their own home.

During the inspection we spoke with two people who used the service, two care staff , a care co-ordinator and the registered manager.

We reviewed the care records of two people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

At our last inspection in July 2015 we found that the provider was in breach of regulation 19: Fit and proper persons employed. This was because staff recruitment systems were not robust and people were not always protected from the risk of harm associated with the appointment of new staff. At this inspection the provider had improved their recruitment process and all staff had been checked for any criminal records and satisfactory references had been obtained. Any new staff were not allowed to start work until all checks and references had been completed. People were now protected from being at risk of being supported by unsuitable staff.

There was sufficient numbers of staff to meet people's needs at the times they wanted. People were supported by a regular set of staff that arrived on time and would let them know if they were running late. One person told us "I have the same three carers and I am always informed if there are any changes." The staff we spoke to said they felt there was enough staff and that they had the time to support the people with their personal care needs; if they needed more time they just contacted the registered manager to let them know.

People were supported by staff that knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. People told us they felt safe with the care staff. One person said "I feel incredibly safe with all the staff." Staff told us that if they had any concern they would report it straight away to the registered manager. We saw from staff training records that all staff had completed training in safeguarding and that the training was refreshed every year.

There were risk assessments in place to reduce and manage the risks to people's safety. For example there were risk assessments in place for where people needed help to move and change position; there was detailed information as to what equipment was needed and how it should be used correctly to mitigate the risk. The risk assessments were reviewed every six months or more often if required.

Training records confirmed that all staff had received health and safety, manual handling and infection control training.

People's medicines were safely managed. Detailed care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and their competency tested. The training records confirmed that this was updated on a regular basis. We observed that medicines were given at the planned time, stored securely and systems were in place for the safe disposal of unused medicines; medicine administration record sheets had been correctly completed. There was information available which detailed what medicines people were prescribed and at what times they needed to take them. The staff told us if they had any concerns or questions they spoke to the registered manager or the care co-ordinator.

Is the service effective?

Our findings

People received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that they were confident in the staff and felt they were well trained and understood their responsibilities. One person told us "The staff are very professional."

The staff spoke positively of the support and training they had been given. One member of staff said "I have had training about epilepsy so that I know what to do if someone has a seizure; that has been very helpful." All new staff undertook a thorough induction programme which included classroom based training in manual handling, health and safety, understanding the role of a care worker and safeguarding. Once new staff had completed the first part of their induction they worked alongside the care co-ordinator to ensure they knew what they needed to do and were competent. One member of staff said "The induction was very helpful I feel I know a lot more about things."

Staff were valued and well supported in their roles. Staff told us they had regular supervision which gave them the opportunity to discuss their performance and identify any further training they may benefit from. Records confirmed this. 'Spot checks' were also undertaken on a regular basis; these enabled the registered manager to ensure that all staff were following the agency's procedures correctly and were delivering safe care. The care co-ordinator was responsible for setting up any new packages of care for people and delivered the care and support initially; this ensured that the care plan met the needs of the person and that when the staff were deployed they had information available to them to confidently support the person.

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 whether the service was working within the principles of the MCA and we saw that they were. Staff sought the consent of the individual to complete everyday tasks; they were aware if a person had been assessed as lacking the capacity to give their consent and the service ensured that appropriate steps would be taken legally to identify someone to act in their best interests. At the time of our inspection the people using the service were able to give their consent and were actively involved in developing their care plans.

People were supported with their meals and drinks when necessary. Care plans detailed what level of support a person needed with regards to eating or drinking, for example we saw in one care plan staff had recorded what a person had eaten and the amount they had consumed. We saw that a dietitian had been contacted for advice and support when the person had begun to lose weight.

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the GP, speech and language therapist and occupational therapist. Most people told us that they or their family arranged appointments with health professionals as and when needed.

Is the service caring?

Our findings

People were supported by staff who were friendly, kind and caring; always willing to help people in any way they could. One person said "They are all very good, professional, they can't do enough for me." We read a comment from a relative "[Name of care staff] laughs a lot which encourages [name of relative] to be more cheerful; it is clear that she is determined to ensure that she makes a real and positive difference to [name of relative] life."

We saw from records and from what people and staff told us that the provider was committed to providing people with the same care staff who had been able to get to know people well. One person told us "They know me well, [name of care staff] will text me if they see something on the television that they know I might be interested in." The people we spoke to said that generally they had the same care staff. One person said "I have pretty consistent carers; they are very good; they will text me if there are to be any changes."

People were listened to and their wishes were respected. People told us that staff respected their dignity when caring for them and never spoke about other people they were supporting. Staff were able to describe what they did to respect people's privacy and dignity; they spoke about keeping people covered up as much as possible when washing them, ensuring the area personal care was being undertaken was not overlooked and asking people how they liked things to be done, explaining continually what they were doing. We observed care staff with people and you could see there was a good rapport and the care staff understood the person's needs.

People had access to advocacy services when they needed to. We spoke with one person who said that they felt it would be useful to have an advocate. We found that the registered manager was helping this person to access a local advocacy service.

Is the service responsive?

Our findings

People and their families initially met with the provider which gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines and their expectations of the service. This information was then used to develop an individual care plan for people. The provider ensured they had sufficient resources to meet people's needs before people were offered a service. This meant that people's needs were consistently and effectively met.

People were involved with developing and updating their care plan which detailed what care and support they needed. One person told us "I worked with the [name of registered manager] on my care plan; I can meet with him at any time I want to if we need to make any changes." The care co-ordinator visited regularly to check how things were going and would make any adjustments to the care plan as necessary.

Staff knew people well and spoke fondly of the people they supported. People's daily records reflected that the staff provided the care and support as specified in the individual care plan.

There was information available to people and their families about what to do if they had a complaint or needed to speak to someone about the service. The provider had ensured that there was always someone people could contact 24 hours a day. People told us that they would speak to the registered manager or any of the staff if they had a complaint. One person told us "I will just contact [name of registered manager] if I have any concerns, they are always very helpful."

We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to. The registered manager kept a log of any complaints which included any outcome and action taken. We saw that the registered manager had responded promptly when a complaint had been made and taken action to address the issue so it would not occur again.

Is the service well-led?

Our findings

At our last inspection we found that quality assurance systems were not robust and improvements to the clinical leadership of the service, staff training in clinical care and staff recruitment practices had only been initiated following intervention during a quality monitoring visit by service commissioners. We found at this inspection that robust quality assurance systems were now in place and the registered manager had sustained the improvements already begun in relation to clinical leadership, staff training and recruitment practices. An audit of care plans was undertaken each month and there was a monthly audit of medicines which included checking recording, dosage and safe disposal of unwanted medicines.

'Spot checks' were being undertaken regularly by the registered manager and care co-ordinator which ensured that staff were working to the required standard and safely. These also gave people the opportunity to give their feedback on the service. In addition the registered manager made monthly calls to people to ensure they were satisfied with the service they received. The people we spoke to knew the registered manager and would not hesitate to contact them if they needed to.

Feedback questionnaires were sent to both the people using the service and the staff. We saw from the most recent survey there was 100% satisfaction with the service. Some of the comments we read included 'Very pleased with the care provided; thank you for your excellent healthcare.' 'Everyone is gentle and kind.'

Staff felt supported and one commented "Things have improved over the last year; this is a good service to work for; I would not wish to work for anyone else." We saw from minutes of a recent meeting with staff that the registered manager had used the opportunity to discuss an outcome to a complaint and agree with the staff how best to ensure that this particular issue did not arise again.

The registered manager had ensured that there were policy and procedures in place to support staff. Some of these needed to be reviewed to ensure that they contained information which was specific for the local area; we talked to the registered manager about this and they agreed to address this.

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

Records relating to the day-to-day management of the agency were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

The registered manager and staff aimed to actively help people to lead fulfilling lives within the limits of their abilities and wishes and to recognise and cater for those who do not wish to be active or socialise.

