

Guinness Care and Support Limited

Guinness Care at Home Cheshire

Inspection report

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Tel: 01270503505

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17 October 2019

21 October 2019

05 November 2019

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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

Guinness Care is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 27 people.

People's experience of using this service and what we found

People and their relatives were complimentary about the care and support they received. A person-centred culture was at the centre of the service. People told us their privacy and dignity were always respected and staff supported them to be as independent as possible.

There were enough staff to safely meet people's needs. The service was developing, and the recruitment of new staff was ongoing. Safer recruitment procedures were followed. The service had listened to feedback from staff and care calls were now planned more effectively. People received their care as expected.

People were usually supported by staff they knew. Risks were assessed, and staff understood the actions they needed to take to keep people safe. People received their medication safely and as prescribed.

The provider was passionate about the training and the wellbeing of staff. Staff received a thorough induction and ongoing training. Care plans were detailed, individualised and up to date. People received appropriate support with their nutrition and health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service would benefit from clarifying with staff the procedures they would follow if people did not have the capacity to consent to their care.

The service was well-led. The management team had a clear vision for the future development of the service. There was a focus on providing person centred and quality care. Staff were well supported, and effective systems were in place to monitor the quality of the service. The provider sought people's feedback to help develop the service

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our

reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Guinness Care at Home Cheshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 October 2019 and ended on 5 November 2019. We visited the office location on 21 October 2019.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We also visited two people at their homes to gather feedback. We spoke with eight members of staff including care staff, senior care staff, a care team leader, supporting manager and the Head of Care Service Development.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and knew how to recognise signs of abuse and the action they needed to take to report any concerns.
- Safeguarding procedures were discussed with staff within staff meetings and supervisions.
- The management team were aware of their responsibilities for reporting concerns to the local authority and to CQC. There had been no recent incidents.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and information was recorded in people's support plans to manage the identified risk.
- Risk assessments covered a range of areas including the environment and fire, however we noted further consideration was needed about recording information if there were specific individual risks not covered by the risk assessment document.
- An electronic monitoring system was in place, which scheduled and monitored care calls. This meant any late calls were identified and acted upon. Alerts were in place to ensure medication had been administered.
- Staff were supported to keep safe whilst carrying out their roles. They were provided with alarms which could be used to access help in an emergency.
- There was a business continuity plan in place for the service to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs and deliver good quality care. Generally, staff arrived as expected and people were contacted if there were any unforeseen delays.
- People told us, "They come on time, they're smashing"; "They are definitely on time here" and "They've not been too bad with timing".
- Staff said they had enough time to meet people's needs in an unrushed way. The provider had responded to staff feedback about mileage rates and adequate travelling time between calls, which were now scheduled more effectively, taking account of travelling distances.
- The provider followed appropriate procedures when recruiting staff to ensure they were suitable to work with vulnerable people. Several new staff had been recently recruited safely.

Using medicines safely

- People received their medication safely and as prescribed.
- Staff had received training and had their competency checked before they were able to administer

people's medicines.

- Medicine Administration Records (MARs) were completed accurately and reviewed regularly through the electronic system. Any concerns identified were addressed with the staff involved if required.
- Instructions in relation to "As required" medicines, including topical creams and ointments, required more detailed instructions. The management team immediately acted to address this.

Preventing and controlling infection

- Infection control procedures were in place and followed to minimise the risk of cross infection.
- Staff told us they had access to disposable aprons and gloves if needed. However, we received some feedback to indicate staff did not always wear gloves as required. We raised this with the management team.

Learning lessons when things go wrong

- There was an incident management procedure in place. Any accidents or incidents were logged, and the provider's health and safety team analysed these to see whether any follow up actions were required.
- Regular meetings were held to ensure any concerns and issues had been managed and learning taken from them. For example, following an incident, changes had been made to ensure the on-call staff had a backup, and were able to access the rostering system if needed.
- We saw that any learning was shared across the organisation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them being supported by the service. The management team visited people and their relatives to discuss the support they required.
- People and their relatives contributed to the development of their care plans to ensure their views were represented and staff understood how best to support them.

Staff support: induction, training, skills and experience

- The provider was invested into the training and development of staff. The management team were passionate about developing a well-trained and stable staff team to provide high quality care.
- People felt supported, they told us, "They are fantastic, I've no complaints at all" and "(Name) loves them, she's well looked after."
- Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate. Staff told us the induction was extremely thorough, one staff member commented that it was "Really robust."
- Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications.
- There was an in-house training department who provided face to face training, along with eLearning. Bespoke training was provided when a need was identified, for example moving and handling training to meet a person's specific requirements.
- Communication within the service was good and staff were kept up to date with changes. They received regular supervisions, appraisals and attended team meetings. One staff member commented, "The support is brilliant. "

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough to maintain a balanced diet, where required.
- Care plans included information about people's nutritional needs and their preferences around food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff recognised when people's health needs changed and supported people to access health care support when necessary.
- Staff worked with other agencies to provide effective support. In one example staff had worked with a psychologist to develop a support plan for a person, supporting them with aspects of their independence.

- The provider was part of a wider housing partnership and able to quickly access equipment such as lifeline pendants. In one case access to appropriate equipment had enabled a speedy discharge from hospital.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's consent was sought and agreed before support was provided. Some people had signed their care plans.
- The provider checked if people had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people legal rights were protected.
- Staff had undertaken training in the MCA and had some understanding of the principles.
- The management team told us that all the people who used the service had the capacity to make their own decisions. However, we noted the service would benefit from clarifying with staff the procedures they would follow if people did not have the capacity to consent to their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by staff who were kind and caring. Comments included "They are respectful and caring and kind"; "I think they're caring and good, (relative) has built a rapport with the carers" and "I have no problems with any of them, I really enjoy them coming".
- Generally, staff knew people well and had time to listen and understand their individual needs. Some people told us there had been several staff changes but overall they were familiar with the staff team.
- The service had received several compliments and there were examples where staff had been particularly considerate in their approach. For example, staff had supported a person to attend a funeral. Another person and a carer were supporting each other to attend a local slimming group.
- Equality and Diversity was part of the provider's mandatory training requirements to ensure staff understood and supported people's differences. The provider had recently launched a new diversity and inclusion strategy. We saw for example, staff wore a rainbow lanyard to promote an inclusive approach. The rainbow lanyard reflects the same colours of the Pride Flag recognised as a symbol of pride and affirmation for people identifying as lesbian, gay, bisexual and transgender+ (LGBT+).
- Information about people's diversity, cultural and spiritual needs were recorded as part of the initial assessment carried out and staff were aware of this.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood the importance of listening to and involving people in decisions. A relative told us, "They are kind, they ask him things and they do listen to him."
- People told us they had been involved in the development of their care plans and these were focused on people's outcomes. For example, one person wanted carers to support them to remain as independent as possible.
- Regular reviews were undertaken with people and their relatives, which enabled them to express their views about the service.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected.
- Staff had a good understanding of the importance of treating people with dignity and respect. They provided examples of how they did this in practice, such as knocking on people's doors and keeping them covered.
- The service promoted people's independence. Care plans included guidance for staff to encourage people to remain as independent as possible. People confirmed this was the case. One person said, "I do as much as I can, then they (carers) help" and "The carers let me do as much as I can for myself."

- A brochure was sent out to people about activities taking place in local extra care schemes, to give people opportunities to socialise if they chose.
- Staff had undertaken training in handling information correctly and records were kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support which was planned around their individual needs and preferences. A staff member told us training was "Very much focused from the customer's preferences, what they need and what they want."
- Each person had a care plan, which included an "About me" profile, containing information about their history, likes, dislikes and important things to know. They provided detailed guidance for staff about how the person wished to be supported.
- Information was also available to staff through electronic hand-held devices, which meant information was kept up to date and could be easily amended.
- The service was responsive and flexible to changes in people's needs, for example extra calls and support had been provided to a person following a fall.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and their needs were included within their care plans.
- Information was available in alternative formats where required. For example, people received their rotas in large print or on a particular colour of paper to support their sight needs.

Improving care quality in response to complaints or concerns

- People knew how to complain and felt able to raise any concerns with the management team.
- The provider had a complaints procedure in place and people had access to this information through a service user guide available in their care folders at home.
- The management held a regular meeting to discuss any low-level complaints and identify any areas where quality could be improved.

End of life care and support

- Staff had undertaken training to provide supportive end of life care.
- At the time of our inspection, the service was not supporting anyone who required end of life care. However, staff were able to access support from other relevant healthcare professionals such as district nurses should this be required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was unavailable during the inspection; however, the management team demonstrated an open and transparent approach. They were passionate about promoting a quality, person-centred and inclusive service.
- The provider had introduced initiatives to support the staff team and encourage the retention of staff. For example, staff had access to a 24 hour help line service.
- The provider had developed values and behaviours, which included being respectful, accountable and caring. These were on display and embedded throughout the organisation, via training and discussions within meetings and supervisions.
- The management team placed importance upon staff wellbeing and this was promoted. Staff training, and development was given high priority.
- People were positive about the care and support they received. They knew who the management team were and told us they were accessible.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a good understanding of duty of candour and promoted an open and honest service.
- They had notified us about any events or incidents which they were required to by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was registered with CQC in October 2018. The management team shared a vision and clear focus for the ongoing development of the service.
- The registered manager was supported by a team who had specific roles and responsibilities, as well as the provider's quality assurance team.
- Staff were extremely positive about the support they received. Back up was always available and they could access support at any time.
- The management team carried out spot checks to ensure staff supported people in a safe and caring way. Where any practice issues had been identified, for example in relation to the completion of medication records, this had been appropriately addressed with staff
- There were robust systems in place to monitor and improve the service. Regular checks and audits were

carried out by the management team and quality team. The outcome of these linked into a continuous improvement action plan. This was updated on a regular basis following any audits and shared with the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was keen to seek feedback from people and staff, to learn and continually improve.
- The provider used an electronic monitoring system which people and or their nominated individual could log into. This meant they were able to access current and up to date information about the care calls and communication logs.
- Feedback from people was gathered through surveys, quality assurance visits and telephone calls. The provider had asked an external agency to undertake a customer satisfaction survey on their behalf.
- Staff feedback had led to some positive changes in the way care calls were organised and scheduled.

Continuous learning and improving care; Working in partnership with others

- The provider worked with other community organisations to support people in the local area. For example, they had recently provided dementia friends training in the local community
- The service was proactive and had taken part on two pilots within the organisation to help develop and adapt the service.