

Mr & Mrs A J Prior

The Garth Care Services (Home Care)

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 announced and took place on 7 September 2016. We gave the provider 48 hours' notice of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

The Garth Care Services (Home Care) is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection 17 people received care and support services.

Prior to the inspection the registered manager had left the service and a new manager had been appointed and was in the process of registering with the Care Quality Commission (CQC). 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 we spoke with told us that they felt safe when staff entered their home and that staff knew how to support them. Staff were able to tell us of the needs of the people they provided care for and their roles and responsibilities in keeping people safe.

There were sufficient numbers of staff, who had a good understanding of protecting people from the risk of abuse and harm and their responsibilities to report suspected abuse. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

People told us they received reliable care from a regular team of trained staff who understood their likes, dislikes and preferences for care and support and that they were kept informed of any changes. Staff sought people's consent and demonstrated their understanding of people's right to refuse care.

Staff supported people to make their own choices and decisions about their care and support. We found people were involved in how their care was planned and their needs met. Staff supported people to access health care services such as their GP or district nurses.

People told us they had developed good relationships with staff and they were treated with dignity and respect. People received care that met their individual needs. People and staff said managers listened to them and they felt confident they could raise any issues should the need arise.

The manager ensured regular checks were completed to monitor the quality of the care that people received and action had been taken where areas were identified for improvement. People and staff spoke positively about the manager and the support they provided.

People were positive about the care and support they received and the service as a whole.

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 felt safe with the staff who supported them and staff knew how to keep people safe in their own home.

People received care from regular staff and were happy with how they supported them with their medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained and supported.

People were supported to access healthcare services when required by staff who knew their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were involved in the planning of their care.

Staff provided care that took account of people's individual preferences and were respectful of their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

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

People knew who to speak to if they had concerns and told us they felt listened to.

Is the service well-led?

Good ●

The service was well led.

People and staff all spoke positively about the service and the way it was managed.

The provider monitored the quality of care provided and made sure people were happy with the service they received.

The Garth Care Services (Home Care)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 September 2016 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in. The inspection team consisted of one inspector.

The provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

We spoke with three people who used the service and three relatives by telephone. We also spoke with four members of staff, the care co-ordinator and the manager. We looked at the care records of three people to see how their care was planned. We also looked at three staff recruitment files, medication records and daily records, complaints and compliments and the minutes of staff meetings.

Is the service safe?

Our findings

People who used the service told us they felt safe in their homes whenever staff visited. One person told us, "They [staff] call out to me when they arrive so I know who's coming in." Another person told us, "They always make everything safe and secure before they leave."

People we spoke with felt that staff knew how to keep them safe and meet their needs. Staff also told us how they kept people safe by knowing the people they care for and using their care plans. Staff told us how information was kept up-to-date and ensured they were aware of any changes to people's care needs.

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff were clear about the steps they would take if they had any concerns. Staff told us they were confident to report any concerns with people's safety or welfare to the manager and that action would be taken. One member of staff told us they had raised a concern and it had been dealt with immediately by the manager. They told us they were advised of the actions taken and were satisfied with the outcome and the information they received.

Staff were able to tell us the risks to different people and how they supported them in a way which kept them safe. For example, some people received care from two staff to support their mobility. Staff told us they always ensured two staff worked together where it had been planned and they followed their training and the risk assessments in people's care plans. Staff told us these documents were updated to reflect any changes in people's care.

People told us that they usually had the same staff provide their care. One relative commented, "We've had a few [care] agencies and these are by far the most reliable we've had." Three people told us they received information confirming which staff would be visiting and when. One person told us if there were any changes to the office would ring or staff would update them. People told us this reassured them as they knew who to expect. One person said, "They are always on time, they [staff] have never let us down." Another person told us staff could be late on occasion but, "If they are late they do call to let you know."

We checked the recruitment records of three staff and saw records of checks completed by the provider to ensure staff were suitable to deliver care and support. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. By doing this, the provider and manager were assured staff were suitable to work with people receiving care.

People we spoke with and staff told us that there were sufficient numbers of staff available to meet the needs of the people they provided a service to. They told us that when staff were off work, other staff supported one another and the manager and care co-ordinator also covered calls. The provider planned calls and staff were given a rota of their care calls a week in advance to enable the provider to take account of any requested changes. The manager told us the provider was looking to recruit more staff so they could spend more time on their manager's role. The manager said they would not take on more calls during

certain periods of the day until staffing increased.

Some people who used the service were supported to take their medicines. One person told us they got their medicine as required. They commented, "They [staff] manage it very well for me. No problems at all." Staff told us they had received training in supporting people to take their medicines. One member of staff told us the medicine training was, "Very good," and gave them the confidence to know they were doing things correctly. Checks of the medicine record sheets were made by the manager to ensure staff had correctly recorded the medicines they had given to people.

Is the service effective?

Our findings

People told us that they felt they were supported by staff who knew how to look after them. One person told us, "I consider them well trained due to their approach". Another person told us, "Staff are trained and know what they are doing."

Staff we spoke with told us that training helped them to do their job. All five staff confirmed that access to training was good and each of them was able to give an example of how training had impacted on the care they provided. For example, two members of staff explained how manual handling training had given them the knowledge to use equipment correctly and confidently to best support people. One member of staff told us that additional training was available to support their practice when caring for particular individuals, for example, dementia training.

Staff described to us their induction training when they first started working for the provider.. They told us that part of their induction involved shadowing experienced staff. One member of staff said, "The induction is good, the best part is shadowing calls; getting to know people and getting hands on training."

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 looked at the way the provider was meeting the requirements of MCA.

Staff we spoke with told us they were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. This was confirmed by people we spoke with, one of whom commented, "Staff always check if I am ready and everything is okay before they start." The manager told us, "All our clients are able to provide their consent," and this was confirmed by all staff we spoke with.

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. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The manager told us no one was being restricted and if they considered someone needed help with making a decision, they would to speak with the local authority and relevant stakeholders about getting the advice they needed. The manager recognised the need to further develop their knowledge to support people receiving support.

We spoke with one relative of a person who was supported with their meal preparation. They told us, "Staff always offer a choice and always leave a drink to hand for [family member's name]." One person told us although staff didn't prepare their meals they made sure they had a drink. They said, "They always make me a lovely cup of tea." Staff we spoke with were aware of people with specific dietary requirements such as

people who were diabetic or those who needed plenty of fluids to keep them healthy.

People told us that if they were unwell then staff would ring their GP for them. One person told us when they were having difficulty getting a GP appointment a member of staff visited the GP surgery for them to arrange the appointment. Another person told us, "They [staff] would contact the GP if I asked them to; they have rang the GP before for me." Staff told us if they felt someone was unwell they would contact staff in the office; who then ensured contact with the GP was made in line with the person's consent. We also saw that staff had contacted district nurses regarding people's health and occupational therapists, when liaising with them regarding equipment.

Is the service caring?

Our findings

All of the people we spoke with told us that they felt staff were very caring. One person told us, "Staff are so caring; they've made me feel like part of a family." One relative said, "We are so lucky, they [staff] care for [family member's name] like they would their own father." Two people commented that staff were, 'pleasant'. Another person said, "I wouldn't have been able to stay in my home without their support, they are very caring."

People told us that they were supported by staff who knew how to provide their care in the way they wanted it. One relative told us, "They [staff] all know [family member's name]. What they like and what care they need." Another relative told us how both they and their family member had a good relationship with the staff, they said, "They are like friends coming into us, they are always so cheerful when they are here. Their calls make our day shorter."

People told us they preferred receiving care from the same staff although they understood this was not always possible with annual leave and sickness. One relative told us it was a small staff team, which reassured them because they knew all of the staff. Other people we spoke with said they knew which staff were due to arrive and they had regular staff.

Staff spoke warmly about the people they supported and provided care for. One member of staff said, "The enjoyment you get from helping people is what I like." Another member of staff said, "I love it, I love the people. I wouldn't do anything else."

During our conversations with staff, they were able to tell us about the people they supported and their likes and dislikes. Staff told us that it was the advantage of being a small service that they got to know everyone well. One relative told us how staff had built up a good relationship with their family member and learnt how best to communicate with them. They said, "They [staff] know them and all their ways." One member of staff also told us about how they had built up knowledge of one person and worked to communicate with each other through gestures. This enabled them to communicate directly with the person rather than ask family members.

Staff told us how they respected people as individuals and how they involved people in their day to day care and which promoted their independence. This was confirmed by the people we spoke to. One person told us how staff supported them, they commented, "They encourage me to do what I can and they do the rest."

People we spoke with confirmed that they were treated with dignity and respect. One person told us, "I rate privacy very highly, the way they support me is right for me." A relative told us their family member was a very private person and staff recognised and respected this, they said, "They treat [family member] with such dignity and respect." Another relative told us, "They absolutely respect them and [family member's name] loves them." Staff were able to describe how they treated people with dignity and respect for example, closing doors before providing personal care and ensuring their personal information was kept confidential. One relative said, "I appreciate they always knock every door before entering, that shows

respect for the whole family."

People told us how staff were respectful of their home and belongings. One person told us, "It's all the small things they do, they always leave it [their house] lovely and clean and tidy." People confirmed they were able to express their views on the care provided and felt listened to. One person said, "I can talk to staff whenever I want."

Is the service responsive?

Our findings

People told us that they received their care the way they wanted it and that they were involved in planning their care. One person told us "They know what I like and I can always ask if I want anything different, they are very obliging."

Everyone we spoke with told us that they were happy with the service that they received. A family member told us that following a change in their relative's care needs their care had been amended to reflect this and their care plans updated. They told us the carers also worked with an occupational therapist to learn how to use new equipment.

Staff we spoke with were able to demonstrate a detailed knowledge of the people they cared for and how they supported them in the way they wanted to be supported. One relative told us over a period of time staff had built up a good rapport with their family member. They said, "They [staff] know [family member] well and how they like things done." One member of staff told us about a person they supported. They said, "We [staff] know them so well, we know when things aren't good..... they never complain but we know."

People told us they had been involved in reviews of their care and felt they could always approach the manager if they needed anything different. People told us they felt listened to. One person said, "If I ask they oblige, they [staff] always listen to what is needed." We saw that care records held information on the way people wanted their care delivered.

All staff we spoke with said good communication systems were in place to advise them of any changes to people's care. Once staff had received a text to update them, they had to confirm with the staff who worked in the office it had been received and read and understood. One member of staff said, "It's a good system because it works." Another member of staff commented, "The system works well. If you don't acknowledge the text they will text again to make sure."

All staff told us care plans included the most recent information and these would be updated to reflect any changes in a person's care. For example, one member of staff told us risks assessments had been updated for one person they supported to reflect a change in equipment used.

All people we spoke with told us how they would raise concerns if they had them. One person told us, "I would tell carers if I needed to and I know I can always call in [to the office] if I have any concerns." Another person told us they hadn't had reason to complain but they had received information on how to make a complaint. They said, "I'd call into the office. The manager would sort it out, I'm sure of that."

One relative explained to us that when they had previously raised a concern, the manager contacted them and action had been taken, "Straight away." They told us they received an apology in person from both the manager and staff and the matter was resolved to their satisfaction.

All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving

care and support. There had been no written complaints over the previous twelve month period but the manager was clear of the actions they would take if a complaint was received including logging the complaint, investigating, responding to the person and taking any learning for improvements.

Is the service well-led?

Our findings

People spoke very positively about the service; one person told us they provided, "Absolutely excellent care", whilst a relative told us, "The care is excellent, I cannot fault it." People spoke positively of the manager, one person told us they were, "A very good manager; gets it all done and sorted." Staff spoke positively of the manager, all staff we spoke with told us they felt listened to and supported. One member of staff described the manager as, 'Very approachable and very caring'.

Staff confirmed management were good in terms of communication. One member of staff said, "We are a small team so they always let us know what's happening." They told us updates and changes were discussed in staff meetings. One member of staff told us, "We discuss what's working well or if there are any issues."

All staff we spoke with told us how they would call or visit the office get information or advice if required. One member of staff said, "I know I can call at any time and they will always give good advice." Another member of staff told us of an example when they had called in for advice. They said, "They [on call staff] were very good and talked me through it." All staff we spoke to told us they received supervision. One member of staff said, "It's enough and I can always approach the manager if I need them."

Staff told us they enjoyed working at the service and that they felt valued. One member of staff said, "You are told when you have done well – you know you are valued." We saw that the minutes of the most recent team meeting included a thank you to all staff for their hard work. We saw that when the service received a compliment card from people or their relatives, the manager logged these and then passed on the thanks and comments to staff.

The manager felt that all staff worked well as a team. Staff confirmed this with one member of staff telling us, "It's a good team, we all work together and we all support one another." Another told us, "It's a very good service to work for. I value working as part of a small team."

People and their families had been sent a survey in May 2016 which sought their opinion on the service. We saw that feedback given was very positive. Where one issue had been raised this had been addressed and an email was sent to all staff. This was then followed up with a discussion at a staff meeting.

We spoke to the manager and they had demonstrated a good knowledge of the service and their staff team. They ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made. For example, daily records were checked to look at the care given. The manager had recently introduced a series of spot checks to observe staff practice. We saw that where one issue had been identified feedback and advice had been given to the member of staff.

The manager told us they were supported by the provider. They told us, "They work onsite so I can go to them for advice – it's an open door policy." The manager advised they were new to their role and planned to make improvements in some of the paperwork. They were also looking to develop their management

knowledge by accessing information from trade journals and publications such as NICE guidelines and CQC guidance.