

Gian Healthcare Ltd

Gian Healthcare

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

Gian Healthcare is a Domiciliary Care service registered to provide personal care and support to people who live in their own home, predominantly in the Stockport area of Greater Manchester.

We last inspected Gian Healthcare in April 2017 where the service was rated as Requires Improvement overall and in the Effective and Well-led key questions. This was due to breaches of regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, due to concerns found relating to staff induction, supervision and quality monitoring systems.

This latest inspection took place on 25 July 2018. We gave the service 48 hours' notice to ensure the registered manager would be in the office to facilitate the inspection. At the time of this inspection, four people were receiving domiciliary care support from Gian Healthcare, however only two were in receipt of a regulated activity which was personal care. Other people who used the service received support with domestic tasks such as cleaning and other household tasks.

We found appropriate action had been taken to address the concerns found at the inspection in April 2017.

There was a registered manager in post. 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.

The service had a robust recruitment process to help ensure people employed were suitable to work with vulnerable people.

Safeguarding policies and procedures were in place and the staff demonstrated a good understanding of safeguarding concerns and the process to follow if they suspected abuse had taken place.

Risk assessments were in place and support plans devised to mitigate any risks presented to people.

Appropriate systems were in place to manage people's medication.

Staff told us they were well supported and were inducted in to the service and received ongoing training to support them to undertake their role. We found improvements had been made to the staff induction and supervisions processes which had been a concern at our previous inspection in April 2017.

The service was working within the legal requirements of the Mental Capacity Act (MCA) 2005 and staff displayed a good understanding in this area.

Appropriate systems were in place to ensure people received good nutrition and hydration and that specific

diets were catered for such as for those people with diabetes.

The feedback we received was that staff were kind and caring towards people.

Each person who used the service had an appropriate care plan in place which provided person centred information about how they liked their care to be delivered.

There was a complaints policy in place and we saw any complaints had been responded to appropriately.

Each person who used the service had their own care plan in place which provided detailed information about the care and support they required from staff.

We received positive feedback about management and leadership. Systems and processes were in place to monitor the quality of service being delivered.

A range of policies and procedures were in place to ensure appropriate guidance could be sought when needed.

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 we spoke with told us they felt safe using the service, as did a relative we talked to.

Appropriate systems were in place to ensure the safe management of medicines.

There were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

Is the service effective?

Good ●

The service was effective.

Staff received the necessary induction, training, supervision and appraisal to support them in their role.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People had been given the opportunity to provide consent to the care and support they received.

Is the service caring?

Good ●

The service was caring.

We received positive comments about the care being provided.

People who used the service and relatives said staff were kind and caring.

People felt treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

A complaints policy and procedure was in place.

Care plans provided person centred information about people who used the service.

There were systems in place to seek and respond to feedback about people's views of the service.

Is the service well-led?

The service was well-led.

The staff we spoke with told us they enjoyed working at the service and were supported to undertake their role by management.

The service had systems in place to monitor the quality of service delivery and had appropriate auditing systems and processes.

Team meetings were held so that staff could talk about their work and raise concerns as needed.

Good ●

Gian Healthcare

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 checked 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.

The inspection took place on 25 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be available to facilitate our inspection. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

At the time of our inspection four people were receiving a domiciliary care service, however only two people were in receipt of a regulated activity which was personal care. Other people who used the service received support with domestic tasks such as cleaning.

Before the inspection visit we reviewed the information we held about the service, including notifications we had received such as any safeguarding incidents that had taken place. We contacted both Stockport and Manchester council prior to the inspection, however they did not have any information to share with us about the service.

We did not ask the service to complete the Provider Information Return (PIR), prior to the date of the inspection. The PIR 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 looked at a range of documentation during the inspection. This included two care plans, five staff personnel files, one medication administration record (MAR), staff training records, supervision/appraisal and induction records and policies and procedures.

We spoke with several people during the inspection which included one person who used the service, one relative and two care staff. We also spoke with both the registered manager and a director of the service. This was in order to seek feedback about the quality of service being provided.

Is the service safe?

Our findings

We asked both people who used the service and relatives if they felt the service was safe. One person said, "Yes and I trust the staff definitely." A relative also added, "Yes I would say the service is safe. There is always someone there which makes it easier for me."

We looked at the systems in place to safeguard people from abuse. The service maintained a safeguarding policy and associated procedures which were up to date. Staff we spoke with demonstrated a good understanding of safeguarding procedures and how to raise concerns and we saw allegations of abuse had been referred to the local authority for further investigation. We saw all staff had undertaken safeguarding training, with certificates of completed courses available within staff files. One staff member said, "I have done training and some of the types of abuse can be physical or sexual. Signs of abuse could be hitting a person or inappropriate touching. I would report these concerns to the manager."

We looked at the systems in place to recruit new staff. References had been sought from previous employers and application forms were detailed and included previous work history. Records of interview questions and responses from potential candidates were available. Disclosure and Barring (DBS) applications had been obtained for each staff member and photo identification (ID) had been obtained. A DBS check helps a service to ensure the applicants suitability to work with vulnerable people.

We looked at how medication was administered. At the time of the inspection, only one person who used the service required staff to administer their medication for them. We looked at this person's medication administration records (MAR) for a one month period prior to our inspection. The MAR was accurately completed with no gaps in signatures identified and provided details about the name of the medication, the strength, the dosage and any known allergies the person may have. An appropriate policy and procedure was in place and we saw staff had received medication training which was updated when required. A relative said to us, "Medication is managed well from my point of view. [Person] needs it twice a day and always gets it."

We checked to see if there were sufficient numbers of staff working for the service. At the time of the inspection, the service did not use a call monitoring system due to the number of people currently using the service, however we were told this would be considered if the service expanded. The registered manager told us the system used was for staff from the office to ring the person's house to ensure staff had arrived. Staff signed on arrival and when exiting the person's house to demonstrate they had completed the care call as required. Staff rotas were in place which showed enough staff were always available to be present at people's houses to deliver care. A relative said to us, "24 hour care is provided to [person]. There is always a member of staff there and they don't leave until the next one arrives."

We looked at how the service managed accidents and incidents. There was an appropriate up to date accident/incident policy and procedure in place. Where accidents had occurred, incident forms were completed and detailed any actions to be taken. Where injuries had been sustained, body maps had been completed so that injuries could be easily identified.

We looked at how the service managed risk. We saw people's care plans contained a variety of risk assessments which were individual to each person and covered areas such as infection control, financial abuse, potentially missing appointments, skin breakdown and falls. One person administered their own medication and we noted a risk assessment was in place about how this should be done safely. Environmental risk assessments had also been undertaken and took into account fire procedures, control of substances hazardous to health (COSHH), infection control and gas/electric. Where any risks were identified, control measures had been detailed to help mitigation.

Is the service effective?

Our findings

The relative of the person who used the service told us they felt staff had the right skills and training to do their job. They said, "Yes, basically I would say they are well trained."

Before people began using the service of Gian Healthcare, a pre admission assessment was undertaken. Areas covered included mental capacity, health, communication, mobility, sight/hearing, food/drink, toileting and moving and handling. This enabled staff to gain an understanding about how they could best meet people's care needs. A relative said, "They came out to do an assessment when the package first commenced."

At our last inspection in April 2017, we had concerns that not all staff had an undertaken the appropriate staff induction to support them in their role. We saw improvements had since been made in this area, with staff also now completing the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if staff are 'new to care' and forms part of the internal staff induction. Staff spoken with during the inspection told us they completed the induction and care certificate when they commenced employment. A member of staff said, "I did the induction and was able to do training also. It gave me a good overview of the role and I was happy with it."

Another concern from our last inspection had been the inconsistency of staff supervision and we saw these were now taking place more frequently. Staff supervision enables staff to receive feedback about their performance from their line manager and discuss their work. Topics of discussion during these meetings included a review of performance, issues/concerns, time management, policies and procedures, training and work targets. Annual appraisals were also being held and enabled staff to review their job role from the past 12 months and discuss any objectives moving forwards. Records of both supervision and appraisals were held within staff files. A member of staff said, "We receive supervision frequently and they see how we are getting on."

We looked at the training staff received to support them in their role. Records of training completed by staff were held within staff files, along with certificates of completed courses. These were in date and had been completed within the last 12 months. Training completed by staff included medications, safeguarding, health and safety, challenging behaviour/violence, infection control, moving and handling and lone working. The staff spoken with during the inspection told us they felt they received enough training and felt supported to undertake their work. A member of staff said, "They give us the training we require. I have done quite a bit in the last 12 months." Another member of staff said, "Enough is provided for staff, both face to face and online 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.

At the time of our inspection we found that the provider was working within the principles of the MCA. Mental capacity assessments were undertaken to establish if people were able to provide consent to the care they received. Staff displayed an understanding of the legislation and told us this was an area they had received training around. A member of staff said, "We should presume people have capacity until it is proven otherwise."

We looked at how people were enabled to provide consent to the care they received. Written consent forms were held in people's care plans and covered areas such as staff administering their medication and assisting them with their personal care. The feedback we received was that consent was sought by staff before assisting people with aspects of their care and support. A relative said, "As far as I am aware. They check about what he wants such as meals."

We checked to see that people received adequate support with regards to their nutrition and hydration needs. We saw people's care plans captured any nutritional needs people had and any support they required from staff. Risk assessments were also in place where people may become nutritionally compromised and covered areas such as diabetes and the risk of choking as one person often ate their food too quickly. One person required support from staff with eating and drinking and staff maintained records of what the person had eaten, with menus for the week in place. One person was diabetic and we spoke with the registered manager about ensuring foods that would be appropriate for a diabetic diet were accurately recorded in the person's care plan. This was put in place immediately and sent to us following our inspection.

We looked at how people were supported to maintain good health and saw people had access to care and support from other healthcare professionals. For example, one person received visits from the district nursing team to monitor their blood sugar levels and administer insulin. Records of these visits were maintained by the service and reviewed during the inspection.

Is the service caring?

Our findings

We asked people who used the service and their relatives for their views of the care and support provided. A person using the service said, "I have no complaints and am quite happy. I am grateful for the support they provide. I have no problems with the staff and they are kind and caring towards me." A relative added, "Overall they are okay. The care is of a decent standard and they do look after him. The staff are polite and caring towards him as well from what I can see."

We checked to see if people using the service were treated with dignity and respect by staff. The feedback we received was that this was the case and that staff never made people feel uncomfortable or embarrassed. A relative said, "They support him to the bathroom and then wait outside."

We looked at how staff promoted people's independence. People told us staff allowed them to do things for themselves if they were able to. For example, one person was able to administer their own medication, with a risk assessment put in place to ensure this could be done safely. One person said to us, "I am very independent and I try not to let them get in my way." However we spoke with one relative who told us they felt there could be times when staff could allow people to do more for themselves, particularly with tasks such as clearing away their cutlery and emptying the washing machine.

We looked at the systems in place ensure good communication between staff and people who used the service. We saw people's care plans provided an overview of people's communication requirement and if any equipment was needed such as hearing aids or glasses. This was also an area covered as part of the pre admission assessment. One relative told us they felt there could sometimes be difficulties between staff and people using the service, due to differing accents, sometimes making it hard to hear what is being said. They also told us interactions could be better from staff.

We spoke to the registered manager about the feedback we had received regarding promoting independence, staff interactions and communication and we were told additional unannounced observations and spot checks would be introduced to monitor the situation and see how this could be improved moving forwards. We were also informed a meeting was also being planned with the family to see if anything further needed to be done.

Records of people's personal care were maintained by staff. These records captured if people had their teeth cleaned, had a bath/shower, when creams were applied, when their bedding was changed and if people had a shave. This helped us determine people were having their personal care needs met by staff.

We looked at the systems in place to ensure people were involved in the care they received. Reviews of people's care were carried out, with people able to participate where possible contribute towards how their care and support was delivered. We saw people were able to make comments about how they felt things were going, with action plans created if there were areas for improvement.

The service had a service user guide which was given to the person who used the service in addition to the

statement of purpose, which is a document that includes a standard required set of information about a service. These documents provided a wide range of information such as the care philosophy, principles and values that the service followed, the standards of care that people should expect, details of the registered managers, a description of the services and how to make a complaint.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs should this be identified as a requirement.

Is the service responsive?

Our findings

We asked people if they felt staff at Gian Healthcare were responsive to their needs. One person told us, "I receive support with personal care and to get dressed at night. They are quite responsive and do as they should for me."

Each person who used the service had their own care plan in place which provided an overview of their requirements and the support they required from staff. The care plans were updated regularly and covered areas such as mobility, moving and handling, skin care, falls, nutrition, communication and toileting. People's likes and dislikes were captured, which enabled staff to access person centred information about people based on their preferences.

We looked at how the service handled complaints. A complaints file was maintained and this contained a section to log each complaint, any actions to be taken and what the outcome had been. A policy and procedure was in place which was in date and clearly explained the process people could follow if they were unhappy with the service they had received. People who used the service and their relatives told us if they had never made a complaint but felt confident it would be dealt with appropriately if they needed to make one. One relative said, "I have not had to make one. I would speak with the manager and I hope they would take appropriate action." A person using the service added, "I would speak with the staff initially and would then ring the office."

There were systems in place to seek feedback from people who used the service and relatives through the use of satisfaction surveys. This would enable the service to respond accordingly if people were unhappy or wanted to change any aspect of their care package. We looked at a sample of these during the inspection where people were asked about dealing with incidents, staff competency, staff showing respect, team work and recommending the service to others. We noted the vast majority of feedback from people was positive. Where people had suggested improvements, actions were documented about how this needed to be followed up.

We looked at how people were supported with activities and to access the local community to reduce the risk of social isolation. Where necessary, people had weekly activity plans in place which showed people had accessed activities such as ten pin bowling, visits to the pub and walks around the local neighbourhood. People also had access to a local social club which hosted events for people with disabilities

We looked at how the service cared for people receiving end of life care. Due to the nature of the service (being a domiciliary care service), end of life was not provided directly and the registered manager told us the main role of staff was to follow advice from district nurses/ GP's and provide support to families at this difficult time.

People who used the service were supported to maintain relationships where possible and we saw family members were able to actively be involved in people's care and support regarding finances, appointments and shopping. We saw people were also in contact with people for special occasions such as birthdays.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The service had a staffing structure in place. At the time of the inspection, the service employed approximately 40 members of staff, comprising of the registered manager, a director, care staff and staff who worked in the head office. Each member of staff had a line manager to report to and this ensured there were clear lines of accountability within the service.

The staff we spoke with said they enjoyed their work and liked working for Gian Healthcare and One member of staff said, "Everything is going fine and I enjoy my job. The staff work well together and team work is good." Another member of staff said, "The job is lovely actually. I would have moved otherwise. The support is good and we are given good advice."

Comments from people who used the service and relatives were also complimentary about management and leadership. One person said, "Brilliant managers and no issues. They come out to see me and we have chats." A relative added, "On the whole it's good yes. Management wise, no issues."

We looked at the systems in place to monitor the quality of service provided to ensure good governance. We saw audits were in place covering areas such as care plans, MAR charts, food/fluid sheets, menus, activities, accidents and incidents and recruitment. This would enable managers to identify any concerns within the service and act on them in a timely way. Additional quality monitoring checks included spot checks and observations of staff undertaking their work were done. This provided the opportunity for managers to see if staff were working to a high standard and offer support or advice where necessary.

Staff team meetings were held with topics of discussion including timesheets, CQC inspections, audits, customer service, recruitment and data protection. This gave staff the opportunity to discuss their work and raise concerns where needed.

When checking records such as accidents/incidents and safeguarding concerns, we found CQC had received all the required notifications about incidents within the service. This showed a transparent approach and meant we could respond and take any necessary action if required.

Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in lockable cabinets in the office when not in use. This meant that people's personal information was kept safe.

The service had policies and procedures in place which covered all aspects of the service. These were developed and updated and reviewed each year. Staff were aware of where these documents were kept and

how to access them if required.

A business continuity plan was in place to ensure there were clear procedures to follow in the event of any unforeseen circumstances such as severe weather, fire and theft.