

Mr & Mrs A J Prior

The Garth Care Services (Home Care)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Garth Care Services is a domiciliary care agency based in Kington, Herefordshire. It specialises in providing care and support to older people with physical disabilities, sensory impairments or who are living with dementia. At the time of our inspection, there were 9 people using the service.

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

The provider's systems and procedures to help people manage their medicines needed to be more robust and consistently adhered to by staff. Staff training needs had not been effectively monitored and consistently addressed. The provider's quality assurance activities were not as effective as they needed to be. They had not enabled them to address the shortfalls in quality we identified during our inspection.

People were protected from abuse by staff who understood how to identify and report any abuse concerns. The risks to people's health, safety and welfare had been assessed, reviewed and plans put in place to keep them safe. The provider monitored their staffing requirements to enable them to provide a reliable and consistent service. The registered manager reviewed all reports of any accidents or incidents involving people to learn from these. Steps had been taken to protect people, staff and others from the risk of infections.

The registered manager met with people and their relatives before their care started, to assess their individual needs and requirements. Staff received an effective induction to help them settle into their new roles. People had the support they needed from staff to prepare their meals and drinks. Staff and management worked effectively with a range of community health and social care professionals to ensure people's health needs were monitored and addressed. 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.

Staff were friendly, caring and spoke to people in a respectful and polite manner. People and their relatives were able to express their opinions about the care provided, and these were listened to by the provider. Staff understood the importance of promoting people's equality and diversity through their work.

People's care and support reflected their individual needs and requirements. People's care plans encouraged a person-centred approach and were reviewed and updated on a regular basis. People and their relatives understood how to raise any concerns or complaints with the provider. People's wishes and choices about their end of life care were explored with them, in order that these could be addressed.

The provider and management team promoted an open culture within the service, in which feedback from people and other stakeholders was encouraged and listened to. Staff were well-supported by an approachable management team who were willing to act on issues and concerns brought to their attention.

Rating at last inspection

The last rating for this service was good (published 7 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

Requires Improvement ●

The Garth Care Services (Home Care)

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

The 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

This was an unannounced inspection.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information

return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the proprietor, registered manager, administrator and four care workers. We also reviewed a range of records. These included four people's care records, medication records, staff training records, three staff files in relation to recruitment, selected policies and incident and accidents records.

After the inspection

We spoke with four people, four relatives and two community health and social care professionals about their experiences of care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Where people needed help to take their medicines, they told us staff gave them the support they required. One person said, "They [staff] do my tablet, they watch me take it and they then make a note. There's been no mistakes."
- The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed. However, we found these were not sufficiently robust or consistently followed by staff.
- The information recorded on people's medication administration records (MARs) was not always accurate and complete, to evidence people's medicines had been given correctly. These records contained a number of unexplained gaps in recording. In addition, the written directions for the administration of some people's medicines were not always sufficiently clear. During our inspection, we did not identify anyone who had not received their medicines correctly.
- We discussed these issues with the registered manager who assured us they would address these as a matter of priority.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise any abuse involving the people who used the service, and the provider's procedures for reporting any abuse concerns.
- The provider had procedures in place to ensure the relevant external agencies were informed of abuse, in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- People told us they felt safe when staff were supporting them. Their relatives described how staff helped their loved ones stay safe by, for example, managing their risk of falls. One relative explained, "We check the risks with the staff and how to make sure [person] stays safe ... They [staff] are keen on safety."
- We found a number of staff had not fully completed the provider's mandatory training modules designed to give staff the skills and knowledge needed to work safely.
- The risks associated with people's care had been assessed, recorded and reviewed. This included an assessment of people's home environment, risk of pressure sores, mobility needs and mental health. Plans had been developed to manage risks and keep people safe and well.
- Staff read people's risk assessments and care plans in order to understand how to safely meet their needs.
- Staff were updated on any changes in the risks to people by, for example, use of a secure group messaging application. A staff member explained, "Communication is good ... We are always included [in messages],

so we are never going in blind."

Staffing and recruitment

- People usually received a reliable and consistent service, provided by regular staff. One relative explained, "It's been good continuity and they [person] have two main carers with others who step in and they know them as well."
- Staff confirmed the provider employed enough staff to cover staff sickness absences and leave, and that travel time between people's care calls meant they were normally running on time.
- The provider followed safe recruitment practices to check prospective staff were suitable to provide care in people's homes.

Preventing and controlling infection

- The provider supplied staff with appropriate personal protective equipment (e.g. disposable gloves and aprons) to help protect people, staff and others from the risk of infections.
- People told us staff washed their hands, wore gloves and aprons when needed and helped them maintain the cleanliness of their homes.

Learning lessons when things go wrong

- Staff understood the provider's procedures for reporting any accidents or incidents involving people who used the service.
- The registered manager reviewed these reports to identify and address any actions needed to reduce the risk of things happening again.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people were not always supported by staff who had fully completed their training.

Staff support: induction, training, skills and experience

- The provider had developed a programme of mandatory and additional training, designed to give staff the knowledge and skills they needed to work safely and effectively. However, we found a number of staff had yet to fully completed their mandatory training modules. We discussed this issue with the registered manager who acknowledged staff training had not been kept up to date. They assured us this would now be more closely monitored, and that existing gaps in training would be addressed within the coming month. We will follow this up at our next inspection.
- People and their relatives had confidence in the overall competence of staff. One person told us, "I'm confident they [staff] can use the hoist; I really can trust them. I've had no hoist injuries and no falls."
- New staff received an induction to help them settle into their new roles. Staff spoke positively about their induction experience. One staff member told us, "I was taken out shadowing and observing other staff and I asked them questions. It [induction] was really good, very in-depth and informative ... After my induction, I felt confident to start working on my own."

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

- People's individual needs and requirements were assessed, before they started to use the service, and then reviewed with them at regular intervals. One relative said, "They [management team] did an assessment and they listened to us both and they also got the meaning of what [person] wanted."
- The management team conducted unannounced spot checks to monitor whether staff were working in line with the provider's procedures and expected standards.

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

- People told us staff provided the level of support they needed to prepare meals of their choosing. One person said, "They [staff] do my meals ... They are presented nicely and it's my choice what I have."
- The provider had procedures in place to record and manage any risks or complex needs associated with people's eating and drinking.

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

- People told us staff monitored their general health and helped them to access professional medical advice and treatment when they needed it. One person described how staff looked out for any signs of pressure damage on their skin and contacted their district nurses. Another person explained that staff had helped them seek medical treatment after realising they had taken their medicines incorrectly. They told us,

"The carer was here and they rang the doctor and I went into hospital so I got on a drip. The carer did the right thing; they were very good."

- Staff and management worked effectively with a range of community health and social care professionals to ensure people's care needs were met. The community healthcare professionals we spoke with referred to effective working relationships with staff and management.

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.

- Staff and management understood people's right to make their own decisions about their day-to-day care and support, and the role of best-interests decision-making.
- People told us staff listened to them and respected their choices and wishes.
- The provider had procedures in place for recording people's written consent to key aspects of the service provided.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 and their relatives spoke positively about the caring and professional manner in which staff approached their work. One person told us, "They [staff] are wonderful, lovely people and very efficient." Another person described how they looked forward to staff visiting, as they considered them "like friends".
- Staff and management understood the need to promote the equality and diversity of the people who used the service, and to take into account their protected characteristics. One staff member told us, "There can be diverse needs and we have supported people from different backgrounds and cultures ... They are very much an inclusive provider."

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

- People and their relatives told us they felt able to express their views about the care and support provided. They referred to meetings with staff and management to discuss any changes needed in the service provided.
- The registered manager understood where to direct people for independent support and advice about their care, including local advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People told us staff spoke to them in a polite and professional manner, and showed respect for their homes and family life. They confirmed staff respected their right to make their own decisions.
- People's care plans explained their ability to complete or assist with personal care tasks, to ensure their independence was promoted by staff.
- The staff we spoke with gave us examples of how they promoted people's privacy and dignity on a day-to-day basis. This included asking people how they wanted their care to be provided, protecting their modesty during intimate care, and treating people how they themselves would like to be treated.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 and their relatives told us the care and support staff provided reflected what they wanted and needed from the service. One relative said, "They [staff] are doing all that I expected them to do ... [Person] is well looked after."
- The provider arranged periodic reviews with people and their relatives to ensure the service continued to meet their individual needs and requirements. One person told us, "They [management team] have been round to see us a few times ... They are very friendly and call to check it [care provided] is all ok, and that it's agreeable."
- People's care plans were individual to them and provided staff with clear guidance on how to meet their individual care needs. They also contained information about people's personal background, their family situation, current interests and known preferences to encourage a person-centred approach.
- Staff confirmed they read people's care plans, and they understood the importance of following these.

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 individual communication needs had been assessed and recorded to guide staff.
- The provider had the facility to produce key information in alternative accessible formats to meet people's individual needs.

Improving care quality in response to complaints or concerns

- People and their relatives understood how to raise any complaints or concerns with the provider.
- The provider had developed a complaints procedure to ensure all complaints were recorded and responded to in a fair and consistent manner. We saw previous complaints about the service had been investigated and responded to.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The provider had procedures in place to explore people's preferences and choices regarding their end of life care, in order that these could be addressed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The registered manager assessed the quality of people's care through unannounced spot checks on staff, listening to feedback from people and their relatives, and the ongoing monitoring of complaints, accidents and incidents. However, we were not assured the provider's quality assurance systems and processes were sufficiently effective. They had not enabled them to address the shortfalls we identified in relation to the management of people's medicines and staff training provision. We discussed this with the registered manager, who assured us they would be introducing a more comprehensive quality assurance system as a matter of priority.

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

- People and their relatives described an open culture within the service, which enabled them to express their views about the care provided with confidence these would be listened to. They spoke positively about the overall quality of the service.
- People spoke positively about a management team that were professional, approachable and easy to reach.
- Staff talked about their work with enthusiasm and recognised the importance of providing person-centred care and support. One staff member told us, "I very much enjoy my role. I like my colleagues, management and people we look after."

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 developed a duty of candour policy to ensure they complied with their associated responsibilities.
- The registered manager recognised their responsibility to be open and honest with people if mistakes were made in delivering their care and support.

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

- Staff were clear what was expected of their roles.
- The registered manager communicated effectively with staff to maintain a shared view of any quality issues or new risks within the service.
- The registered manager kept themselves up to date with best practice guidelines, changes in legislation

and regulatory requirements through, for example, attending further training and networking with other providers.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and their relatives spoke positively about their dealings and relationship with the management team.
- The provider distributed annual feedback surveys to people and their relatives. We saw they analysed and acted upon the feedback received on the service.
- Staff spoke positively about the overall management of the service and the support they received from the registered manager. One staff member told us, "We have monthly staff meetings and we can come into the office at any time to chat with [registered manager] or [care coordinator] ... I find [registered manager] really supportive and approachable. I feel I can go to her if I have a problem."