

Gill Healthcare Limited

Gill Care Services

Inspection report

392 Colne Road
Burnley
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24 September 2019
26 September 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Gill Care Services is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, two people were receiving regulated activity.

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

There were issues around the safe recruitment of staff. Some pre-recruitment checks were not made in the four files we considered and, in one case, the service could not be satisfied that a member of staff had been safely employed. After the inspection, additional checks were made to support that the person was safe to work with vulnerable people. We found no evidence people were at risk of harm from this concern. This has resulted in making a recommendation that can be seen in the 'safe' section of this report.

People told us they felt safe. Staff understood their responsibilities about keeping people safe. Risks were identified and managed. Incidents and accidents were recorded so that they could be considered and reflected upon to make improvements to the service. Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes.

People told us staff were kind and caring. People said staff, including the registered manager, had met their expectations of a care service. People and relatives had a high levels of trust in staff which had a positive impact on their wellbeing. People and relatives described staff as "really good and caring". Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept confidentially.

At the time of the inspection, the service was not administering medicines. There was a comprehensive medicines policy around the management of medicines and staff had been trained in this area.

Staff had completed training in key areas and were supported to carry out their roles. People and relatives had confidence in staff and were content with the care they received. People were supported to access health services if needed. People's dietary needs were assessed and, where required, they were supported with their meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans were up to date about their individual needs and preferences. People received support that met their needs. People and their relatives knew how to complain, although none we spoke with had any complaints.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. There were quality assurance systems in place to monitor the quality and safety of the service. There was a focus on continuous improvement.

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 13/02/2019 and this is the first inspection.

Why we inspected

The inspection was prompted, in part, due to concerns received about the service's handling of concerns raised by the local authority. A decision was made for us to inspect and examine those concerns. Planning was also based on the date the agency first registered with CQC.

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 effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Gill Care Services

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.

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 it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 24 September 2019 and ended on 26 September 2019. We visited the office location on 24 September 2019.

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.

What we did before the inspection

We reviewed information we had received about the service since their registration. We also sought

feedback from local authority professionals who work with the service.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with one member of staff and the registered manager. We reviewed a range of records which included two people's care records and four staff files. We looked at a variety of records relating to the management of the service, including policies and procedures. We also visited a person's home whilst staff were present to observe practices and seek feedback.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also received verbal and written feedback from a social care professional.

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 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.

Staffing and recruitment

- Safe recruitment procedures were not always followed. We found gaps in three staff members' employment histories and checks with previous employers in health and social care had not always been made. In one case, we saw that an issue of concern had not been addressed before the new employee started work. All other checks such as those into identity and criminal records had been made and there was no evidence that anyone had been harmed as a result of the omissions. We raised this with the registered manager who ensured that the member of staff was prevented from working until all checks had been completed. After the inspection, the registered manager provided a report about the further enquiries they had made to ensure that the employee was safe to work with vulnerable people.

We recommend that the provider thoroughly reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed. People and their relatives told us staff arrived on time, stayed for the right amount of time and staff did not rush them.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I definitely feel safe. I do not worry about anything." A relative told us, "I have faith in them looking after [family member]."
- There were effective safeguarding processes in place and staff and the registered manager had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns. However, in a local authority enquiry into alleged abuse, we noted that the service had been slow to act in providing information to the investigation. The registered manager said that this was their first involvement in such an investigation; they said that they had learned from the process and in future would prioritise assisting such investigations. We were satisfied that no one had been harmed as a result of this delay.

Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were set out for staff to refer to.
- Assessments of specific risks within people's homes had been completed and staff were provided with guidance on how to manage these risks.

Using medicines safely

- The service had a comprehensive medicines management policy to ensure medicines were managed safely. At the time of the inspection, the service was not supporting people to take their medicines. In one case, a person managed their own medicines and in the other, relatives controlled a person's medicines.

Preventing and controlling infection

- Actions were taken to reduce the risks of cross infection. Personal protective equipment (PPE) such as gloves were available to staff to reduce the risks of infections spreading. When we visited a person's home, we noted staff wore PPE.

Learning lessons when things go wrong

- The registered manager communicated openly with people if improvements to care were needed. A log of incidents was kept in people's care plans and analysed to prevent further incidents happening. This system was appropriate but if the service was to support more people, a central record would assist in reviewing records to establish patterns and trends. The registered manager said they would create a system that would serve this purpose.
- The registered manager told us they felt they were continually learning lessons since opening the service.

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 before the service began to provide support. Where people lived and the impact on staffing capacity were considered before a decision was reached about whether the provider could meet a person's needs. Although we saw this in practice during our inspection, the registered manager said that when the service started, this principal was not followed to the same degree. She said this may have led to a recent safeguarding enquiry currently under consideration by the local authority.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate. These were planned and reviewed regularly to ensure they received support that met their changing needs.

Staff support: induction, training, skills and experience

- People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed. One person said, "Staff know how to care for me."
- Staff training in key areas was up-to-date. The staff member we spoke with felt they had received enough training for their role. They said, "I get plenty of training and support which is great." Records supported that staff members' training was comprehensive and up to date.
- New staff had completed an appropriate induction to the service. If the staff member was new to care, they participated in the Care Certificate. This is a recognised programme of quality training and supervision that covers essential elements of the provision of social care
- Staff received regular supervisions and would receive an annual appraisal. Some staff had completed or were working towards additional qualifications in health and social care.

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

- People received support with eating and drinking, where they had needs in this area. Eating and drinking care plans were personalised and included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it.

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

- People received ongoing health care support. Where appropriate, referrals were made to health care services when people's needs changed. One person said the service contacted health professionals when their health had declined.
- Records showed the service worked with a range of external professionals to maintain and promote people's health.

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 with appropriate legal authority. 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.

- At the time of the inspection, no one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- The registered manager had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised and they understood the importance of gaining a person's consent before providing any care and support. One person told us, "Members of staff listen to me and always ask for permission."

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 as 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 and their relatives told us staff members and the registered manager were kind and compassionate. They told us their experiences of receiving care from staff had a positive impact on their wellbeing.
- One person told us, "I look forward to the carers coming and I feel I can have a laugh with them. They are lovely, kind girls."
- A relative told us, "The standard of care is good and they really do care."
- When we visited a person's home with the registered manager and a staff member, we saw they had real empathy for the person they cared for and the person told us staff regularly exceeded their expectations. Staff also spoke with deep affection and understanding of working with people and their whole family.
- Staff understood the importance of treating people as individuals with rights. Staff were aware of equality and diversity issues and recognised that each person was unique with their own lifestyle and needs.

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

- Staff helped people to express their views so staff and the registered manager understood them around their preferences and choices. We saw that a person was asked about how they would like things done before staff finished the visit. The person said, "They always leave things as I like them." A relative told us, "They [staff] are receptive to how we like things done."
- When people could not make day-to-day decisions, if required, the service provided information to people about advocacy services. This meant people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were good at upholding their dignity. This meant people felt respected and were comfortable with staff entering their homes.
- People were promoted to be as independent as they were able and wished to be, without compromising safety. A member of staff said, "I try my best to help [name of person] to maintain some independence and do things themselves. This also helps the interaction I have with them."
- Staff could describe to us in detail people's likes and dislikes. They knew people well.

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; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were person centred, up-to-date and reviewed regularly. They were well written and contained information about people's daily routines and specific care and support needs.
- Staff we spoke with knew people's needs and preferences and were responsive to their changing needs.
- People were supported by staff to participate in activities which were meaningful to them. In one case, we noted that staff ensured that a televised sporting event was available before they left the person's home.

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. 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.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. The registered manager gave us examples of how information could be provided to people in different formats to enable them to engage with staff and other professionals.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff directly.
- People who used the service were given a copy of the provider's complaints policy when they started using the service. This contained clear information about how to raise any concerns and how they would be managed. The service had not received a formal complaint since registration in February 2019.
- People and relatives told us when they had raised concerns about anything, this was dealt with quickly.

End of life care and support

- The service had an end of life care and support policy. At the time of the inspection, no one was receiving end of life support.
- The registered manager said that in the event people required end of life support, the service would work with them, their relatives and health care professionals to ensure people's needs and wishes were met. They said that although end of life considerations were part of the training all staff received, they would also arrange for specialised training for staff who were providing this care and support.

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 and staff members were committed to providing high-quality care which reflected people's preferences.
- The registered manager had previous experience of working in a care setting and because of this, had developed a clear vision and strategy for the service. Staff also understood the primary aim of the service was to deliver the best possible care.
- We observed interaction between the registered manager and staff and noted that it was positive, respectful of each other's position and centred around doing the best for the people they supported.

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 registered manager told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. This position was supported by documents we saw but there had been a delay in assisting an investigation that has been raised in the 'safe' section of this report. The local authority representative told us they were satisfied that the service had complied with requests for information and had been open but was critical of delay and the need for the registered manager to be reminded of the need to comply with the request.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager was clear about their roles and responsibilities and led the service well. They accepted that at the start of providing the service, mistakes had been made and this had led to the local authority investigation. They also said that they had learned from the experience and would be in a better place to deal with the matter if a similar situation should arise in future.
- The registered manager understood their regulatory responsibilities to inform CQC about significant events at the service.
- There were systems to monitor the quality and safety of the service. In addition to management responsibilities, the registered manager also provided care and support to the two people who were using the service and reviewed care plans and support documents on a regular basis. There were however no formal notes of reviews and audits and whilst this may be effective whilst the service only supported two people, this would be inappropriate if the service expanded. The registered manager said that the service had subscribed to a computerised care planning, review and auditing system and that they were

implementing modules of this as appropriate and as the business progressed.

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

- People's feedback was sought regularly and acted upon. When we visited a person's home, we noted that the registered manager sought feedback on all aspects of the care and support provided. They said that formal feedback surveys would be sent out to people and relatives after the service had been in operation for 12 months.
- Staff had opportunities to provide feedback via supervisions and at meetings. A staff member told us they were able to raise issues at any time and the registered manager was receptive to suggestions about how to improve the service. A relative said, "We can mention anything at any time to staff or the manager. No problem!"

Working in partnership with others

- The service was developing good links with health and social care professionals. We also noted how the service was working well with relatives in support of a person with complex needs. In this case, the service, in partnership with family, arranged a specific member of care staff to attend at specific times. The member of staff had communication skills that meant that the person receiving support substantially benefitted from their input.