

Gims Care Solution Limited

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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

About the service:

- Gims Care Solution Limited is a domiciliary care agency.
- It provides a personal care support service to people with a mental health condition, learning disabilities, autistic spectrum disorder, dementia, physical disability, sensory impairment, older people and younger adults in their own homes.
- Not everyone using Gims Care Solution Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.
- At the time of the inspection, it was providing personal care support to seven people.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- Relatives told us staff were reliable and met people's needs safely. People were safeguarded against the risk of harm and abuse. Staff knew how to provide safe care.
- People's medicines needs were safely met.
- Staff protected people against the risk of infection.
- The provider ensured people were supported by suitable and sufficient staff. Staff received regular supervision and they told us they felt supported.
- People's needs were assessed before they started receiving care and were supported by appropriately trained and skilled staff.
- 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 person-centred. Staff knew how to provide personalised care.
- Staff treated people with dignity. People were involved in the care planning process and their independence was encouraged.
- People and relatives knew how to raise concerns and they told us the service was responsive.
- People, relatives and healthcare professionals were happy with the service and told us they found the registered manager approachable.
- The provider had effective systems and processes to ensure the quality and safety of service.

Rating at last inspection:

- The service was registered by CQC on 10 October 2017. This is the service's first inspection since its registration.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: ☐

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.
- We made a recommendation in our inspection report, which we will follow up at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.□

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Gims Care Solution Limited

Detailed findings

Background to this inspection

The 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.

Inspection team:

- The inspection team consisted of one inspector.

Service and service type:

- Gims Care Solution Limited is a domiciliary care agency. It provides personal care to people living in their own homes.
- 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:

- Our inspection was announced.
- The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.
- Our inspection process commenced on 14 February 2019 and concluded on 15 February 2019. It included visiting the service's office, telephoning people who used the service and their relatives. We visited the office location on 14 February 2019 to see the registered manager and care staff, and to review care records and policies and procedures. We telephoned people who used the service, relatives and healthcare professionals on 15 February 2019.

What we did:

- Our inspection was informed by evidence we already held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the

service does well and improvements they plan to make.

- We spoke with three relatives.
- We spoke with the registered manager, the care manager, an administrator, three care staff and a social worker.
- We reviewed three people's care records, four staff personnel files, staff training documents, and other records related to the management of the regulated activity.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of harm, abuse, neglect and poor care.
- Relatives told us people who used the service were safe with staff. A relative said, "Yeah, [person who used the service] is safe with [staff]. Oh yes, do trust them." Another relative commented, "I am not worried about [relatives] safety at all." A social worker told us, "Yes, I do feel the agency provides a safe service."
- There had not been any safeguarding concerns since the service's registration.
- Staff were trained in safeguarding procedures and knew their responsibilities in identifying and reporting concerns, abuse and poor care. One staff member commented, "Making sure [people who used the service] are free from harm, neglect and abuse. I would escalate any concerns to my manager."
- Staff told us they would blow the whistle if the provider did not act on the concerns appropriately. A staff member said, "If I don't see any actions being taken [by the registered manager], I will report [the concerns] to the local authority or the CQC."
- This showed people were supported by staff who knew how to safeguard them from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's health, care and mobility needs were identified and assessed. People's risk assessments contained measures for staff to follow on how to minimise the risks and provide safe care.
- Risk assessments were up-to-date and reviewed quarterly. Risks covered included environmental, personal care, medicines, moving and handling, falls, mobility, and equipment such as wheelchairs and hoists. Staff told us the risk assessments were detailed and copies were kept in people's homes for easy access.
- Staff knew risks to people and how to provide safe care. A staff member said, "It is about keeping people [who used the service] safe, so that they are secure and are in safe environment. It is all about their safety." Another staff member commented, "I have to supervise [person who used the service] when he is walking so that he doesn't have a fall."
- This meant staff provided care to people in a safe manner whilst respecting their freedom and independence.

Staffing and recruitment

- Relatives told us there was sufficient staffing in place. People on 24-hour live-in care packages were supported by staff on a two-weekly rotation basis. A relative commented, "[Relatives] do have live-in 24 hours care. [Staff] do two weeks on and off." People who received daily care visits told us staff were reliable and arrived on time. One relative said, "Yes, [staff member] does arrive on time."
- The provider ensured staff were skilled, safe, of good character, and had the right to work in this country before they started supporting people.

- Staff personnel files had all relevant recruitment documents and checks including application forms, interview notes, references, criminal record, identity and right to work checks.
- The registered manager told us they had enough staff and had ongoing recruitment in place to ensure they had enough staff in place should they receive new care packages.

Using medicines safely

- The provider had systems and processes in place to ensure people's medicine needs were met safely.
- Relatives told us staff provided safe medicines management support. One relative said, "[Staff] do give medicines to my [relative] on time, there have not been any [medicine] issues. They always write down the medicines they have given."
- Medicines administration record charts were appropriately completed and there were clear "as and when required" medicines guidelines for staff to follow to ensure people were provided with safe medicines support.
- Staff were trained in medicines administration and followed safe medicines management practices. A staff member said, "[Person who used the service] is diabetic. I administer medicines and make sure there is a four hours gap between medicines [administration]."
- The provider did not carry out staff medicines competency assessment following the medicines training to ensure staff understood safe medicines administration.
- During the inspection, the registered manager showed us the medicines administration assessment form template they would use moving forward to ensure staff's competency was assessed.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to staff's medicines competency assessment.

Preventing and controlling infection

- Staff were trained in infection control and there was an infection control policy in place to ensure people were protected against the risk of infection.
- Staff were provided with sufficient personal protective equipment (PPE) and were knowledgeable about how to prevent and control infection. One staff member said, "We use our PPE such as gloves, aprons, face masks. Hand hygiene is important, we wash our hands frequently."
- This showed people were protected against the spread of infection.

Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong and make improvements.
- There had not been any incidents since the service's registration.
- The registered manager told us they would share the learning outcomes with their staff via meetings and with the staff member on their own in supervisions to make sure they all knew how to minimise the recurrence.

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

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 choices, abilities, and needs were assessed before they started receiving care. The provider used a dependency assessment tool to identify the staff needed to ensure people were supported by suitable staff.
- People, their relatives and social workers were involved in the needs assessment process. One relative said, "[The registered manager] came and had a chat about the needs of my [relatives]. She also talked to them about their needs and preferences."
- The assessment form was comprehensive and contained information related to people's medical, physical and emotional needs, personal care, medicines, dietary, communication and religious and cultural needs. Following the inspection, the registered manager told us they had updated the needs assessment form to include gender, ethnicity and sexuality to enable them to identify people's needs in relation to those areas.
- Relatives told us people's healthcare needs were met by staff who knew how to meet their individualised needs. A relative said, "[Staff] seem to know exactly what they are doing. They seem to calm [person who used the service] down, know what to say." A social worker commented, "[People who used the service] and their family told us they [staff] were brilliant and they could not praise them enough."

Staff support: induction, training, skills and experience

- Staff training records showed they were provided with appropriate induction and refresher training to enable them to deliver effective care. Training was in areas such as safeguarding, moving and handling, medicines, nutrition, hydration and health and safety.
- Staff told us they felt confident in their job and found the training helpful. Their comments included, "They gave me all the mandatory training when I started working", "I was given refresher and mandatory training. I did a lot of shadowing. It was very helpful" and "Based on the support I provide, I do believe I have had enough training. I do feel confident in my job."
- Staff were provided with quarterly supervision and an annual appraisal. Records confirmed this. Staff told us supervision was useful and they discussed people's care, their support and training needs.
- This showed staff were provided ongoing support and training to enable them to do their jobs effectively.

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

- Relatives told us staff met people's dietary needs. Staff were knowledgeable about people's dietary needs and risks associated with them. A staff member said, "[Person who used the service] has diabetes so we make sure she has enough food, doesn't go hungry so that she doesn't have a hypo episode. If I notice any signs of hypo like sweating, if she looks tired, not feeling well, I will call the ambulance, will follow procedures to escalate concerns."
- Staff knew people's food and drinks likes and dislikes. A staff member commented, "[Person who used the

service] likes eating potatoes, mixed vegetables, fish, beans. He doesn't like meat but prefers chicken nuggets. He prefers orange and blackcurrant juice."

- Staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake. Records confirmed this.
- This meant people were supported effectively with their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they worked well together as a team to meet people's individualised needs. A staff member said, "We [staff] work very well together, it is a good team."
- The registered manager and staff worked with other agencies such as staff at the accommodation where people lived, local authorities and social workers to meet people's individualised care needs to provide consistent, effective and timely care. Records of communication and correspondence confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- People were generally supported by their relatives to access healthcare services. However, where this support was requested the registered manager ensured the needs were met effectively.
- There were records of healthcare professionals' correspondence, referrals and assessment forms that confirmed people where requested were supported to access healthcare services and support in a timely manner.

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. We checked whether the service was working within the principles of the MCA.

- The registered manager completed mental capacity assessment forms during people's needs assessment process to ascertain whether or not they had capacity to make decisions related to their care and treatment. Where people lacked the capacity, the registered manager ensured their care plans clearly stated this and the details of their legal representatives who made decisions on their behalf.
- Relatives told us staff always sought people's consent before they provided care and encouraged them to make decisions by giving them choices.
- Staff were trained in the MCA and knew the importance of giving choices and asking people's permission before providing care. Their comments included, "For breakfast we ask her what she would like to eat, give her choices", "I always ask people before supporting them" and "I give choices whether the person has capacity or not. I encourage them to make choices such as show them tea or coffee."
- This showed the service worked within the principles of the MCA.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us people were supported by the same team of staff and they found them caring and helpful. Relatives' comments included, "[Staff] are very caring. All of the [staff] she [person who used the service] has had are fantastic. They seem to go above and beyond" and "They are very caring ladies, they have connected with my [relatives] very well." A social worker said, "[People] and relatives said they had some amazing main [staff]."
- Staff told us they enjoyed caring for people. Their comments included, "I do enjoy working as a carer. I like making a difference in other people's lives and it gives me satisfaction" and "I enjoy seeing people's faces when they are happy. It is a rewarding job."
- The registered manager told us they provided a service without discrimination and welcomed lesbian, gay, bisexual and transgender (LGBT) people to use their service.
- Staff were trained in equality, diversity and human rights, and told us they treated people without discrimination. A staff member said, "To make sure that [people] are not being treated with discrimination due to their vulnerability. It is about them feeling equal as well and [they have] a right." Another staff member told us, "I will support people equally but at the same time meet their specific needs. LGBT person is also a client, he / she has the right to my services, doesn't make any difference, I would still meet his / her personalised needs."
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs.
- This showed staff treated and supported people without discrimination, and in a caring and kind way.

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

- People and their relatives where necessary were involved in the care planning process. A relative said, "Oh, most definitely, I feel involved in [relatives] care." Staff involved and encouraged people to express their wishes and views regarding their care and relatives confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff respected people's privacy and treated them in a respectful way and with dignity. A relative said, "Yes, [staff] do treat [relatives] with dignity and respect. My [relatives] are not respectful towards them but [staff] remain professional. They are very good, quite experienced, they know it is the dementia talking and not the person."
- Staff demonstrated a good understanding of how to maintain people's dignity in care. A staff member said, "Make sure [people who used the service] clothes properly buttoned and zipped up so that their dignity is maintained. I will not shout, talk in a respectful manner."
- Staff promoted and encouraged people's independence. A staff member told us, "We [staff] do encourage

[person who used the service] independence. Such as she washes her face, front of her body to her waist, she cleans her teeth. Independence is important to her."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives and the healthcare professionals told us the service was responsive and met people's personalised needs. A relative said, "[Staff] knows [person who used the service] very well and provides support that works for her."
- Staff knew people's likes and dislikes, and how to provide personalised care. A staff member said, "[Person who used the service] likes watching television, playing with his toys, listening to music and playing piano. I encourage him to play piano when he is restless."
- People's care and support plans gave staff information on their background history, likes, dislikes, healthcare needs, routines, what was working well in their lives, things they wanted to change, care outcomes, how they would like to be supported and preferred care visit times.
- The care plans also provided information on people's communication needs and preferred communication methods that met accessible information standards (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- The registered manager reviewed people's care every month and updated their care plans where necessary. Relatives and records confirmed this.
- Staff told us they found the care plans helpful and could access them in people's homes. A staff member said, "You have to read people's care plans to be able to carry out your services effectively. The care plans are in their homes. They are stored securely as it has sensitive and confidential information."
- This showed staff were provided sufficient and up-to-date information that enabled them to provide personalised care.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise concerns and make a complaint. A relative said, "I know if there is any problem [registered manager] would alert me. I have not made any complaints." Another relative told us, "I have never made any complaints." A social worker commented, "If you say something to [registered manager], she would deal with it promptly, she is responsive."
- There was an up-to-date complaint policy. There had been one complaint since the service's registration. The complaint records showed the complaint was reported promptly and recorded appropriately, investigated and addressed in a timely manner.

End of life care and support

- The provider had an end of life care policy that detailed how to support people receiving palliative and end of life care. Where people had disclosed their end of life care and funeral wishes these were recorded in their care plans. Currently no one was being supported with end of life and palliative care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives and healthcare professionals spoke positively about the registered manager. They told us they were happy with the service and would recommend it to others.
- Relatives comments included, "[Registered manager] is fantastic, she would do what she can do to fit your requests. Yes, [the service] is well managed. Really happy with the service and would recommend it to others" and "This is the best communication from the agency I have ever had. We are happy with the service. I would recommend it." A social worker commented, "All the [people who used the service] and their relatives have been very happy with the service. Overall, the agency has provided good service. [Registered manager] is really easy to talk to and approachable."
- The registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager told us if there were any concerns they would notify relevant external agencies and work with them to ensure high-quality care.

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

- The registered manager and staff were clear about their roles and the quality standards of care the registered manager had set out for the service.
- Staff told us the registered manager was approachable and they felt well supported.
- A staff member commented, "She is approachable and she does listen, she tries to allay our fear and encourage us." Another staff member said, "Yes she listens to me and supports me."
- The provider's quality assurance policy and processes enabled continuous learning and improvement of the care delivery.
- There were records of regular monitoring checks and audits to ensure the quality and safety of the service. The checks included monthly telephone monitoring, quarterly unannounced visits, and audits of care plans, risk assessments, medicines administration charts, daily care logs and staff files. The checks were all in date and the registered manager had taken actions where they had identified areas of improvement.
- This meant the registered manager had a good oversight of the service, and continuously learned and improved care.

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

- The provider engaged with people, relatives and staff on an ongoing basis to keep them updated and informed of any changes.
- The registered manager asked people and relatives for their views and opinions on a regular basis, and these were acted on to shape the service. Quarterly monitoring visits records showed people were asked for their feedback and views.
- The registered manager held three monthly staff meetings to discuss aspects of care delivery. Records confirmed this. Staff told us they attended team meetings and found them helpful. Their comments included, "Yes I do attend staff meetings, the last one was in December. We talk about [people who used the service] wellbeing, any developments, how we can keep ourselves safe and secure" and "Talk about how we can improve and do better."
- The registered manager told us they were in the process of carrying out people, relatives and staff annual surveys. They further said that they would analyse the feedback and develop an improvement plan where actions were required to improve care.

Continuous learning and improving care

- The registered manager told us they were in the process of appointing an independent audit service who would work with them to help them to continuously learn and improve the care delivery.
- The provider had purchased an electronic monitoring system that they said they would use when the service grew to enable them to monitor staff punctuality and time management.

Working in partnership with others

- The provider worked in partnership with the community organisations, local authorities and other healthcare professionals to improve people's experiences.