

Get Care Limited

Get 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?

Good 

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

Get Care is a service registered to provide personal care to people living in their own homes. The service supports a range of people including people living with mental health needs and physical disabilities living in and around the Northamptonshire and Oxfordshire area. On the day of our inspection they were supporting three people with the regulated activity of personal care.

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.

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

The registered manager (who was also the provider) had developed some quality assurance systems, however further improvement was needed. Audits did not always demonstrate action taken where shortfalls had been identified. Detailed guidance was not in place to show how risks had been assessed and reviewed to mitigate those risks. Some information in policies and procedures was either inaccurate or missing, giving staff and those reading these documents incorrect information.

Feedback from people and social care professionals indicated the provider worked well with all concerned. However, there was no written evidence of the communication the registered manager had with others to ensure there was an audit trail. The care people received was good and the registered manager was receptive to the inspection, however there was a lack of insight into what would be expected of them during the inspection process. For example, producing records and policies requested of them in a timely way.

Although we found some shortfalls, people and their relatives were complimentary about the registered manager and the staff member who supported them. They confirmed communication was good and they received consistent caring support. Professionals also provided positive feedback about the service and they were happy with the care people received.

The registered manager worked directly with people using the service developing relationships and reviewing the care people received. 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.

There were procedures in place that guided staff on how to escalate any safeguarding concerns. People and their relatives had not been given the complaints policy and procedure until the inspection process started. However, they all told us they knew they could contact the registered manager if they had a concern.

Where people received support with taking their medicines, this had been carried out in line with good practice guidance. Staff had training and followed good practice guidance around infection control. People

told us staff wore protective personal equipment.

There was one new staff member who had received an induction and was accessing training to enable them to perform well in their roles. People were encouraged to meet their nutritional and health care needs. The provider worked with external professionals to ensure, when needed, people had access to health and social care services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 22 November 2017 and this is the first inspection.

Why we inspected

This was a planned inspection as the service started supporting people with personal care in January 2021.

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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Get 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 on the first two days of the site visit was carried out by one inspector and on the third day it was two inspectors.

#### 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 inspection was announced.

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 provider/registered manager would be in the office to support the inspection.

Inspection activity started on 19 April 2021 and ended on 5 May 2021. We visited the office location on the 19 and 21 April and the 5 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We received feedback via email from one staff member.

We reviewed a range of records. This included two people's care records and one person's medication records. We looked at one staff member's file in relation to recruitment and staff supervision and viewed a sample of the registered manager's training certificates. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# 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. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's care records included individual risk assessments where people could be at risk. However, some of the risks assessments did not record what needed to be done to minimise the risks, such as moving and handling a person with a relative.
- The risk assessments included environmental safety. People's environment had been assessed and we saw examples of descriptions of the surroundings. Any equipment used and when it was serviced was also documented to help protect the person and staff using the equipment.
- Staff confirmed they visited the same people regularly. The registered manager had a good understanding of people's needs and so this meant they could identify and respond to any changes.

### Using medicines safely

- We saw one person's records noted they needed prompting and support administering their medicines. This could cause confusion for staff as these were two different tasks. The registered manager clarified the person required staff to administer the medicines and said they would update the records to accurately record and guide staff on the level of support the person needed.
- The registered manager ensured people's medicines were administered by trained and competent staff. One member of staff confirmed they had received training and their practice was checked.
- Medicine administration records were correctly signed and the registered manager checked these on an ongoing basis.

### Staffing and recruitment

- The provider followed safe recruitment practices to ensure people were protected against the employment of unsuitable staff. The staff recruitment file we viewed contained the necessary checks and references.
- The registered manager had sought assistance from another care provider when they took over supporting two people. This had been important for continuity of care. However, the registered manager confirmed they had not requested recruitment and training details of these staff from the other care provider and so did not know what checks had been carried out. This practice ended shortly after the inspection and the registered manager confirmed they were in the process of recruiting new staff.

### Learning lessons when things go wrong

- There had been no incidents or accidents since the service started operating in January 2021.
- We found within this domain that improvements could have been made, which the registered manager

had not identified. We discussed this with them so they could understand the benefit of reviewing records and demonstrating lessons learnt.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving the service as they had consistent support. If people or their relatives had concerns, they confirmed they would talk with the registered manager.
- Professionals were happy with how the registered manager supported people. One told us, "It has been clear she [registered manager] is focused on maintaining safety and protection of those under her care."
- There was a safeguarding policy in place and the registered manager was aware of how to report safeguarding concerns to the local authority and the Care Quality Commission.

#### Preventing and controlling infection

- The registered manager had ensured there was sufficient stock of personal protective equipment (PPE).
- Staff were happy with infection control practices and one said, "I have access to all PPE needed to do my tasks in an efficient manner."
- Staff were trained in infection and prevention control and COVID-19.
- People confirmed staff followed safe infection control practices and they had no concerns.



# 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 had been assessed before they started to receive support to ensure their needs and wishes could be met and recorded in their care plans. People confirmed they had met with the registered manager prior to receiving a service. One relative said, "The manager visited us before the package started."
- The initial assessment included people's physical, emotional, communication and health needs. It was clear what tasks people needed help with.
- People, their relatives and external social care professionals were complimentary about the care provided by the registered manager and staff member.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. One relative told us they felt "Confident in them [staff]."
- New staff received an induction and completed ongoing training. The registered manager employed one staff member who had joined recently and they had completed the Care Certificate. The Care Certificate is a set of modules that care workers are encouraged to complete as a good practice.
- They registered manager had identified where they and staff needed to complete specialist training (where people were living with specific health conditions) and informed us they would ensure this was arranged.
- Staff received supervision so they could talk through any issues and look at professional development.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff assisted people with food shopping or meal preparation when people required this support.
- People's nutritional needs were assessed, where relevant and staff recorded the meals and drinks provided to people.
- People were supported to maintain their health and well-being. The registered manager made appropriate referrals to community professionals where she had felt people required extra support.
- The registered manager was clear that people's needs could change due to their diagnosis and responded effectively to these changes. One social care professional commented, "She [registered manager] is pro-active and she takes initiative in her work."

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.

- People's right to make their own decisions was respected, staff were aware of and worked within the MCA. People were clear they could make decisions about how they wanted to be supported.
- The registered manager was knowledgeable about the process of assessing people's mental capacity for specific decisions and the best interests process. They told us they were a best interest assessor and although people had capacity, who currently used the service, the registered manager had an MCA assessment in place for anyone who had fluctuating capacity.

# 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 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 told us staff were kind and caring. One person said, "Staff are thoughtful," and another person commented, "Everything is hunky dory."
- The registered manager and the staff supported people, when other services had stepped away from supporting people. One social care professional commented, "They [staff] are very resilient which was demonstrated during the pandemic as they continued to support service users who had Covid and ensuring they continued to receive the required care."
- People were supported in a way that valued them as individuals and respected their differences and preferences. One person told us, "I was asked about having a male worker and I was happy to have one."

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

- Consideration was given to how people wanted to be supported. People said they could contribute on how they wanted to be supported and could speak up about any queries they had.
- The registered manager had regular contact with people and their relatives. We saw people's views had been gathered during the regular meetings and spot checks held with the registered manager.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent and to consider their mental well-being. One person said, "The care worker is motivating and helps me."
- Care plans detailed what people could do for themselves and how staff should support people to enable them to maintain their independence.

# 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

- People told us they were involved in the development of their care plans and reviews of their care. One relative confirmed, "Care plan is in the home. We both signed to agree to the contents of the care plan." The registered manager said they would ensure that all relevant records were signed in both the person's home and in the office to demonstrate how they always involved the person.
- Staff confirmed they developed good working relationships with people as they saw the same people all the time. One staff member said, "The benefit is you get bond [with the person] which helps to know the needs of the client and makes it easy to notice any changes."
- Professionals were complimentary about the registered manager and staff. One said, "The service has made positive relationships with service users and they are responsive to their needs." They further added, "Reviewed assessments and care plans are person centred and tailored to meet individual needs of the service users."

Improving care quality in response to complaints or concerns

- Although people and their relatives told us they had not been given a copy of the provider's complaints policy and procedure, (the registered manager confirmed during the inspection process that they had now given this to people), people and relatives were clear they would talk with the registered manager if they had any issues. One person said, "If I was unhappy I would tell the manager."
- The registered manager confirmed they had not received any complaints but stated there were systems in place to manage them.

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.

- Care plans detailed people's communication needs and how those needs should be met.
- The registered manager confirmed should a person require information in another format or language then this could be provided to them.

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

- The registered manager recognised the importance of supporting people to maintain relationships that were valuable to them.

- The registered manager described how people were supported to access community places and to exercise by walking to places in the community. This had been an achievement for some people, who had previously not left their homes without support.

#### End of life care and support

- No people were receiving end of life support at the time of our inspection.
- Where required, the registered manager confirmed they would work closely with other professionals to ensure people had a dignified and pain free death.

# 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 requires improvement. This meant the service management and the implementation of checks did not always support the delivery of high-quality care.

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

- The registered manager had implemented some quality monitoring systems which were effective in monitoring the service. However it was difficult to identify how and where changes and improvements had been made as these were not recorded in some of the records we viewed.
- There were various examples throughout the inspection process where we recognised the registered manager was open and willing to learn but had not considered some aspects of the running of the service until we pointed these out to them. For example, details on ways to minimise the risk occurring to a person when they were being mobilised had not been clearly recorded. Following on from the inspection the registered manager confirmed, via email, that they had updated the documentation.
- The registered manager had used and adapted some of their policies and procedures from other sources. We viewed a sample and found some needed to be amended. For example, the medicine policy and procedure had inaccurate information in it, referring to professionals not relevant to the service and noting the previous regulator. This was amended by the registered manager during the inspection process so that staff had accurate information when supporting people to receive their medicines.
- We saw spot checks had been carried out on staff, but where it was noted they were not wearing ID badges, there was no record to demonstrate the action the registered manager had taken. The registered manager told us they had purchased an ID machine so they would be issuing these.
- The registered manager had recorded where some improvements needed to be made on people's daily notes, which was positive to see. However, there was no record of action the registered manager then took, such as reminding staff on what to record every time they visited a person.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager used different ways to gain feedback on the service. They visited people, spoke on the telephone and asked people to complete satisfaction surveys so they could see comments about the service. One person confirmed, "Manager checks I continue to be happy with the care I receive."
- A staff member said there were no concerns working for the provider and that the communication was fine. Staff could give their views about the service during spot checks and supervision meetings.
- The registered manager was keen to form positive relationships with people using the service, their relatives, staff and those commissioning the service.

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 was aware of their responsibilities in relation to duty of candour and people and their relatives were happy with the ease of communication. One relative said, "The manager is good at communicating with me on a regular basis."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to report notifiable events through submitting a notification form appropriately to CQC.

Working in partnership with others

- The registered manager was working closely with the local authority and other professionals who supported people using the service. One social care professional told us, "She [registered manager] is approachable and always ready to listen and act on tasks as required."
- The registered manager was a member of the Oxfordshire Association of Care Providers which enabled them to keep up to date with good practice.