

Greatcare Home Health Care Services Ltd

# Great Care Home Health Care Services Limited

## Inspection report

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Date of inspection visit:  
22 February 2016

Date of publication:  
19 April 2016

## 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

Our inspection was announced and took place on 22 February 2016. This was our first inspection of this service.

The provider is registered to provide personal care to adults. Care was provided to people who had a range of needs relating to old age, physical disability and dementia. People who used the service received their support and care in their own homes in the community. At the time of our inspection 15 people received personal care and support.

The manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems did not always confirm that people were given their medicine as they had been prescribed by their doctor.

Staff worked in a way that prevented people from being at risk of accident and injury.

People and their relatives felt that there were enough staff available to meet their [or their family members] individual needs.

Staff felt that the induction training they received the support they had on a day to day basis and the supervision sessions offered ensured they did their job safely and in the way that people preferred.

Some required training had not been offered to staff but the provider was in the process of addressing this.

The provider and registered manager understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They knew that regarding personal care services any DoLS referral would have to be made to and approved by the court of protection.

Staff supported people to have the diet and fluids that they liked to prevent ill health.

People were enabled to make decisions about their care and they and their families were involved in how their care was planned and delivered.

Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs.

Complaints processes were in place for people and their relatives to access if they were dissatisfied with any

aspect of the service provision.

People told us that they felt that the quality of service was good. This was also the view of relatives and staff we spoke with.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Medicines were not consistently managed robustly. There was a lack of evidence to confirm that people had been supported to take all their medicines as they had been prescribed by their doctor.

People who used the service felt safe and secure.

People and relatives felt that risks to people's safety were well managed.

### Is the service effective?

**Good** ●

The service was effective.

Staff had not received all of the training that was required but the provider was taken action to address this.

People felt that they received effective care and support in the way that they preferred.

Staff felt that induction processes were good and that they were well guided and supported.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives confirmed that the staff were kind and helpful.

People's dignity and privacy was promoted and maintained.

People's independence regarding daily life skills was encouraged.

### Is the service responsive?

**Good** ●

The service was responsive.

People's needs were assessed and their care plans were produced and updated with their and their family involvement.

People felt that staff were responsive to their preferences regarding daily wishes and needs.

Complaints procedures were in place for people and their relatives to access if they had a need to.

**Is the service well-led?**

**Good** ●

The service was well-led.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

People and staff told us that the management of the service was open and inclusive.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

Our inspection was announced and took place on 22 February 2016. It was carried out by one inspector. '48 hours' notice of the inspection was given because we needed to ensure that the provider would be available to answer any questions we had or provide the information that we needed.

We asked the local authority for their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We had not received any notifications from the provider and they confirmed that there had not been a need to send any. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We visited and spoke with one person in their home and spoke with another two people who used the service and one relative. We spoke with four care staff, the registered manager, and the provider. We looked at two people's care records and medicine records, three staff member's recruitment records and the staff training records. We looked at systems in place to monitor the quality and management of the service.

# Is the service safe?

## Our findings

A person told us, "The staff give me my tablets properly. I know what I should have. They give me them at the right times". The registered manager and staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and prompt medicine. This was confirmed by records we looked at.

The Medicine Administration Records (MAR) that we looked at did not give a precise account of the medicine staff had given to people or prompted them to take. For example, two MAR that we looked at did not give the name of the medicine or quantity given. They only specified 'Blister pack' (This refers to the box that the medicine was stored in). The provider confirmed that they did not itemise on people's MAR the medicines contained in blister packs. This highlighted that those MAR did not evidence the actual medicines that people were being given/or prompted to take.

We found that body maps for applying topical preparations were not being used and the provider confirmed this. Body maps would highlight to staff exactly where creams should be applied to avoid any errors.

The provider used their own medicine record template to record medicines that people needed to be prompted to take. However, we saw that they had been hand written by staff. The handwritten MAR had not been checked or signed by two staff. This meant that there was no checking process to ensure that what had been written was correct to prevent any potential errors.

A person said, "I need two staff and two staff always come to me". A relative said, "There seem to be the right amount of staff for them to have their care at the right time". All staff we spoke with told us that in their view there were enough staff to provide the care and support. A staff member said, "There are not many people using the service so it is alright". The provider told us that although they wanted to grow the service they knew that more staff would be needed first. Staff told us that they covered each other during holiday times. This was confirmed by the registered manager. This should ensure that people would be supported at all times by staff who were familiar to them and knew their needs.

A person said, "I feel safe with the staff". A relative we spoke with told us, "They are safe". We saw that risk assessments had been completed regarding falls and moving and handling. Prior to our inspection we had received concerns that staff were not lifting people in a safe way. We looked at this during our inspection and spoke with people and staff about it. A person pointed and said, "That is my new hoist that the staff use. They use it properly unlike the last place I had my care from". A staff member told us, "We move people safely. If a hoist is needed there are always two staff allocated". This was confirmed by other staff we spoke with who also told us that they had received moving and handling and hoist training. We saw that risk assessments had been undertaken regarding people's homes to make sure that the staff could work safely. This included looking at the layout of the property and if any clutter was in the way that could prevent staff from caring for people safely.

A person who used the service told us, "Not this service. I have not had anything like that" [abuse]. A relative

said, "No abuse". Other people and their relatives who we spoke with told us that there were no concerns about poor treatment, abuse or neglect. Staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. A staff member said, "Any abuse or concerns we [the staff] would report it".

A staff member told us, "All checks were done for me before I started work". Records that we looked at confirmed that before staff started to work checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. This would ensure that the provider had the required information to enable them to make a judgement on potential new staff's suitability to prevent any risk of harm to people.



## Is the service effective?

### Our findings

People who used the service and their relatives we spoke with told us that the service provided was effective. A person said, "I think it is good. Much better than the last one [their previous care provider] who were no good". Another person told us, "I am happy". A relative said, "The service is alright". A staff member said, "I think the people are cared for well".

A staff member said, "I had worked in the same job for someone else before so I knew what to do. I did spend time in the office during my induction to look at this organisations policies and procedures". Other new staff we spoke with also told us that they had done the same job previously with other providers so what they had to do was not new to them. The provider and registered manager told us and showed us documents to demonstrate that they had sourced an external trainer to deliver the new Care Certificate training and that they were enrolling some existing staff onto this. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member told us, "I think we are supported. Well I feel supported anyway". Another staff member told us, "We are supported during the day time, evenings, and weekends if we need help or advice we ring the manager or owner. They always answer my call". Other staff we spoke with told us that they too felt supported and received supervision sessions and support.

A person who used the service said, "The staff know what they should do for me". A staff member told us, "I have had the training I need but some may need to be updated soon I think". Records that we looked at highlighted that although staff had received some training they had not had any relating to diabetes or first aid training. However, staff we asked gave us a good account of how they would deal with health emergencies and the registered manager told us that they were securing this training.

A person who used the service told us, "The staff always turn up to provide my care". Other people we spoke with also told us that staff always turned up to do their care call". A person who used the service told us, "The staff come to me on time". Another person said, "Sometimes the staff are a bit late". The majority of people who used the service told us that their care calls were at the time that had been agreed. People and their relatives told us that staff did what they should during the care calls and stayed the agreed length of time to provide the care and support that people needed.

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. The application procedures where personal care is being provided must be made to the Court of Protection. The provider had knowledge of the principles of the MCA.

A person who used the service said, "I tell the staff how I want things done and they do it". A person who used the service told us, "The staff always ask me before they do anything". Other people who used the service also assured us that the staff always asked for their consent before starting care or support tasks. Training records that we looked at did not confirm that staff had all received MCA and DoLS training. Some staff we asked were not aware of MCA and DoLS. We discussed this with the registered manager who told us that training was being arranged. However, staff we spoke with knew that they should not restrict people and that they must ensure that people consented to the care and support offered before they started any task. A staff member said, "People are allowed to refuse care. We always ask them before we do anything".

A number of people and their families accessed health care support independently. Other people needed support from staff. A person who used the service told us, "I would ask my family to get a doctor. However, I know if I ask the staff they would ring for me too". A relative said, "The staff are quite good making sure that they [their family member] get medical support. Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This ensured that the people who used the service received the health care support and checks that they required.

A person told us, "My food is always ready and the staff just warms it up". Another person said, "The staff ask me what I want to eat and drink". A staff member said, "I know that it is important that people eat and drink enough". Another staff member said, "I give people choices. I look in the fridge and cupboards and see what is there then ask people what they would like to eat and drink". When we went to visit a person in their own home the registered manager accompanied us. We heard them asking the person if they would like a drink and provided it for them. Records that we looked at confirmed what food and drink staff had supported them with. This showed that during care calls staff ascertained the food and drink people wanted and provided this to them.

## Is the service caring?

### Our findings

A person who used the service told us, "The staff are kind". A relative said, "The staff are really kind". We observed a staff member interacting with a person who used the service and found that it was positive. The staff member greeted the person in a friendly polite way and asked how they were. We saw that the staff member took time to listen to what the person said. We saw that the person looked comfortable and were smiling when talking with the staff member. Records that we looked at read, "Sat and had a chat". This showed that staff knew the importance of giving people special quality time and treating them in a caring way.

When we were in the office we heard the registered manager speaking with people over the telephone. They were polite, friendly and helpful. We heard that they repeated what they said if people did not understand and gave people the time to give a response.

A person said, "The staff are quite polite". A relative told us, "They [the staff] are always polite". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of covering people up with towels when supporting them with their personal care, ensuring that curtains were closed and knocking bathroom doors before entering.

A person said, "I cannot do much for myself but the staff do encourage me to do what I can and that is right". A staff member told us, "We encourage people by prompting and offering support to do things for themselves. It may only be a little thing but it helps them feel good". This highlighted that staff knew it was important that people's independence was maintained.

## Is the service responsive?

### Our findings

A person said, "The staff asked me a lot of questions to make sure they did things right".

Records we saw and the registered manager both confirmed that an assessment of need was carried out for all people before they offered them a service. We saw that care plans had been provided by the funding authority that highlighted people's needs and how they should be met. These processes enabled the provider and the person to find out if the person's needs could be met in the way they required.

People and relatives we spoke with told us that staff consulted them about their care, support and preferred routines. A person told us, "They [the staff] talk to me about my support needs". Another person said, "When the staff come they talk to me about my care for that day". This showed that staff knew the importance of regularly asking people how they preferred to be cared for. Records that we looked at and staff we spoke with confirmed that reassessment of people's needs and care plan updates were undertaken regularly. The registered manager told us, "We do try and make sure that records are updated to make sure that the staff know what they need to do".

A person told us, "They [staff] come and ask me if things are alright". People and relatives confirmed that the registered manager visited them to ask their views and to see if they were happy with the service provided. This was confirmed by the provider. A senior care worker told us that 'spot checks' were undertaken regularly and that records were made of these checks. We found that where issues were identified from the spot checks then they were raised with staff. For example, on one spot check it was identified that a staff member was not wearing the correct uniform. This meant that the provider had systems in place for people and their relatives to make their views known about the support and the service they received and for management to make sure that the staff were working as they should.

People told us that they were aware of the process. One person said, "I would ring the office if I had a complaint". A relative said, "I have not raised a complaint as such but raised some small issues before and they were dealt with. Things are better now". We saw that a complaints procedure was in place and that a complaint had been made. Records highlighted that the registered manager had visited the person who complained to discuss the issues, said sorry and give assurance that the situation would not reoccur.

We found that the provider had responded to people's particular situations. A person told us that they sometimes asked for a change of care call time and that this was arranged. The registered manager said, "We always try to be flexible. If people have appointments we change the care call time to fit in with this". We heard that a person had rang the provider to say that they were having a panic attack. We saw that the provider went and checked on them to make sure that they were alright. This showed that the provider had been responsive to that person's personal situation.

## Is the service well-led?

### Our findings

A person told us that the service was well-led. The provider had a leadership structure that staff understood. There was a registered manager in post as is required by law who was supported by a team leader and a senior care staff member. We found that a positive culture was promoted within the service that was transparent and inclusive.

People and the relatives we spoke with knew who the registered manager was. A person said, "The manager is really lovely. I love her". We saw that the person we visited in their own home recognised and knew the registered manager well. We saw that they engaged with each other and spoke. We saw that the person was relaxed and comfortable in the presence of the registered manager. When we were in the office we heard the registered manager speaking with people over the telephone. We could hear what the person was saying on the other end of the telephone. Their response was that they were happy that the registered manager had telephoned them and obviously knew who they were.

A staff member told us, "This company is better than the last one I worked for". Staff we spoke with told us that they were supported and felt able to approach the registered manager and knew that they would be listened to. Staff told us and records confirmed that regular staff meetings took place. A staff member said, "The staff meetings are good as it is a way for all staff to get together and hear about things at the same time".

We found that processes were in place to monitor the quality of the service. These included speaking to people and 'spot checks'. However, we found that some improvements were needed in relation to record keeping. Some records read, 'Was given a body wash' and 'washed and dressed cream applied'. Since our inspection the provider has told us that they had started to train staff on how to write records to confirm that care is delivered in a personalised way. We have not returned to the service since so have not had the opportunity to see this improvement.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "I would report anything I saw that I was concerned about". Another staff said, "I would whistle blow if I had a need" This showed that if concerns or bad practice occurred staff knew they should report to the registered manager to protect people who used the service.