

Guardian Homecare UK Ltd

# Guardian Homecare (Blackburn)

## 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:

Guardian Homecare (Blackburn) is a domiciliary care agency. At the time of the inspection there were 360 people in receipt of care and support in their own homes, 22 of which were supported in extra care housing.

People's experience of using this service:

People told us they felt safe. Staff knew their responsibilities in relation to safeguarding and how to report any concerns and policies and procedures supported them in their roles. Risks to people's health and wellbeing had been assessed and regular reviews were undertaken to keep people safe. Robust recruitment systems and processes were followed when recruiting new staff members.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the systems, policies and procedures supported this practice. Where appropriate, people's consent was recorded.

All the people we spoke with felt staff had the appropriate knowledge and skills to support them. We saw staff had access to mandatory and optional training courses. Staff were also supported through regular supervisions and appraisals. People and their relatives told us staff were kind and caring. Staff had access to equality and diversity policies and procedures.

Care records confirmed people's choices, preferences and likes and dislikes had been considered and they had been involved in the development of care plans. Care plans were subjected to reviews and were updated if people's needs changed. Complaints were managed in line with policies and procedures. We received mixed responses in relation to people knowing who would be attending to support them. Some people had regular staff, whilst others did not know who would be attending. Technology was used effectively. We have made a recommendation about end of life care.

The service was run by a registered manager who had effective oversight of the service. Staff told us they felt supported in their roles. Regular meetings and surveys were used as a means of gaining feedback on the service. Quality monitoring visits, audits and senior management visits all contributed to the effective running of the service.

Rating at last inspection:

This was the first rated inspection since the service registered on 23 May 2018.

Why we inspected:

This was a planned inspection.

Follow up:

We will plan a follow up inspection as per our inspection programme. We will continue to monitor the

service and if we receive any concerning information we may bring the inspection forward.

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

## 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.

# Guardian Homecare (Blackburn)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried by one adult social care inspector. People who used the service were contacted via telephone by an Expert by Experience and CQC support services to understand their experience of using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provided personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults, people living with dementia, learning disabilities, mental health and people who misuse drugs and alcohol. Not everyone using Guardian Homecare received a 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.

The service also provided care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support. People using the extra care housing lived in their own flats or bedsits in one building in Clitheroe and Longridge.

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 visit because it is a very large service and the manager needed time to make arrangements for us to speak to people using the service, their relatives and staff.

Inspection site visit activity started on 7 May 2019 and ended on 8 May 2019. We visited the office location on 7 and 8 May 2019 to see the manager and office staff; and to review care records and policies and procedures. Phone calls to people who used the service and their relatives were made on 7, 10, 13, 14 and 15 May 2019.

#### What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities, Healthwatch, safeguarding and clinical commissioning groups. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also checked records held by Companies House.

We asked the service to complete a Provider Information Return. 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.

During inspection we spoke with 31 people who used the service and 11 relatives to ask about their experience of the care provided. We also spoke with the registered manager, deputy manager, one field care supervisor (senior carer) and three care staff. We also contacted 10 care staff by email to ask them questions about the service; five responded.

We reviewed a range of records. This included, six people's care records and five staff files around recruitment. We also looked at various records in relation to medication, accidents and incidents, complaints, training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# 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

- People told us they felt safe in their home environment when care staff were in attendance. Comments we received included, "I always feel safe when they are here" and "I feel very safe with them all." A relative we spoke with told us, "I do believe my [family member] is very happy and safe with her carers."
- Staff had completed safeguarding training and knew their responsibilities to report any safeguarding concerns. Safeguarding policies and procedures were in place and staff knew how to access them.
- The registered manager had sent us a notification of any event which had placed people at risk.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and were managed safely. Regular reviews of risk assessments were carried out. Risks within people's home environment had also been considered, including fire safety. Staff had received training in health and safety and moving and handling.
- The registered manager audited accidents and incidents to identify for any themes or trends. Any accident or incident that occurred was notified to the office staff through hand held devices. This meant immediate action could be taken by senior staff.
- The provider had a business contingency plan for unforeseen events such as loss of electricity.

Staffing and recruitment

- Staff told us staffing levels were adequate. Visits were allocated through a computerised system. A person we spoke with told us, "I know all my carers very well and know each day who is coming as they let me know of any staff changes."
- The provider ensured robust recruitment systems and processes were followed by a recruitment team. The registered manager told us, recruitment was constantly ongoing due to the size of the service, new referrals and the amount of staff required.

Using medicines safely

- Medicines were managed safely by suitably trained staff. Staff had access to a detailed medicines policy which directed them in their roles. Field care supervisors regularly checked staff competencies in the administration of medicines. Medicines were regularly audited.
- People felt supported with their medicines. A person we spoke with told us, "They remind me about my medication, as I tend to forget."
- We checked a sample of medicine administration records which had been completed electronically and found they had been completed correctly. The system contained detailed information about each medicine, including 'as required' medicines and enabled senior staff to monitor the administration of these. Any errors or gaps were immediately raised to senior staff.

### Preventing and controlling infection

- Staff had access to relevant policies and procedures and had received training. Staff we spoke with were able to tell us how they prevented the spread of infections. Personal protective equipment was made available to staff, such as gloves and aprons. One person told us, "Staff always arrive in uniform and wear an apron when washing me." A staff member told us, "We even have shoe protectors and some people like us to always wear these when we go in their house."

### Learning lessons when things go wrong

- We saw good evidence of lessons learned. Serious case reviews had been carried out and used as a training resource for staff; to share what had been learned from incidents or near misses. From these reviews, the provider had also developed a variety of pocket guides as reference for staff, such as helping to prevent/manage falls. We saw lessons learned were also discussed in team meetings.



# 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.

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. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

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

- The registered manager told us, no one using the service was subjected to an order from the Court of Protection. Staff we spoke with understood the principles of the MCA and confirmed they had received training on the subject.
- A staff member had been identified as an MCA 'champion'. As part of their role they attended meetings with the local authority to discuss MCA related topics; this information was relayed back to the service to support their compliance with the law.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One person told us, "I make my own decisions, eating, drinking or what I am going to wear."

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

- The registered manager ensured people's needs were effectively assessed prior to a package of support being put in place. The service also worked well with the local authority and external healthcare professionals when assessing and planning care and support for people.
- Staff had access to a range of information and guidance to assist them in supporting people to receive appropriate and timely care. For example, information leaflets when people had specific health conditions such as diabetes or epilepsy.

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

- The service worked in partnership with other agencies, such as occupation therapy, to meet the needs of

people using the service.

- People unanimously told us staff would call a doctor if they were unwell. A person told us, "[Staff member] calls for the doctor or my family if I am not too good." Another person told us, "If I need the doctor or new a prescription; [staff] will make a telephone call for me." And another person said, "When I am not well, she will call the doctor and last time she waited over an hour until he came. She would not leave until he arrived." Care records evidenced advice from health care professionals had been taken into consideration when planning care and support.
- The majority of people told us staff arrived on time and stayed for the required duration. Others told us there were times when staff could be late or not stay the required time but understood this was often due to unexpected circumstances. Some people told us the staff stayed longer than they should if needed.

Staff support: induction, training, skills and experience

- All the people we spoke with told us staff were professional, knowledgeable and knew how to support them.
- Staff completed a thorough induction when commencing employment which included 'shadowing' a more experienced member of staff. The training matrix showed staff undertook training in a variety of topics such as, safeguarding and infection control.
- Staff told us, and records showed, regular supervisions and appraisals were held as well as spot checks.

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

- People were supported with their nutritional needs, where required. Care records we looked at directed staff in the level of support each person required. Records showed staff received training in nutrition. A staff member told us they had received enhanced nutrition training in percutaneous endoscopic gastrostomy (PEG) intake. PEG is a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall when oral intake is not possible or adequate.
- One person told us, "[Staff] makes sure I am OK ensuring I have enough to eat throughout the day until my daughter finishes work."

Adapting service, design, decoration to meet people's needs

- The service was managed from purpose built offices which had training and kitchen facilities as well as adequate office space.

# 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; respecting equality and diversity

- People were well treated by kind and caring staff who met their diverse needs. Comments we received included, "My carers are always happy to help with everything", "No problems as they treat me very well and really care. They explain what they are doing and are very respectful" and "I am happy with the help and work [staff] does for me each day. [Staff member]'s work helping me with my washing and eating is brilliant, they are all nice, carers and managers but she is a very nice person who works hard, like a member of the family and so reliable. No complaints." All the relatives we spoke with gave positive comments about the staff.
- Care records contained detailed information about people's likes and dislikes and how they wanted to be supported. Policies and procedures were developed to support people's diverse needs and those with protected characteristics.
- We received mixed responses in relation to people knowing who would be attending to support them. Some people had regular staff, whilst others did not know who would be attending. Feedback suggested that knowing who would be attending to support them would alleviate concerns.

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

- People were supported to express their views and be involved in decision making. One person told us, "Staff allow me to explain exactly what I need or want." A relative we spoke with told us how staff always ask permission before they do anything. Care records showed people had been involved in the development of them and we saw regular reviews were carried out with the person and, if appropriate, their family members.
- People told us staff communicated well with them. People's communication needs had been considered in care plans. The registered manager told us they could access information in many formats such as braille or large print. However, consideration had not been made to providing care plans in different languages. The registered manager told us they would address this in the future.
- Guidance was available for people about advocacy services. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "They always treat us in a respectful way and we are very happy with them all." A relative we spoke with told us, "We have no complaints as they always treat her with dignity."
- Staff told us they encouraged people to do things for themselves, where possible, to support their independence.
- Confidential information was being stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of

personal information of individuals.

# 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

- The service had an electronic system for the development and reviewing of care plans. Staff had hand held devices in which they accessed all the relevant information about the person they were supporting. This included care plans, risk assessments and tasks to be completed, which required confirmation of completion. Staff told us, if people's needs changed an alert would come through on their handset, that they had time to read people's care plans and the information available to them enabled them to meet people's needs.
- The majority of people we spoke with, and records we looked at confirmed, people had been involved in developing their care plans. They contained detailed information in relation to people's like and dislikes, including how they wanted to be supported. We saw these were regularly reviewed to meet people's changing needs. A care plan summary was placed in people's homes for them to refer to.
- Technology was being used in the service to support the delivery of care. A new system had been installed which meant the service was operating as fully digital. Senior staff and managers told us they were able to work more effectively and efficiently with the new system. Staff also had access to computers for training purposes.

End of life care and support

- Care plans did not include people's end of life wishes. The registered manager told us family members did not always like to discuss this topic. However, it is important that when someone is at the end of their life staff know how best to support the person.
- None of the staff we spoke with had undertaken end of life training. However, end of life pocket guides were given to staff and themed supervision was available.

We recommend the service seeks advice and guidance from a reputable source about end of life care.

Improving care quality in response to complaints or concerns

- The provider had systems and processes to respond to complaints and concerns. None of the people we spoke with had needed to complain but the majority were aware of how to raise any concerns. One person told us, "I have never needed to complain; I think my daughter has a file about how to make a complaint or she would call the office if I had a complaint, but I have never needed to complain."
- The registered manager dealt with complaints or concerns in line with company policies and procedures. All the staff we spoke with told us they would raise any concerns with senior staff members.
- The staff had received many compliments. Comments included, "The staff smile and make me laugh. They help me with reading mail when I struggle. They give good advice and support me", "[Staff member] always goes above and beyond with my dad. He does everything we ask and more. He always ensures the safety of my dad and as a family we really appreciate his extra input", "[Staff member] is very helpful and a life saver."

She has taught me how I can take my medication and advised me on my diabetes. She is good to talk to. She is really nice" and "[Staff member is a breath of fresh air every visit. I like to think she keeps me young. Nothing is too much trouble. Indeed, I am so lucky to have her as my regular carer."

# 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.

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

- The service was run by a registered manager who had effective oversight of the service. There was a clear vision to provide high-quality, safe care and to meet the needs of people using the service. A relative told us, "I would like to recommend this company and their carers. They do a well organised job, they are reliable and friendly, always respectful and professional."
- The registered manager demonstrated sound knowledge of their regulatory obligations. Staff we spoke with were clear of their roles and responsibilities.
- The registered manager used robust quality assurance systems effectively to monitor key aspects of the service. Senior staff carried out regular quality assurance visits to ensure high standards of care were met and maintained.

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

- The registered manager promoted person-centred care within the staff team, to ensure positive outcomes for people. They had an open-door policy and staff told us they were approachable and supportive. A person told us, "I will always need their help and they are reliable and good to me. I cannot thank them and the managers enough for their everyday help for which I am very grateful. Great company."
- People, relatives and staff all gave us positive feedback about the registered manager.
- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness and honesty from staff, for example reporting incidents or complaints.

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

- The majority of people we spoke with did not feel they were asked for feedback on the service. However, we saw the registered manager sought the views of people using the service and their relatives through the use of surveys. Results of surveys were analysed, and action plans developed to drive improvement. Quality assurance visits were also carried out to capture the views of people and their relatives. Staff meetings were held on a regular basis.
- The registered manager told us the service was piloting a new initiative called the 'GEM' awards. The service specifically asked people for feedback about the staff supporting them. The registered manager told us 31 awards had been given out. Feedback from staff on the GEM awards was that they felt appreciated, valued and recognised by the service.

- Corporate policies and procedures were in place. The registered manager told us they were awaiting all policies and procedures to be embedded into the electronic system; in the meantime, staff could ask for specific policies and procedures. Staff confirmed they had access to the necessary policies and procedures.

#### Continuous learning and improving care

- The service had systems and processes to continuously learn and improve. Senior managers conducted branch visits to undertake audits and provide support to the registered manager.
- The registered manager understood the need for continuous learning for themselves and their staff team. We saw evidence of a learning culture within the service. Staff told us if they wanted further learning they could ask for this and they felt it would be agreed.

#### Working in partnership with others

- The service worked in partnership with other health and social care professionals, the local authority, safeguarding teams and multi-disciplinary teams. Relevant and appropriate referrals were made, when required.