

Guild Healthcare Ltd

Guild Healthcare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Guild Care is registered to provide personal care and support to people living in their own homes or in supported living accommodation. At the time of our inspection Guild Care was providing support to 60 people.

People's experience of using this service:

- People told us that care staff were kind and caring in their interactions with them, but sometimes they had lots of different care staff which left some people feeling unsettled.
- Auditing processes needed to be more robust and detailed to enable the service to identify where improvement was needed.
- Further improvements were needed to ensure risk assessments and care plans were accurate and sufficiently detailed. We have made a recommendation about this.
- The principles of the Mental Capacity Act (2005) were adhered to. However, documentation should be made clearer as to decisions that people are still able to make for themselves.
- People were supported to eat and drink enough to maintain a balanced diet. Further information was however required within care plans with reference to people's dietary needs and food preferences.
- There were sufficient staff to cover all visits. Recruitment procedures were in place to ensure staff were suitable for their roles.
- People had access to healthcare professionals when required.
- Staff knew how to care for people and received training in their roles, and support from the registered manager.
- The registered manager and provider was open and transparent and welcomed feedback from us. They

demonstrated a commitment to putting systems in place which would promptly address the issues we found.

- There was a warm and friendly culture at the service. Staff felt supported and valued. The provider was committed to ensuring that a person-centred approach was sustained.

Rating at last inspection: At the last inspection the service was rated Good (Report published September 2016).

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated as Good.

Enforcement: Action we told the provider to take is outlined at the back of the report.

Follow up: We will continue to monitor this service according to our inspection schedule in line with the rating of 'Requires Improvement.'

For more details, please see the full report which is on the CQC website at 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?

The service was not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Guild Healthcare

Detailed findings

Background to this 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: Two inspectors and one expert by experience carried out this inspection. 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: Guild Care is a domiciliary care agency. It provides personal care to people living in their own homes. There were 60 people using the service at the time of our inspection visit. Not everyone using the service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we wanted to be sure the registered manager was available to speak with us.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us of and we sought feedback from the local authority. We assessed the 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 used all this information to plan our inspection.

This was an announced, comprehensive inspection. Inspection activity started on 13 March 2019 when we visited the office premises and ended 14 March 2019. The expert by experience spoke with 14 people who used the service, and six relatives. These calls were carried out on the 13 and 14 March 2019.

Prior to the inspection we spoke with the local authority safeguarding and quality assurance team.

During the inspection we spoke with the registered manager, assistant manager, provider, and three care staff who worked at the service. Following the inspection, we spoke with one social care professional and one health professional.

We looked at seven care records in relation to people who used the service. This included medicines records. We also looked at three staff files as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Our findings

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

Requires improvement: 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 risk assessments included areas such as environmental risks, moving and handling, nutrition, medication, and falls. However, these did not always include sufficient information and instructions for staff to follow to provide safe care. Some information was not accurate.
- Moving and assisting assessments were not always sufficiently detailed so care staff knew how to move people safely. For example, where one person was using a stick or a frame, the guidance didn't explain in which circumstances each would be considered so staff were clear.
- One person at potential risk of choking due to their health condition did not have an associated risks assessment so staff knew how to mitigate the risk and what action to take if they did choke.
- Where people had health conditions such as diabetes, there was limited detail on potential risks, such as high or low blood levels, and how staff might recognise and respond to this. One person chose to eat sugar despite the associated risks. Therefore, suitable guidance needed to be in place to ensure staff were aware of the symptoms of high blood sugar and actions to take.
- Where risks were identified in relation to pressure ulcers, guidance included that carers were to check pressure areas, and but it did not describe where to check on the person's body, or where to record the information to show this had been completed.
- Identified risks were rated as low, medium, and high, but were based upon professional judgement rather than a validated assessment tool. Having these in place would enable the service to ensure consistency within the staff team and that the level of risk was accurately measured in line with good practice guidance.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People told us that their medicines were managed well by staff. One person said, "The carers give me my medication each morning, and this works well. They notice if the tablets are running low, and contact my family, it all seems to work." A relative said, "The carers give [family member] their tablets efficiently, and

professionally, and there had never been a problem with this aspect of [family members] care."

- We did however find some discrepancies in MAR charts and care plans relating to medicines. For example, a number of medicines were listed in one care plan. Upon cross reference with the MAR chart for this person there were discrepancies relating to dosage. The medication had been stopped for a four-week period and when re-started the dosage reduced. This change had not triggered a care plan amendment, and therefore there was not clear guidance for staff.
- Protocols were not in place for PRN (as required) medicines. This is important to ensure they are given consistently and appropriately by staff. The provider told us they were adhering to the Norfolk medicine policy, which states that these may be used where deemed necessary. However, they confirmed these would be implemented promptly where needed.
- Auditing processes had not identified all the discrepancies we found in the MAR's we reviewed, such as missed signatures. Five staff members were auditing the MAR charts. Following the inspection, the registered manager sent us a more detailed medicines audit and informed us that the assistant managers will now be responsible for completing these monthly.
- Minutes from the team meetings held showed that recording errors were being discussed with staff regularly to try and improve practice. Further training was offered to staff who felt they may benefit from this.

Staffing and recruitment

- People told us they felt safe and staff were reliable. One person said, "They've never let me down. They might get held up sometimes, but that's no problem to me." Another said, "They always come, and if there's a problem and they're delayed they'll ring me." A third told us, "I feel safe with them [care staff], they're very helpful."
- There was no specific call monitoring system in place to check if staff had arrived at their visits or if they were running late. The registered manager told us they monitored this via timesheets and daily records. This process was time consuming, but the provider had plans to introduce more effective electronic systems for monitoring visits.
- Staff told us they were mostly able to arrive on time to complete their visits to people. One staff member said, "No issues, I can get to each visit in good time. Whilst another said, "Sometimes a little more time would be good [between visits], sometimes travel time is five to 10 minutes, so sometimes I run late. I use my initiative though and let them [people] know if I'm running late."
- People told us that care staff always arrived as expected, and most could not tell us of any missed calls they had experienced.
- Where we found that visits had been missed, the registered manager had taken appropriate action to address this. Reasons for the missed visits were also logged to identify any recurring themes.
- Suitable recruitment procedures were followed. Records showed that appropriate checks were in place before staff started work.
- The service was actively recruiting to ensure holiday cover was planned for in 2019.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and all staff interviewed had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training.
- The provider had reported, as required, any safeguarding concerns to the local authority and the Care Quality Commission without delay.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons to prevent the spread of

infections.

- Staff received training in infection control and food hygiene.

Learning lessons when things go wrong

- There was a system for recording accidents and incidents which had occurred in the service. This was in relation to staff and people using the service. There were systems in place to learn from accidents and incidents. When a staff member recently sustained an injury, we saw that actions were taken to prevent a recurrence.

- Management were keen to develop and learn from feedback. During the inspection visit we discussed areas for improvement in relation to care documentation with the registered manager and provider. Following the inspection, they sent examples of more in depth care plans and audits they would implement promptly.



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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People told us that staff supported them well to maintain a balanced diet. One person said, "I probably wouldn't bother to eat if it wasn't for them. They give me a choice, and prepare my food well." A relative said, "The carers provide all [family members] meals. [Family member] has never complained about it, I think they do it well, they ask him what he wants first."
- People's care plans contained information on their dietary needs, but in some cases this needed to be more detailed. Some people's food preferences were listed, but in one case we saw that on occasions the person experienced confusion, and there was no nutritional information on their preferences so staff could provide food they knew the person liked.
- Another person's care plan for 'Nutrition outcomes' stated that they were on a diabetic diet, and carers were to prepare tea and breakfast. The person did not always adhere to a diabetic diet and preferred to have lots of sugar. The plan said to alert the GP if staff were concerned about their blood sugars. However, there was not enough detail on how this might affect them, if they understood the associated risks, or action staff should take.
- The registered manager had recognised further improvement was needed in the level of detail relating to food preferences. In a recent meeting they asked that during care plan reviews, information was requested in relation to meal preferences and appetite teasers for those who were not eating well so they could include this information in people's care plans.

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.

- Further improvement was needed where people were living with dementia, so their care plans were clear about what decisions they were still able to make for themselves and instruct staff on how to encourage and

support them to make decisions regarding their daily living activities.

- Staff understood people could make 'unwise' decisions and take risks if they had the mental capacity to do so. However, this was not always documented.
- People told us staff asked their permission before providing care. One person said, "They always ask me first before doing anything". A staff member told us, "Never have an opinion that someone can't make a decision, always ask their permission, it's about their human rights, I always get consent when doing anything."
- Where people lacked capacity, there was information about relatives who could make decisions on their behalf. We found the provider had checked to ensure the relatives were legally appointed to make decisions on people's behalf.

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

- People told us that in the main they felt their health needs were met. One person said, "They [carers] found me on the floor the other day, I wasn't hurt so the two carers helped me up. They have called an ambulance out for me before though, and looked after me well." Another told us, "The one thing I'd like is to have the same [carers] more often as they change them around all the time. They wouldn't always know if my cough was worse, for example."
- Consistency of staff would further enhance people's care so they are able to have a better understanding of their needs and preferences. This helps to deliver care in the way the person wants and respond to any risks or concerns that may arise.
- Health and social care professionals were arranged when needed to support people. This included GP's, district nurses and social workers.

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

- People's needs and choices were assessed before they started receiving care and this enabled them to achieve effective outcomes. People confirmed this. One person said, "They [care staff] help me shower, take good care of my feet, they're very good to me. Another said, "They know how to help me in the shower, they're the best lot I've ever had, they don't take over." A relative told us, 'The carers always seem very polite and kind to my [family member]. At the initial assessment with the agency, [family member] had been impressed that time was taken to ask about their hobbies, favourite holidays, things that they enjoyed doing. I would say they've definitely used those things as conversation starters because [family member] is very quiet. I thought that was very good of them to take such an interest."
- Care records contained information related to people's medical history, personal care, medicines, mobility, nutrition, communication, and cultural and religious needs.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role, which included safeguarding, the MCA, medicines, moving and handling, first aid, and food hygiene. The registered manager confirmed they had also enrolled staff on training for end of life care, dementia and diabetes.
- Staff were expected to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors
- There was an induction process for new staff, which included training, spot checks, and shadowing of experienced staff.
- Staff received supervision and appraisal sessions. One staff member said, "We receive supervisions every three to six months. I have office based supervision planned for tomorrow. We get observed too."

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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

- All of the people we spoke with told us that the care staff were kind and caring when they visited them. One person said, "They're absolutely brilliant, I've got no qualms with any of them. They genuinely care about us I think." Another said, "They're kind, they always ask me how I am every morning, and listen to me."

- Care plan meetings were arranged with people (and their family where appropriate) periodically, or when there were changes to their care.

- During reviews a sheet was completed which included a list of questions such as if people were happy with their care, if they were punctual, and if staff adhered to infection control procedures. Feedback we reviewed was positive.

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

- People were given choice and control as much as possible around their care. The registered manager told us of several occasions when they and staff had gone the extra mile to enable people to attend events, offer emotional support, and visit people outside of their funded care to ensure their needs were met.

- People were supported and encouraged to voice their views. The provider involved people, and their relatives where necessary, in the care planning process. A person said, 'I ring [registered manager] if there's any problem, and they sort it out for me. They're very helpful and flexible. [Registered manager] seems to be very organised, and efficient.'

- Several people told us that they were grateful for the emergency number they had been given, which gave them peace of mind that somebody was always on hand for them. They had confidence that the agency would be able to deal with any emergency they presented with.

Respecting and promoting people's privacy, dignity and independence

- Care plans included guidance for carers on areas of care that people could independently attend to, and how to encourage this. However, this was not consistent across the care plans. People did however tell us that staff encouraged them to do things for themselves where able.

- One person said, "I feel safe with them [carers], they're very helpful. They encourage me to be as

independent as I can, but it's good to have them on hand."

- Staff were mindful of people's privacy and dignity. A relative told us, "They always preserve my [family member's] privacy and dignity when they are washing them in the morning."
- The importance of ensuring confidential information was never shared by staff was discussed in team meetings.

Our findings

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

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

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

- Ten people we spoke with commented on the number of different care staff who visited them. Some accepted this as inevitable, whilst others told us that this did leave them feeling unsettled. One person said, "I never know who's going to come. I would like more regulars who would get to know me." Another said, "They move staff around, there seems to be no pattern at all. I'd like to have the same one more often. You have to keep getting to know new ones, and they you."
- Following the inspection, the provider told us that the registered manager was aware, that in some rural locations, the staffing levels were not optimal due to other providers withdrawing. They told us the registered manager had prioritised enabling as many people, as is safe, to remain in their own homes and that the service had a robust recruitment strategy to provide additional staff to the rural locations affected.
- The National Institute for Health and Care Excellence (NICE) advises that the continuity of care workers helps to promote the delivery of person-centred care. When people know their care workers it can build their confidence and help them to feel safe.
- People we spoke with told us that generally care staff were responsive to their needs, were reliable and reasonably punctual. They understood that timings could not always be exact, but appreciated the fact that the service would contact them if care staff were unavoidably detained with other people.
- The service had developed a re-ablement project which supported people when being discharged from a hospital setting. The service held a store of equipment such as commodes, and a hospital bed. In liaison with healthcare professionals they provided equipment to prevent a delay in people coming home from hospital.
- People's care plans were laid out in a clear, consistent and well organised format. However, information contained within them was often too brief, and did not reflect a person-centred approach.
- 'Outcomes' were described in relation to people's mobility, nutrition, social, and health needs. Information was not always sufficient to demonstrate how the service was supporting people or what people needed support with. For example, one person's health outcome stated, 'To remain in good health'. The person had a health condition which required more detailed information so staff had clear guidance. Another person's mobility outcome stated, 'Two carers needed with equipment', rather than a comprehensive statement regarding what the person preferred the outcome to be. A medication outcome simply listed the medication being taken.

- This meant staff were not always provided with sufficient information on how to provide personalised care.
- Including person centred outcomes in the care plan will enable care staff to deliver effective and responsive care including identifying when additional support may be needed. This will help people to maintain their independence for as long as possible.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people and relatives to raise concerns.
- A complaints log was in place and included details of complaints that had been raised and actions taken to address these.
- People told us they knew how to complain, and were listened to. One person said, "I mainly speak with one of the deputies, they are always very helpful to me if I need something changed. We've had other agencies before, and they've not been as good as Guild Care, they're the best I've used."
- A social care professional told us, "Their documentation is very good where concerns are noted. Care staff write that they have raised any issues with the manager which is good to know."

End of life care and support

- Care plans relating to people's end of life wishes were brief in content. Some just stated that they had a funeral plan. One stated that they wished to, 'Have their needs respected', but there was no further information on what their needs were or what they meant by this. Care plans did not reflect the full scope of people's wishes, such as how people wished to spend their last days. There was no additional information on how staff could provide comfort during these last days
- Care staff were due to complete end of life training in March 2019.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to end of life care planning.



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

Requires improvement: Service management and leadership was inconsistent.

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

- Auditing processes had failed to identify some issues we found with documentation including medicines.
- We found some information held within care plans to be inaccurate or lacking in detail. They did not reflect a person-centred approach.
- Risks relating to health conditions were not always in place so staff had guidance. Further improvements were needed to ensure care plans and risk assessments were accurate and sufficiently detailed.
- The quality and auditing system needed to be developed further so findings could be collated and actions taken to drive improvement. This will help to support positive changes to policy, procedure and practice.

This constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Roles and responsibilities within the management team needed review so they were clearly defined.
- The registered manager and provider were receptive to our feedback and demonstrated a commitment to make the necessary changes to enhance peoples care.
- They told us that review of roles and responsibilities had been reviewed and the assistant managers would be responsible for auditing MAR charts monthly to reduce the number of staff undertaking this task.
- They intended to follow these audits up by conducting a quarterly audit to ensure there were no errors. A new and more detailed audit was produced.
- Following the inspection visit, the registered manager also sent an updated care plan which contained much more detailed information relating to health conditions and action staff should take.

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

- People told us they knew who the registered manager was. One person said, "I would recommend them. I've met [registered manager] a few times, she's quite approachable, and seems to run things very well. Staff seem happy working for her, I've never known them to moan about things." Another said, "I ring [registered manager] if there's any problem, and they sort it out for me. They're very helpful and flexible. [Registered manager] seems to be very organised, and efficient."
- Feedback from family members and people using the service was regularly sought and used to drive improvements.
- Staff spoke highly of the organisation and felt supported. One staff member said, "They are a good company to work for, all of them are approachable. We [care staff] get birthday presents and Easter eggs from [provider]."
- The registered provider and manager were committed to ensuring that the culture of the service continued to be a caring one and that any areas for improvement would be addressed promptly.

Continuous learning and improving care

- There was an in-house training programme incorporating the Care Certificate that was completed within 12 weeks of staff employment. Within the initial 12 week Induction period, staff were monitored and reviewed monthly.
- There was an in-house trainer who devised training to meet staff needs. Training was delivered on a one to one basis with staff who had been identified as requiring additional training to enable them to fulfil their role. Staff also received observation through spot checks.
- The provider was in the process of implementing a new rostering system that will improve efficiency and monitoring. This will be in real time rather than the existing paper based system which requires continuous auditing manually. The provider told us this would also enable more effective communications to both staff and people.
- Policies were being reviewed and updated at the time of our inspection to ensure they were relevant and up to date.
- The provider had sourced an external auditor to review internal processes and ensure they were meeting regulatory requirements. Following the inspection, they told us they would consider a further review by them if required.
- There was an out of hours service when the main office was closed. Anything that occurred out of hours was communicated back to the manager on the next working day.

Working in partnership with others

- The registered manager told us about the positive relationships they maintained with other professionals. This included those who commissioned the service and other professionals involved in people's care. One social care professional told us, "I am very impressed with [registered manager]. There were some issues with one package of care, but once [registered manager] and I spoke, we were able to overcome any issues. [Registered manager] took on board all of my recommendations."

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Some risk assessments did not contain relevant guidance for staff in how to mitigate risks.</p> <p>12 (2) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes did not always identify areas where quality and/or safety were being compromised.</p> <p>17 (1) (2) (a)</p>