

Gemcare South West Limited

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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

Gemcare South West Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older and younger adults within Plymouth.

At the time of the inspection the agency supported people with physical disabilities, sensory impairments, mental health needs, and people living with dementia. The service also provided care and support to people who were at the end of their life.

In September 2019, the provider worked in close partnership with Plymouth City Council when a large provider within Plymouth had not been able to continue their domiciliary care service. The action of the provider meant people affected continued to receive a service and staff remained in employment. The recent acquisition increased the size of the agency from providing care and support to 481 people to 900 people. In addition, the provider acquired seven supported housing units.

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. At the time of the inspection the agency supported 900 people with personal care.

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

People told us staff were kind and caring, respected their privacy and dignity and promoted their independence. However, a significant amount of people we heard from were dissatisfied with staff arriving late, rota administration, inconsistency of staffing and communication with office staff. People who needed time critical visits, experienced delays.

Risks associated with people's care continued to not always be detailed in their care plans, which meant staff may not always know how to support them safely and with continuity. Despite records not being in place, staff told us they felt they had enough information to meet people's needs, and we found no evidence that people had come to harm.

People told us they felt safe when staff entered their homes. Staff were knowledgeable about what action to take if they suspected someone was being abused, mistreated or neglected.

Staff were recruited safely; a new human resources manager had been employed. Staff received the required training to ensure they could meet people's individual needs.

There were systems in place to obtain feedback from people and their families about the quality of care and support they were receiving. However, whilst people's views were respected and used to help improve the service, changes were not always sustained.

People had their needs fully assessed when they started to use the service, so a care plan could be created. Overall, people's care plans were reviewed with them, but they did not always contain essential information, and were not always personalised to how people wanted their care and support to be delivered.

Overall, people received their medicines safely, and now had records in place. However, some records relating to the application of topical medicines (creams and lotions) were not always in place and some people did not get their time specific medicines on time, due to experiencing late visits.

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.

People told us the service was well managed. New governance systems had been introduced to help highlight when improvements were required, however whilst some improvements had been made, systems were still not fully effective in highlighting where improvements were required.

We found one continued breach of the Health and Social Care Act 2008 (Regulated Activities 2014) and have made some recommendations.

We recommended that people's care plans are personalised to ensure they reflect how a person wants and prefers their care and support to be delivered.

During the inspection, the registered manager provided a comprehensive action plan outlining how improvements would be made. It detailed how new training modules and record templates would be created for key areas such as the completion of care plans and risk assessments. In addition, action was being taken to improve complaint management, communication, and improvements to the control and monitoring of staffing consistency and visit times. The registered manager and Directors told us they were fully committed to making improvements and wanted to get it right for people.

More information is in Detailed Findings below.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Please see the action we have told the provider to take at the end of the report.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 24 December 2018), and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, whilst we found some improvements had been made, further action was still required.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. In addition, we will request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

We will work alongside the provider and local authority to monitor progress. We will 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 

Gemcare South West Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

Due to the large size of the service, the inspection team consisted of one inspector, two assistant inspectors, and four experts by experience. An expert by experience is a person who has personal experience of using services or cares for someone who is older. A registration inspector was also in attendance as part of their induction and development.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements.

The service also provided care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 three weeks' notice of the inspection. This was due to the size of the service and because we needed people and staff to be fully informed an inspection was taking place, and for the registered manager to arrange phone calls and home visits to people who used the service. We also wanted to ensure the registered manager and/or provider would be in the office to support the inspection.

Inspection site visit activity started on 03 December 2019 and ended on 18 December 2019.

What we did before the inspection

We looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from stakeholders for example the local authority and members of the public.

We also contacted Plymouth City Council adult social care commissioning team, the Clinical Commissioning Group (CCG), and Healthwatch Plymouth for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

In addition, 900 people and 400 staff were sent notice of our inspection, asking them to contact our National Customer Service Centre (NCSC) to share their views and experience of the agency. We received 14 calls from people/and or their relatives and one call from a member of staff.

We used all of this information and people's feedback to plan our inspection.

During the inspection

We contacted and spoke by telephone with 60 people and/or their relatives who used the service. We also visited 11 people, including one specialist housing unit.

In addition, we spoke with 16 members of care staff, a receptionist, a deputy manager, the compliance manager, the human resources manager, the registered manager, and three Directors. One of the Directors was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting local authority social care professional.

We looked at five staff recruitment files, 11 care plans for people who used the service, 11 medicine records, policies and procedures, complaints, compliments, incident records, action plans, auditing and monitoring checks and internal survey results.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection, whilst some improvements have been made, this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection in 2018, we asked the provider to ensure all risks to the health and safety of people were assessed.
- Overall, risk assessments were now in place to help mitigate risks associated with people's health needs. However, out of the 11 care plans we looked at, five care plans did not contain required risk assessments in respect of urinary tract infections, constipation, and behavioural needs. The registered manager recognised these should have been in place and took immediate action to update people's records during our inspection, and a full review of care records across the organisation would be undertaken. Despite records not being in place, staff told us they felt they had enough information to meet people's needs, and we found no evidence that people had come to harm.
- Staff told us their rotas were managed effectively, but some staff felt they did not have adequate traveling time, with five minutes in between some visits. The registered manager and provider explained that a review of staff 'zones' was being undertaken to help ensure staff had visits in one locality with suitable travel time.

Peoples' records were not always an accurate, complete, contemporaneous record in respect of the care provided. Whilst we did not find people had come to harm, not having records in place placed people at risk of harm. The provider's governance system did not ensure that people's experience of staffing continuity, rotas and visit times were effectively captured. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection, the registered manager provided a comprehensive action plan outlining how improvements would be made regarding record keeping, further details can be found in the well-led key question.
- People had environmental risk assessments to help protect them, and staff from any hazards such as pets or trip hazards.
- To promote fire safety, the Devon and Somerset fire service had trained staff about how to identify people at increased risk of fire in their own homes. Where fire risks were identified, with people's consent, staff arranged for their local fire safety officer to undertake a visit.
- Staff wore a uniform and had an identification badge, so people knew who they were on arrival.
- Staff were aware of the lone working policy and were issued with equipment, such as torches and personal alarms. In response to staff feedback, the providers lone working policy had recently been reviewed.

Staffing and recruitment

- At our last inspection in 2018 we asked that action was taken to ensure staff were recruited safely.
- The provider had appointed a new human resources manager to oversee all recruitment and training as they had recognised that due to the increasing size of the agency, more oversight and monitoring was required. The human resources manager told us, "We have already done a lot to make improvements".
- The provider had a recruitment policy; and records showed staff were now recruited safely.
- In the event of adverse weather or significant staff sickness, the provider had an emergency staffing contingency plan which helped ensure people still received support in such circumstances.
- At our last inspection in 2018, people gave mixed feedback about the consistency of staff that visited them. We found at this inspection people continued to experience this. Comments included, "I don't have the same ones and I would like that", "I do prefer it if I have the same girls because you get used to them and you understand them, and they understand you". And, "I have had problems with the consistency of staff for the whole three years". One person told us, "There are always different staff members that turn up. My wife finds it more of a hindrance than a help, as they are constantly having to show the different staff members where everything is".
- Most people told us staff did not always turn up on time and/or their rotas were not always accurate in line with who arrived to support them. Comments included, "I get a rota, but they don't always come at the time on the rota because they have different times on their rotas", "They are rarely on time", "You can't rely on the rota. Strangers turn up, times are changed, I am not notified", and "I try to stipulate the times to them, but it often goes wrong". And, "The rota is not worth the paper it is written on". One person described the rota administration and communication as a "Shambles".
- Some people told us, staff did not always stay for their allocated time. One person told us, "Some of the care workers will rush me. I am slow on my feet, but they want to come in and get out quick".
- The registered manager and provider told us they fully recognised that ongoing improvement was needed, expressing they were working closely with office staff to emphasise the importance of keeping people informed of changes affecting their care and support. During our inspection, a new communications role was initiated and implemented to help improve people's experience, by helping them to have one point of contact.
- However, despite people telling us this, the providers internal 2019 quality survey showed there had been an improvement in peoples experience of visit times, with 70% of people expressing they were satisfied with their visit times, which was up from 68% in 2018.

Using medicines safely

- At our last inspection in 2018 we recommended the provider sought advice from a reputable source regarding the safe management of medicines, because records were not always in place or accurate.
- Staff training relating to medicines had been adapted to ensure staff were more confident in the administration of medicines and understood their responsibility regarding the completion of records. Ongoing competency assessments had also been introduced. The registered manager told us, "She (the trainer) has given the carers more confidence in administration, and she spends more time with staff who are less confident".
- New medicines audits had been implemented to ensure the safe management of medicines and to help identify where improvements were required.
- Overall people had care plans in place which detailed how they would prefer their medicines to be managed. However, two people told us they were prescribed topical medicines (creams and lotions), however their care plans did not detail the action required of staff to support them. This meant, they may not always get consistent support. The registered manager took immediate action at the time of our inspection to rectify this.
- Overall people told us they received support with their medicines and received them on time, commenting "There have been no issues at all", and "They support me with my medicines. Yes, it's at the

right time". However, two people who were prescribed medicines for diabetes and epilepsy, told us due to staff arriving late it meant on occasions they had received their medicines at the incorrect time. Two relatives told us staff did not always ensure their loved one took their medicines, for example leaving it in a pot on the side. One of these people lived with a visual impairment so found it difficult to locate their medicines to take.

Medicines records were not always an accurate reflection of how their needs should be met. People who required time specific medicines did not always receive their visits on time, which meant they did not take their medicines as prescribed. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff entered their homes, commenting "Oh yes, I feel perfectly safe" and, "Of course I am safe, the care workers are wonderful and kind to me. I look forward to seeing them". A relative told us, "Yes my relative is relatively fine and happy with which care workers have come...no issues with the safety aspect".
- The provider's safeguarding processes protected people from abuse. All staff, including the management team had a good understanding about what action they should take if they were concerned someone was being abused, mistreated or neglected.

Preventing and controlling infection

- Staff received infection control training, and we observed staff wore personal protective equipment (PPE), gloves and aprons appropriately.
- Unannounced staff monitoring checks gave the registered manager an opportunity to assess ongoing staffing competence regarding infection control prevention.

Learning lessons when things go wrong

- There was an open and transparent culture within the service, with the registered manager and provider telling us how they reflected when things did not go well, to help change practice and to improve the ongoing safety and quality of the service.
- Whilst some improvements had been made in this key question since the last inspection, there was recognition from the provider that further improvements relating to documentation and people's experiences were still needed. The provider had already been pro-active in changing the management structure at the service, to help enable this to happen.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection in 2018 we asked that action was taken to ensure all staff received training to meet people's individual needs.
- The providers centralised training records now showed staff had received training in areas relevant to people's individual needs. One member of staff told us, "There is lots of training, I feel I can meet people's needs, and if you ever feel unsure, you only need to ask".
- One of the providers organisational values was based on 'competence'. The Directors told us, "We want to be able to sleep at night, to know people are being looked after carefully". New systems had been put into place by the new human resources manager to ensure staff were not able to support people, if they had not undertaken all of the required training.
- Overall people told us they felt staff were well trained, commenting "I think they are all very well trained. I have no concerns at all" and "My care workers are very skilled and highly competent". However, some people felt staff needed more training in dementia care, and with some household tasks, such as cooking and making beds, with one person telling us "A new one might ask me how to cook frozen peas". The registered manager and Directors told us action was already underway to help address improvements. For example, they were in the process of creating a basic food preparation guide for staff, and the content of the dementia training had been changed as they had recognised it was not fully relevant to staff's day to day practice.
- New staff received an induction to the organisation and told us it equipped them to carry out their role with confidence. The care certificate (a national health and social care induction) had been incorporated into the providers own bespoke induction entitled the 'Gemcare way'.
- Staff received supervision of their practice to ensure training was put into practice, and ongoing competency was assessed. Staff told us they received good support.

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

- People received an assessment of their needs prior to using the service. Assessments were used to create individual care plans so staff would know how people wanted and wished their care to be delivered.
- Staff applied their learning to help promote good outcomes for people.
- The provider had considered the Commissions recent publication about oral health care: 'Smiling Matters' and as a result, had included people's oral health within their care plans.
- The provider worked in collaboration with Plymouth City Council in being the only agency to provide the 'carers emergency response service' (CERS). The aim of the service was to provide specialist short term emergency home based cover (up to 72 hours) to people who are looked after at home by an unpaid carer.

In cases when a carer had an emergency and could no longer provide care. Feedback from one person who had used the service included: "Excellent service from initial point of contact... I would happily recommend your company".

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

- People told us staff helped them prepare their meals as required and offered choices. A relative had written a thank you card, it read: "A big thank you for all the work they are doing with (Person's name) helping her eat and drink...she is feeling better".
- People with specialist nutritional requirements, such as a percutaneous endoscopic gastrostomy (PEGs) in situ, had care plans so staff knew how to support them effectively and safely.
- People had care plans in place relating to their nutrition, however the content was not always detailed or personalised. For example, one person's care plans stated, "Please offer assistance to make breakfast and encourage me to have something to eat".
- The electronic care planning system informed the provider if a person had not been supported by staff with their nutrition and hydration, enabling immediate action to be taken.

We recommend the provider ensures people's nutritional likes, dislikes and preferences are recorded so they can be known to all staff.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Records detailed that advice given was followed and implemented by staff.

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

- The registered manager had introduced a new health and wellbeing champion to the service. Their role was to disseminate relevant information to the staff team, to help promote people's health and wellbeing.
- Work had recently been undertaken to ensure all staff received their flu vaccination.
- People's care plans detailed if they wanted to be supported to keep healthy.
- Staff encouraged fresh air, social engagement and physical exercise.

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 and relatives told us staff asked for their permission before supporting them commenting, "Yes, they always ask".
- People's care plans contained information about their mental capacity to make decisions.
- Staff told us they always asked people for their consent before supporting them.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; equality and diversity

- People told us staff were kind and caring, commenting "They are very respectful, kind and compassionate", "They are very caring, very sociable and chat along. It was weird at first, receiving personal care, but I'm used to it now and I'm very happy". And, "All the staff are certainly kind and caring".
- People had taken time to express their thanks in cards and telephone calls to the provider, some of which included: "I would like to thank the ladies that came out to help me. The time they spent with me was most helpful and I would not have managed without them. I really appreciated their support. And, "Gemcare are the best in Plymouth", "She (staff member) had gone far and above her role as carer she was truly a special person", and "What a fantastic carer (...) has been to his mum, she is so amazing and has a heart of gold. He wants to thank her for all she's done, she's an inspiration".
- One of the providers organisational values was based on 'Inclusion', and we found this was threaded through the agency. People were supported as individuals. People's care plans recognised the importance of their individuality and staff received training in equality and diversity.
- Friendly relationships existed between people and staff, with mutual respect and trust shown for each other. But most people told us they would very much welcome the continuity of care staff to help foster ongoing relationships, with one person commenting, "Difficult sometimes as the inconsistencies of staff is not there" and another person told us, they had received a male member of care staff when they had specifically requested they only wanted female care staff. The registered manager told us they continued to positively listen to people's feedback and were fully committed to improving the experience for people.
- Staff spoke fondly of the people they supported and how much they loved their job telling us, "Sometimes you can cheer somebody up, make their day", "I think we make a big difference", and "I won't leave until I've left them with a smile". And, "I love my job" 'it's not like working, I don't think there's many people who can say they're happy to get up in the mornings and go to work".

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

- Overall, people and their representatives told us they were asked for their views about their care plans, commenting "I was involved in the beginning. They discussed the plan with me and I do have a copy", "They (staff) have been through the care plan with me. We adjust it when it needs to be". And, "In the beginning management came out, when I need changes they update the plan for me". However, we were told by some people they felt their care plan needed updating.
- People's care plans detailed how they wanted their care and support to be delivered, but some care plans were not always personalised.

We recommend people's care plans are personalised to ensure they reflect how a person wants and prefers their care and support to be delivered.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and their independence was promoted. Commenting, "They make sure the bedroom or bathroom door is closed", "No one disrespects me, regular care workers are wonderful compassionate and respectful" and, "They help me with my independence as much as they can. If I can do it myself, I will!". Relatives told us, "I was quite surprised at how much they treated her with respect, it was nice to see", and "They always make sure she has her dressing gown on when taking her for a shower".
- Staff encouraged people's ongoing independence, for example with their personal care or with cooking tasks.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs; 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

- 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.

- Overall, people's communication needs were assessed, and they were detailed within their care plans, and shared appropriately amongst staff. One relative told us, "They explain to him what's going on, even though he has no speech".

- One of the 11 care plans we reviewed did not detail the person was living with dementia, and how this affected their communication needs. The registered manager took immediate action to update the care plan at the time of our inspection.

- Records could be produced in different formats, such as large print as required.

- A new key ring with picture cards had been manufactured to help people who may not be able to communicate verbally, express their wishes and emotions.

- People identified as living with memory loss, were offered a communication board. Staff wrote reassurance and confirming messages to reduce the persons distress. Such as, today is (day), and I will be back to see you at (time).

- People had care plans in place detailing information about what they had done prior to becoming older, and/or what their current interests were now. These enabled staff to offer and tailor social engagement accordingly helping to enhance people's quality of life, and to avoid social isolation.

Improving care quality in response to complaints or concerns

- People and/or their relatives knew about the complaints systems and procedures in place.

Commenting, "I have the number and procedure, never had to use it", "I have the number and details of who I should contact" and "Complain? I would if I needed to, but I don't need to!".

A relative told us, "Last week they were a bit late, they need to be here before 9am to get Mum ready for day-care, I phoned them up and they have sorted it, done what I asked, everything is now OK".

- We saw recorded evidence that complaints received since our last inspection had been taken seriously, and used to help improve the service where possible, with appropriate actions and records in place. But improvements had not always been sustained. For example, some people continued to be dissatisfied with visit times and the inconsistency of staffing.

- During our inspection people contacted us to raise concerns about visiting times, rota administration,

inconsistency of staffing and poor communication amongst office staff. The registered manager took responsive action to apologise to people, investigate and responded to each complaint. The outcome of these complaints fed into an immediate action plan, as detailed in the well-led key question.

End of life care and support

- People's care plans where required, contained a section about how they wanted to be supported at the end of their life.
- Treatment escalation plans were in place, and resuscitation wishes were known and recorded.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection, whilst some improvements have been made, this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had continued to increase in size since 2014. The recent acquisition of another service in September 2019, had increased the size of the agency from providing care and support to 481 people to 900 people, as well as seven supported housing units. Because of continued growth, the provider had recognised they now needed to focus on key areas of the service, and to build on and improve the existing quality and service people received. One way in which they had already started to do this, was to change their internal management system. For example, there were now three deputy managers, a compliance manager and a human resources manager. They had also implemented a new electronic care planning and roster system, which in time would help staff, people and families have information about their care and support via a mobile application (App). It would also mean the provider would have 'live' up to date information about people's visit times.
- At our last inspection in 2018 we asked the provider to improve their governance systems to help identify where improvements were required.
- The registered manager told us, "We do feel that we have improved, we have worked very hard". Since our last inspection, new quality monitoring systems had been introduced to help highlight where improvements were required, the Directors carried out unannounced checks of compliance and the provider had commissioned an external company to undertake an independent quality audit. The registered manager told us, "We now have a better audit trail of how we are managing the service". However, whilst some improvements had been made, systems were still not fully effective in ensuring people's care records were an accurate reflection of the care they were receiving or wanted. In addition, people continued to be dissatisfied with visiting times, administration of rotas, and the inconsistency of staffing.

The provider had not effectively assessed and monitored the quality of the service being provided. Peoples' records were not always an accurate, complete, contemporaneous record in respect of the care provided. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the registered manager provided a comprehensive action plan outlining how improvements would be made. It detailed how new training modules and record templates would be created for key areas such as the completion of care plans and risk assessments. In addition, action was being taken to improve complaint management, communication, and improvements to the control and

monitoring of staffing consistency and visit times. The registered manager and Directors told us they were fully committed to making improvements and wanted to get it right for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Overall, people and relatives felt the service was well managed, but the majority of people told us visit times and communication needed to improve, which would help to improve their customer satisfaction of the service. This was despite the providers own internal 2019 quality survey showing an improvement in peoples experience of visit times from 2018, with 70% of people expressing they were satisfied with their visit times, instead of 68%.
- The management team fully promoted the ethos of the service, described as the 'Gemcare Way' which reflected the values of: "Inclusive, integrity and competence". People's feedback confirmed it was underpinned in staff's practice.
- The Directors told us they were working hard to change the culture within their recently acquired specialist housing units, telling us how "A full audit will help give a bigger picture".
- Staff told us the management team were "Supportive" and "Approachable" and that staff felt valued. One member of staff told us, "You always get the thank you text and the recognition for it. Last year I had a letter thanking me from management, they don't realise how much that means". Staff also described a "Family feeling".
- The duty of candour (a legal responsibility to be open and honest with people when something goes wrong), was at the forefront of the registered managers mind. The registered manager and provider apologised when things had not gone right and tried hard to change things for the better.

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

- People, relatives and staff were involved in the development of the service. Questionnaires were completed to continually gauge how people and staff felt about the quality of the service. The provider had also decided to send out an additional questionnaire to people of the newly acquired service, to help gauge their initial views about the quality of the service. Results were being collated in January 2020.
- The provider had taken action to send surveys out twice a year instead of once a year, as they felt this would help to capture people's feedback better. The Directors told us, their 2019 survey results "Represented a significant improvement to all our survey questions. Our best results ever".
- The provider effectively informed people of the inspection taking place and was sensitive and respectful of those who did not want to be contacted for their views.
- Staff were respected, valued and their feedback was listened to. For example, action had been taken to create a new 'Gemcare welcome pack' in response to staff's observation about people not always knowing who their care team was.
- A free confidential counselling service was now available to all staff. This had been in response to staff's feedback and in recognition of the provider helping to promote staff's wellbeing.
- A member of staff had won the 'rising staff award' by Plymouth City Council. The registered manager told us, "She (the member of staff) has never worked in the care sector before, people love her, she is a natural, she always goes above and beyond".

Continuous learning and improving care; Working in partnership with others

- The provider worked with external health and social care professionals as required, to the benefit of people. We were told by the registered manager, "We have very good relationships".
- The provider was an active member of a 'working group' formed by the local authority commissioners. The aim of the group was to work in partnership with commissioners to

co-create the future model of domiciliary care in Plymouth. In addition to attending meetings they had submitted a research paper outlining their current thinking, for consideration.

- Local authority commissioners told us, "Gemcare recently reacted quickly and professionally to assist Plymouth City Council following the collapse of (...). To successfully take on the domiciliary care and extra care housing units in a nine-day timescale was phenomenal and we know they are now working hard to consolidate and move forward". The Directors told us how they had regular conference calls and face to face governance monitoring meetings with the local authority and have found them to be "Very supportive".
- The provider worked with the local authority 'warm home scheme'. The scheme aimed to make sure people could afford to keep warm and be comfortable in their own home. One person had been referred to the service as staff had found them boiling eggs in their kettle to help save money.
- The registered manager and provider attended external workshops and conferences run by the local authority quality improvement team and engaged with other providers to help build on their own knowledge, and to help improve the service. They had recently undertaken work in respect of oral health care and in mapping their journey and achievements since operating.
- As a result of attending a care conference, the provider had decided to implement a new computerised care planning and rostering system to keep up to date with the technological advances within the health and social care sector. In addition, the content of the dementia course, had been prompted by the registered managers experience of the dementia bus. The dementia bus is a virtual dementia tour (VDT) which gives staff an experience of what dementia might be like by using specialist equipment and creating a simulated environment.
- The provider had devised 'operation shackleton'. A unique procedure for the benefit of commissioners, care providers and people of Plymouth in circumstances of capacity stress such as severe weather, epidemics and staff shortages, when domiciliary care providers, local authorities and the NHS may not be able to cope with demand. Resulting in vulnerable people being placed at risk of not receiving their care and support. Operation Shackleton was endorsed by the local authority and has been used on many occasions, to the benefit of people.
- The provider had been awarded the 'innovation partnership working' award by Plymouth City Council, in recognition for their contribution to domiciliary care within Plymouth. The Directors told us, "It was a nice surprise...I think we do some very good things".

This section is primarily information for the provider

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>Regulation 12 (1) (2) (a) (b) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Medicines records were not always an accurate reflection of how their needs should be met. Service users who required time specific medicines did not always receive their visits on time, which meant they did not take their medicines as prescribed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The provider had not effectively assessed and monitored the quality of the service being provided. Service user records were not always an accurate, complete, contemporaneous record in respect of the care provided.</p>