

Gable Healthcare services Limited

Gable Healthcare Services Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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: Gable Healthcare Services Limited is a domiciliary care service that was providing personal care and live-in care to five people aged between 18 and 65 and over at the time of the inspection.

People's experience of using this service:

- Improvements were needed to ensure that the systems in place to monitor the quality and standard of the service were effective and consistently maintained.
- The provider had failed to display the rating of the last inspection as required.
- People's care plans did not include people's consent to care and did not have sufficient information to provide all staff with information to deliver person-centred care.
- People continued to be cared for safely and had developed positive relationships with staff.
- Staff were friendly, passionate about their work and caring; they treated people with respect, kindness, dignity and compassion.
- Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.
- People were protected from the risk of harm and received their prescribed medicines safely.
- Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.
- Staff had access to the support, supervision and training that they required to work effectively in their roles.
- People were supported to maintain good health and nutrition.
- People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.
- The service had a positive ethos and an open culture. The provider was approachable, understood the needs of people, and listened to staff and relatives.
- The service met the characteristics for a rating of "good" in three of the five key questions we inspected and a rating of "requires improvement" in two. Therefore, our overall rating for the service after this inspection was "requires improvement".

More information is in the full report

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to the requirement as to display of performance assessments.

Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Good (Report published 29 July 2016)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always well-led

Details are in our Well-Led findings below.

Gable Healthcare Services 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. 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:

The inspection was carried out by one inspector.

Service and service type:

Gable Healthcare Services Limited is a domiciliary care agency. It provides personal care, including live-in care, to people living in their own houses and flats. It provides a service to younger and older adults.

Not everyone using the service receives a regulated activity; the Care Quality Commission (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 had a manager registered with CQC who was also the provider. This means the provider is 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 small and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 15 March 2019 and ended on 18 March 2019. We visited the office location on 15 March to see the provider and to review care records and policies and procedures. On 18

March we visited one person in their own home and telephoned people and their relatives to seek their views and experience of the service. We also spoke with staff.

What we did:

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support the people receive.

We had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we gave the provider the opportunity to share any information they felt relevant during the inspection.

During the inspection, we spoke with two people who used the service and three relatives. We also had discussions with five members of staff that included care staff, a care coordinator and the provider.

We looked at the care records of three people who used the service and three staff recruitment records. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- People continued to be cared for safely.
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow. Staff told us they would report any concerns to the provider.
- The provider understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management:

- Staff had the knowledge and understanding to provide safe care. For example, they knew someone with limited movement needed to be dressed carefully to prevent any damage to their skin. The person's relative told us, "The staff are fantastic, they know how to dress [person] for safety."
- Any risks to people had been identified and risk management plans were in place which gave clear instructions to staff how to keep people safe.
- The provider undertook risk assessments of the environment which ensured people and staff were safe in the home environment.
- Staff received the appropriate training on how to use specialist equipment in people's homes.

Staffing and recruitment:

- People knew who their care staff were and told us that they usually had the same staff. If new staff started the provider introduced them.
- People said staff usually arrived on time, stayed for the allocated time and informed them if they were ever running late. One person said, " [Name of care staff] arrives on time, stays for as long as needed, never rushes me and gets on with the things that need to be done. Overall I am very happy with the service."
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. However, the provider needed to ensure that staff recruitment records were consistently maintained to ensure that it was clear when all recruitment checks had been completed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the agency.

Using medicines safely:

- Medicines were managed safely. All staff had received training in medicine administration and their competency tested.
- People told us that they received their medicines on time.

Preventing and controlling infection:

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and there was a policy and procedure in place which staff could access.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

Learning lessons when things go wrong

- Accidents and incidents were monitored and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again. For example, audits of care plans and medicine administration had been improved to ensure information was consistently accurately recorded.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance:

- Improvements were needed to ensure that people's consent to care was clearly documented and where people lacked the capacity to give their consent there was information as to who had the authority to act on people's behalf.
- 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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- At the time of the inspection there was no one with restrictions on their liberty.
- People told us that staff sought their consent before they assisted them. One person said, "[Care staff] always chats with me and asks me what I want."

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

- Care plans varied in the level of detail recorded.
- The provider needed to ensure that there was consistency in the level of information gathered to enable staff to deliver consistent care. For example, in one care plan we saw detailed information around a person's physical and nutritional needs but very little information about their history, preferences, likes and dislikes.
- The provider visited people to discuss their needs and preferences and liaised with other health and social care professionals to ensure they had a full understanding of people's needs.
- People and their families were involved in developing their care plan. A relative told us they had all sat down together to discuss the care plan prior to their loved one being discharged from hospital.

Staff support: induction, training, skills and experience:

- People continued to receive effective care from staff with the knowledge and skills to carry out their roles and responsibilities.
- Staff training was based on current legislation and best practice, which ensured staff provided safe care and treatment to people. This included safeguarding training, infection control and moving and handling.
- People and relatives said the staff were well trained. However, one relative commented that staff would

benefit from more specialised training around specific conditions such as Parkinson's.

- Staff were happy with the training and support they received. One said, "I was new to care. [Provider] has encouraged me to complete a National Vocational Qualification in care."
- New staff undertook an induction which included classroom based training, online training and shadowing more experienced staff.
- Staff were supported through regular supervisions and 'spot check' visits to observe their practice. Appraisals were undertaken with those staff who had worked for more than a year.

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

- Information was recorded in care plans as to what support people required in relation to eating and drinking.
- If people had been identified as being at risk of poor nutrition records were kept detailing their food and fluid intake which ensured that prompt action was taken if needed.

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

- People were supported to live healthier lives and were supported to maintain good health.
- Staff knew the procedure to follow if they found a person needed urgent medical assistance.
- People and their relatives confirmed there were close working relationships with other healthcare professionals, such as physiotherapists, GPs and District Nurses.

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

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:

- People continued to be cared for well.
- People and relatives told us they were very happy with the care staff. One person said, "The staff are all good, always there for you." A relative said, "The care is fantastic. The staff are very professional, nothing is too much trouble."
- People had developed positive relationships with staff and staff knew people well.
- Providing consistent care delivered by the same staff was a priority.

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

- People were listened to and supported to express their views and opinions. One person said, "[name of care staff] is very good they come to me when I need them." Care staff said, "You basically just need to listen to people, they have rights and choices."
- People and relatives told us that they had been involved in developing care plans and that these were reviewed with them.
- The provider was aware of the need for people's voices to be heard so ensured people had access to an advocate if they needed to have someone to help them speak up about their care.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy was respected and their dignity maintained. One person said, "The staff are very good, they are respectful and make me feel comfortable."
- Staff described to us how they maintained people's dignity. We saw that doors were shut to rooms where personal care was undertaken and a towel used to cover people.
- Care records were kept securely and confidentiality maintained.

Is the service responsive?

Our findings

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

Good: 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:

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide support for people.
- We discussed with the provider the need to develop the care plans further to include more information about people's history and interests, which would help new staff to build up a rapport with people.
- From our conversations with people, relatives and staff and observations of staff, people were being supported by staff who knew them well and understood their individual characteristics and needs. For example, we heard one care staff suggest to a person they needed to reposition their head to ensure they could breathe more easily.
- The provider understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS).
- The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns:

- People knew who to speak with if they were unhappy and wished to make a complaint. A relative said, "[Provider] is always there at the end of the phone if there are any problems; they are very professional and supportive." A person said, "I would just pick up the phone if I needed to and speak to [provider]."
- There was a complaints procedure in place and we saw that when a complaint had been received this was responded to in the set timescales. One relative said, "We had a mini review of things as we had some concerns, things were changed and things are better now."

End of life care and support:

- There was no End of Life care being delivered at the time of the inspection. However, the service did care for people at the end of their lives. The staff worked alongside other specialist health professionals and unique plans of care were developed with people to reflect their individuality and cultural background needs.
- Staff had training in End of Life care.

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

Requires Improvement: Service management and leadership was inconsistent. Some regulations may or may not have been met.

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

- The systems in place to monitor the quality and standard of the service had not consistently been maintained.
- Since the last inspection in July 2016 the provider had not ensured that audits around care plans, medicines, staff recruitment and training had been undertaken. This meant for example, the inconsistencies in the level of detail captured in care plans had not been picked up and recruitment files were not fully completed.
- We saw that following monitoring visits by the health and social care commissioners the provider had begun to undertake regular audits. These had yet to be embedded so we were unable to assess fully their effectiveness.
- The provider had notified CQC about events they were required to by law but had failed to display the last inspection rating on their website and in their office as required. Following this inspection, the provider ensured that the rating was displayed on the website.

This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Requirement as to display of performance assessments

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the provider.
- Staff supervisions and staff meetings gave the staff the opportunity to share their ideas as to how the service could improve. One care staff said, "Everyone [staff] are vocal in staff meetings; [Provider] listens and wants us all to work with people as if they are our own family."

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

- People's feedback and conversations with staff confirmed that Gable Healthcare Services Limited continued to provide care which was person-centred.
- Staff told us that the provider knew people and understood their needs and listened to them if they felt people's needs had changed. For example, when staff raised concerns about a family who may not have been acting in the best interests of their loved one, the provider had taken the appropriate steps to address this.

- There was an effective on-call system in place which ensured that there was always someone for staff to contact if they had any concerns. One member of staff said, "The provider is always there if you need help."
- The ethos of the service was to treat people how you would wish your family member to be treated. This came across in our conversations and observations of staff.
- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- The provider visited and contacted people on a regular basis to find out how the service was working. One relative said, "[Provider] pops in occasionally to see what is going and contacts us. They are very helpful."
- Some of the comments we read from a recent survey included, 'Staff are very well tuned into needs,' 'professional, reliable, exceeded our expectations.'

Continuous learning and improving care; Working in partnership with others:

- The provider liaised with a local hospice to secure training for staff in End of Life Care and worked alongside another agency to support people at end of life.
- Feedback from social care and health commissioners indicated the provider listened and was receptive to their advice so that the service developed to meet the needs of the people in the area.