

Kath Mullock Home Care Limited

5 Giles Walk

Inspection report

5 Giles Walk
Stoke On Trent
Staffordshire
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Tel: 01782857625

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 2 and 7 February 2018 and was announced.

5 Giles Walk provides personal care for people in their own homes. At this inspection they were providing care and support for 12 people.

A registered manager was in post and present at this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Staff knew how to support people in a way that minimised the risks of harm associated with their care.

People were supported by enough staff to safely assist them and who arrived to provide support at the agreed times. When needed, people received help with their medicines from staff who were trained to safely support them.

The provider followed infection prevention and control guidance. The provider ensured that the equipment people used, was maintained and kept in safe working order.

The provider completed checks on staff before they started work to ensure they were safe to work with people. The provider had systems in place to address any unsafe staff practice.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to those they supported and any additional training needed to meet people's requirements was provided.

People had their rights protected by staff members who were aware of current guidance informing their practice. People were given information in a way they could understand.

Staff received support and guidance from a management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered.

People had positive relationships with the staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them. People were involved in decisions about their care and had information they needed in a way they understood.

People had their privacy and dignity respected and information personal to them was treated confidentially. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health.

The provider regularly met people they supported to gain informal feedback in the service they provided. People felt confident they were listened to and their views were valued.

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.

People were protected from the risks of abuse by a staff team who knew how to recognise signs of abuse and knew what to do if they had concerns.

Staff members knew how to minimise the risks of harm associated with people's care. People were supported to take their medicines by staff who were competent to do so. Incidents or accidents were investigated in order to minimise reoccurrence.

Is the service effective?

Good ●

The service was effective.

People were supported by staff members who were trained and supported to undertake their role. Staff members received regular support from the management team. People had their rights protected by staff members who followed current guidance. People had access to healthcare to maintain wellbeing.

Is the service caring?

Good ●

The service was caring.

People had positive and friendly relationships with the staff who supported them. People had their privacy and dignity protected when assisted by staff. People's diversity was respected by staff members. People were provided with information relating to their care in a way they understood. People's personal information was kept confidential by staff members supporting them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their assessments of care. People received care from staff members who knew their individual preferences. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns.

Is the service well-led?

Good ●

The service was well led.

People had regular contact with the registered manager and found them approachable. The provider had systems in place to monitor the quality of support given and to make changes when needed. People and staff members felt involved in the service provided and felt their views mattered.

5 Giles Walk

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 7 February 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector on day one and two inspectors on day two when we contacted people and relatives who received services from 5 Giles Walk.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist in our planning of the inspection.

We spoke with two people who used the service, four relatives, three staff members and the registered manager. We looked at the care and support plans for two people, records of quality checks, accident and incidents and medicine administration. In addition, we confirmed the safe recruitment of two staff members.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. One relative told us, "We have never felt unsafe. We don't have any fears." The staff members we spoke with told us they had received training on how to identify and respond to different types of abuse. One staff member said, "I would report any concerns straight away to [registered manager's name]." Another staff member said, "We know we can contact the safeguarding team or the police if we thought someone was being hurt or abused." We saw the management team had systems in place to respond to any concerns raised with them. This included contact with the local authority in order to keep people safe. However, the provider had not needed to make any such contact with the local authority or the police up to this inspection.

People and their relatives told us they felt safe when receiving care and support services from 5 Giles Walk. One person told us the staff member who assisted them was skilled and careful when assisting with different pieces of mobility equipment. A relative said, "I have no need to worry about them (staff) putting [relative's name] at risk. They are very good and we feel safe knowing they (staff) are involved." Staff members we spoke with told us they had received training in the safe use of the specific equipment they supported people with. We saw risk assessments for people in relation to, for example, their mobility, skin integrity and diet and nutrition. We saw that the registered manager and staff members had identified that the equipment being used for one person was becoming unsuitable for the person using it. They had contacted a relative, the GP and were arranging an assessment with the occupational therapist to ensure replacement equipment was provided. The registered manager told us that they believed that the person's needs were developing to the extent that the equipment used would soon be unsuitable. They told us they wanted to be proactive to keep the person safe.

Staff members we spoke with told us that in each person's home was a supply of individual personal protection equipment including aprons and gloves. One staff member told us, "Having individual supplies in people's homes helps minimise the potential for infection." We saw that the provider followed infection prevention and control guidance when supporting people.

Staff members knew how to report incidents or accidents and these were monitored by the registered manager. We saw one staff member reporting an incident where hot liquid had been spilt on them when supporting someone. The registered manager recorded the incident and identified what could be done to prevent the incident from reoccurring. This included additional instruction to staff members on how to support people with hot drinks. In addition they contacted the family members to pass on what had happened and what they had done as a result.

People told us they received support from a consistent staff team who knew their individual needs and who were, on the whole, on time. One relative said, "We know all those who come and support [person's name]. It is usually two out of a team of four who are our usual ones." When staff members were going to be late for one of their calls, people and their relatives told us they would receive a phone call to keep them informed and reassure them that someone was on their way. One relative said, "This phone call is just a little

something to stop someone from worrying. We know they will turn up when arranged but sometimes things happen and someone can be a little late."

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. References and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable individuals from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included additional training or disciplinary action.

We looked at how people were supported with their medicines. Those we spoke with told us they were happy with the support they received. Staff members told us they received training and were assessed as competent and safe to support people with their medicines. Regular checks were made by the registered manager to ensure staff members followed safe practice. Should any medication errors occur, staff members told us they would report them immediately and contact the GP and get medical advice. This was to make sure the person suffered no ill-effects as a result of any errors.

Is the service effective?

Our findings

People and relatives we spoke with told us they thought the staff members supporting them were skilled and trained to a good and competent standard. One relative said, "All the staff seem competent. This is something we have never had to even consider. They (staff) just seem to know what to do and get on with it without any concerns at all." Staff members we spoke with told us that they had access to training suitable to the needs of those they supported. This included basic introductory training for instance, moving and handling, first aid and medicines. One staff member said, "I had to assist one person with a particular medical condition which I had little knowledge of. I was provided with additional training and information specific to this person. This has increased my confidence when supporting them."

Staff members new to their role with 5 Giles Walk undertook a structured introduction with the provider. This included observing other more experienced staff members to see how people liked to be supported. One staff member said, "You then talk with [registered manager's name] and only when you feel confident to go out on your own do you get people to work with. There is never any pressure to go and do something you do not feel comfortable to do."

People were supported by staff members who felt supported to carry out their role. All the staff members we spoke with told us they felt supported not only by the management team but also by their colleagues. One staff member said, "Support is excellent. Advice is always just a phone call away if you need it."

Staff members had the skills to effectively communicate important information between themselves, the person they supported and anyone else involved in their care. One relative told us, "If anything ever happens we have full trust that they (staff) will act in [relative's name] best interests. They will then call and keep us fully informed." We saw staff members communicating important information between themselves in order that the person being supported had consistent care. For example, we saw information regarding medical appointments was passed on to ensure staff supported the person appropriately at their appointment.

We looked at how people were offered choices and decisions about their care. People and relatives we spoke with told us those supporting them encouraged choice and assisted people to make decisions about their support. For example, one person told us, "They (staff) always ask me what I want for breakfast; they never presume." One staff member told us that sometimes they have to reduce the amount of options available in order to avoid confusion for some people. They told us, "One person likes to wear bright clothing. We put out a number of tops on their bed for them to choose. If we put out too many they would just go to the nearest one as they would be overwhelmed." The registered manager and staff knew the actions to take if someone lacked the capacity to make decisions for themselves and how to act in the person's best interests.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for these are called the Deprivation of Liberty Safeguards (DoLS). Any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

People told us staff asked them for their consent before they supported them. We asked one staff member how they ensured they had consent to provide support with someone who may experience difficulty in communicating with them. They said, "Sometimes [person's name] will not directly communicate with you as they are living with dementia. If they appear reluctant to receive support at that time it's not a problem. We wait, do something else and allow time for the person to understand and become comfortable with us. We then go back and they will smile and help with the support we are providing." Another staff member said, "If someone is pulling away from you that is the indication that they are not comfortable with the support at that time. It's not a problem. We go with what the person is communicating with us."

When 5 Giles Walk had responsibility for supporting people with their eating and drinking people told us they were assisted to receive enough food and drink to maintain well-being. One person told us they received choice about what was offered and the staff helped them prepare what they wanted.

People had access to healthcare services, including GP, district nurses and occupational therapists and were supported to maintain good health. We saw the registered manager had communicated changes in one person's health and welfare to their GP, in order for them to receive the necessary assessment and interventions to maintain their wellbeing.

Is the service caring?

Our findings

People and relatives we spoke with described the staff members supporting them as, "brilliant," and, "probably better than average." One person went on to say, "They are better than family." Staff members spoke about those they supported with kindness, respect and fondness. One relative told us, "I have absolute faith and trust in [provider and staff]. They are 100% and I have full confidence in them." Staff members told us that the registered manager encouraged them to spend the time to establish professional working and caring relationships with those they supported. One staff member went on to say, "We are fully aware of professional boundaries but sometimes if someone is feeling low and wants a hug then that is what we do."

People told us they were supported to remain in their own homes and to be as independent as possible with assistance of staff from 5 Giles Walk. One person told us, "Before [provider], became involved, I had no self-esteem. I wouldn't talk to people or go out on my own. People even comment now and say 'what has your (personal assistant) done to you'. Now I've got independence, I go out on my own, attend appointments on my own, and do my own shopping." We saw how 5 Giles Walk were supporting one family with access to different types of equipment to enable the person to remain in their own home for as long as possible. One relative told us, "[Person's name] is very independent and has never accepted support. Now they have come round to it and with the support of (provider) they will continue to be independent for a great many years to come."

People had their diversity respected by staff members providing support. Staff we spoke with told us of specific methods of supporting people in order to comply with their wishes, religious and spiritual needs. All staff members we spoke with could tell us the specific requirements they had to follow in order to support people to fulfil their individual wishes.

Staff took the time and opportunity to reassure people in times of upset and worry. One relative told us how the registered manager worked with them and their relative to help reduce the upset and anxiety they were experiencing. The registered manager recognised the contributing factors to the person's anxiety and supported them in a way that suited their needs. The relative told us, "This approach worked very well with [person's name]. I feel if they did anything differently they would have alienated [person's name] and they would have refused any further care. They (provider) got it just right."

People felt that staff communicated with them in a way they liked and adapted how they spoke with them depending on their needs. For example, we saw one person had a visual impairment. The staff we spoke with knew how to support this person and how to assist them with different types of visual aids to aid their access to information.

People were involved in making decisions about their own care and support. Staff were aware of people's decisions and these were recorded so staff supported people in a consistent manner. People told us staff members would always greet them and then ask what they would like help with. One relative told us, "Everything is very flexible. It is up to [person's name] what support they want and when. Our only mistake

was not having them (provider) years ago."

People told us their privacy and dignity was respected by staff providing support. One relative said, "This has never been a problem. Everything is done with the utmost respect" Others we spoke with told us they believed they were treated with dignity and that staff supported them with respect.

People we spoke with were confident the information concerning them was treated appropriately and not divulged without their permission. We saw information personal and confidential to them was kept securely and only accessed by those with authority to do so.

Is the service responsive?

Our findings

People told us, and we saw, that they had care and support plans that were individual to their personal needs. One person said, "I feel like we work together. We sit down and talk about what I need and what I want to do and what approach we need to take." One relative said, "When [relative's name] first started to receive support from them (provider), [registered manager's name] came out to where they were and spoke with them for a long time just getting to know them. When they then started to provide care, [registered manager's name] worked with them for the first couple of weeks. This was so they really got to know them and what support they liked. It was then that the care and support plan was written. They truly got to know [relative's name] first."

People's individual preferences were recorded, for example what they preferred to be called. When we spoke with staff members, they could tell us about those they supported. All those we spoke with knew the people receiving support well. This knowledge included the assistance they required, the person's personal history and things that mattered to them. For example, one staff member told us about a pet the person they supported had. They went on to explain how the previous loss of pets had impacted on the person and how they supported the person to now look after another pet. This level of acknowledgement of the spiritual requirements of people was also recorded in the care plans we looked at. These plans were details and provided the staff members with the information they needed to effectively meet people's needs and aspirations.

People and their relatives told us, and we saw that their care and supports plans were regularly reviewed to account for any changes. We saw details of one person's changing health needs. These were recorded along with the action taken by the management team to continue to meet their needs.

One relative told us, "We are very confident that any changes will be as a result of them (staff) adapting to meet [person's name] needs. We are fully involved and they [registered manager's name] will always keep us up to date with any changes at all."

People had individual assessments regarding their communication and information needs. These assessments followed the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need

People and their relatives felt comfortable about raising any concerns or complaints with staff or the registered manager. One person told us that they had such a good relationship with those that supported them they felt able to go straight to them to resolve any issues. At this inspection, all those we spoke with told us that they had never had to raise any complaints and that they were happy with the service they received. However, the provider had systems in place to investigate and respond to any concerns raised with them but had not needed to do this up to this inspection.

Is the service well-led?

Our findings

People and relatives told us they knew who the registered manager was and that they saw, or spoke, with them on a regular basis. One person we spoke with told us they always saw the registered manager and that they regularly assisted them with their personal care. The registered manager told us that they continue to support those receiving care, by 5 Giles Walk, as this is a way of maintaining their relationship with them. They went on to say that it is during these times that they can get honest feedback on the service they provide and if necessary make any changes or adapt support plans. The provider had plans to include a structured satisfaction survey to gather people's and relatives' opinions. However, all those we spoke with told us they were happy to feedback to the registered manager at any time and felt their opinions mattered and that they were listened to.

People, relatives and staff told us they believed the management team at 5 Giles Walk was open and transparent. Staff members told us they received information via a secure messaging service informing them of any changes they needed to be aware of. Staff members attended regular team meetings where they felt able to make any suggestions they felt were relevant to those they supported. For example, one staff member told us that [person's name] struggled to open certain jars and they recommended that staff members just release the top at the end of the shift. The registered manager told us this is the little things that staff come up with that make the world of difference to people. Staff members were kept up to date with any changes to the service either at these meeting or via the messaging service. One staff member told us, "Everything is out in the open here. We know and discuss everything."

Staff members told us they felt part of a close team with shared values as the provider. We asked staff about the values they follow when supporting people. One staff member said, "This is a small agency which likes to provide care and support to people. We value people as individuals and to spend time with them. Not to just rush off to the next call. If someone is running short of bread we will message the next person coming in to pick some up. That is the small things that we do which makes working here so enjoyable." The registered manager told us they liked to provide a small and intimate service for people which valued those they assisted. All those we spoke with echoed these sentiments and felt the service they received was person-centred and caring.

At this inspection, there was a registered manager in post. The registered manager understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The registered manager maintained their personal and professional development by subscribing to a variety of professional development websites and support organisations. Any learning or changes to practice were cascaded to staff members through regular team meetings or one-to-one sessions.

The provider had systems in place to monitor the quality of service provision. The registered manager told that previously they completed spot checks with staff members but this had dropped off recently. They

explained that, at present, they worked alongside staff members and provide feedback as part of the visit with people. However, they went on to say that they will be reintroducing more formal spot checks and structured feedback to staff members. The people we spoke with told us the registered manager always asked them how they were getting on with the staff who support them, and if they had any concerns they wished to raise.