

Gevic Care Agency Limited

Gevic Care Agency

Inspection report

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Ratings

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Gevic Care Agency is a domiciliary care service which provides personal care to people living in their own homes. CQC only inspects where people receive support with 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 there were three people receiving personal care.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence. The provider had improved the way they carried out assessments and devised care plans which now contained a good level of detail about people's needs and preferences. Staff communicated with people in ways that met their needs. People were protected from the risk of avoidable harm because the risks to people's health and wellbeing had been assessed and guidelines were in place to ensure staff knew how to mitigate the risks.

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.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's communication needs were now being assessed and there were guidelines in place to help support better communication between people and care staff. There was information recorded about people's backgrounds, likes and dislikes to ensure staff had a good understanding of people.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People and their family members were positive about the caring nature of the staff. People told us they were always treated with dignity and respect. Staff were positive about the support they received to fulfil their role.

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

Rating at last inspection

The last rating for this service was requires improvement (published 31 May 2022) and there were several breaches of regulation.

Why we inspected

We carried out an announced inspection of this service on 30 March 2022 and breaches of regulation were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of risks, medicines, safe recruitment, consent to care and good governance. We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Recommendations

We have made a recommendation about reviewing the process around monitoring attendance times.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Gevic Care Agency

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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of Inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

Inspection activity started with a visit to the office on 24 April 2023. During the inspection we spoke with the registered manager and the care coordinator. We reviewed a range of records including care and support plans for three people. We looked at records of recruitment, training and supervision for three members of staff. After the inspection we made calls to 2 members of staff and 1 person receiving care up to 15 May 2023.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we found the provider did not have effective systems in place to identify and mitigate risks to people's health and wellbeing. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The risks from hazards in people's living environment was now being assessed including the risk of fire.
- The provider was assessing the risk of skin breakdown. During the inspection we identified that skin integrity assessments could be improved with the use of a scoring system to quantify the level of risk. The provider has now put in place a risk assessment tool which helps determine the level of risk of skin breakdown according to multiple risk factors. There were guidelines in place to ensure staff understood how to mitigate the risks.
- The provider had carried out moving and handling assessments for the people with mobility issues or those that needed to be moved with the assistance of a hoist.
- People receiving care told us they felt safe with the care they received. One person told us, "I feel completely safe with the carers. If I didn't I wouldn't have them here."

Using medicines safely

At the last inspection the provider was failing to ensure people received their medicines safely which was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found medicines were not being managed safely as staff were not following directions set out in the care plan and were administering medicines when this was not an agreed care task. The provider had made improvements. At the time of the inspection the provider was not supporting people with their medicines. However, care plans were very clear that staff were not responsible for administering people's medicines and should not carry out this task until a change had been agreed.
- Staff received medicines training with regular refreshers. As staff were not currently responsible for medicine support their competency had not been assessed. The registered manager told us they would ensure staff were competent before carrying out this task if anyone required support with taking their

medicines.

Preventing and controlling infection

At the last inspection the provider was failing to assess, monitor and mitigate the risks relating to infection control and adhere to current guidance which was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider was now managing the risks of infections. They had an up-to-date infection prevent control policy.
- Staff had access to appropriate personal protective equipment (PPE) to prevent the spread of infection. People told us staff observed safe hygiene practices and wore appropriate PPE when carrying out care and support.
- Staff told us the registered manager often spoke with them about their infection prevention and control (IPC) responsibilities and they had enough PPE to carry out their role.

Staffing and recruitment

At the last inspection the provider was failing to follow safe recruitment practices which was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had improved their practices and was now following safer recruitment procedures. The provider was now conducting recruitment checks in line with regulations and their own policy. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- People received their care visits as planned with sufficient staff. We received comments such as, "They are very punctual. I have no problems with that. It's always 2 of them due to the help I need."

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding were in place and staff received relevant training. Staff showed a good understanding of whistleblowing and safeguarding procedures. They knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. One member of staff told us, "If I have saw anything I was worried about I would speak to the [registered] manager. I know she would deal it with it properly."
- The provider was aware of their responsibility to report safeguarding concerns to the local authority and CQC. At the time of the inspection no safeguarding concerns had been raised.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager. At the time of the inspection there had been no incidents.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At the previous inspection the service was not adhering to MCA guidelines which was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider had developed their understanding and application of the MCA guidelines. The registered manager and care staff had attended MCA training and had put in processes for assessing people's capacity to make decisions about their care and support.
- Care workers received mandatory training in the MCA and showed a good understanding of how to put this into practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- At the last inspection we found care plans lacked detail about how medical conditions affected people receiving care. The provider had made improvements. For example, there were guidelines in place to ensure staff knew what signs and symptoms might indicate people with diabetes needed medical attention and what action they should take in the event of an emergency.

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

- At the last inspection we found the provider did not have effective systems to support working with other

agencies. Improvements had been made. Care plans had been reviewed and updated and now contained information and contact details of healthcare professionals who were involved in delivering care.

Staff support: induction, training, skills, and experience

- Staff received induction, training and ongoing regular supervision to ensure they were equipped to carry out their role.
- Staff told us they were given ongoing support and training. One member of staff told us, "[Registered] manager is always there if you need her. Sometimes she comes to check on us to make sure we are working correctly."

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

- At the last inspection assessments and care plans lacked information about people's nutritional needs including preferred foods and drinks. At this inspection care plans had been improved and there was information in place about the support people required around preparing meals. Care plans also contained instructions for staff to ensure people were provided with sufficient fluids.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the last inspection people were not always treated with dignity and respect as care plans contained undignified language. The provider had made improvements and we found care plans were written in a respectful way.
- At the last inspection we also found people's independence was not promoted as care plans did not contain any information on what people could do for themselves or any guidance to ensure staff helped people develop/and or maintain daily living skills. The provider had made improvements and there was information in place to ensure staff understood how to maintain people's independence wherever possible.
- Staff understood how to promote people's privacy and dignity when delivering care. One member of staff told us, "I always make sure no can see when doing personal care. It's about being respectful and talking to people as you do things so they know what you're doing and they agree."

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

- At the last inspection care plans lacked detail about people's backgrounds, personal interests and hobbies. The provider had made improvements and there was much more detail about people's personal backgrounds to give staff a broad understanding of the people.
- People and their representatives were involved in the planning of their care. One person told us, "Of course I was consulted. They are doing things just how I want them too. I am very happy with that."

Ensuring people are well treated and supported; equality and diversity

- People told us they received a kind and caring service. People and their relatives spoke positively about the care and support. Positive comments from people included, "They are very kind and respectful."
- People were supported by regular care workers who knew them well. Comments from people included, "I get the same ones and they know how I like things."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found some care plans did not contain sufficient detail regarding people's routines and preferences related to personal care support. The provider had made improvements and we found care plans were now much more detailed and contained sufficient information about people's routines and personal preferences.
- Care plans also contained information about people's cultural/ religious needs to help staff have a broad understanding of the person.

Meeting people's communication needs

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.

- At the last inspection we found the provider did not understand the responsibility to follow the Accessible Information Standard and care plans did not contain sufficient information about people's communication preferences. We made a recommendation about improving their understanding and practice in meeting the accessible information standard.
- The provider had improved their processes and produced communication passports which contained detailed information about people and their communication style and preferences.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which stipulated how they should respond to complaints and inform people what action they would take to investigate concerns raised.
- People told us they had not had any cause to complain but they knew what to do if they were unhappy about any aspect of their care. We received comments such as "I've got no complaints so far, but if I did I would speak to the [registered] manager. I know she would listen and sort things out."

End of life care and support

- The service was not providing end of life care and support at the time of our inspection. However, the provider had updated their processes to ensure people were consulted about their end of life needs and preferences. Where people did not want to discuss this subject the provider recorded people's wishes in their care plan.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found the provider was failing to assess, monitor and improve the quality and safety of the service effectively which was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made many improvements to the quality and effectiveness of care records including care plans, risks assessments, consent to care, medicine administration, recruitment files and infection control processes and were no longer in breach of regulation 17. There were quality assurance processes in place to ensure these improvements would continue to be maintained.
- At the last inspection the provider told us they had plans to introduce electronic care records and an electronic call monitoring system but these had not yet been introduced so we could not be assured of their effectiveness. The registered manager told us they made regular telephone calls to people to monitor staff timekeeping, however they did not record the outcome of these monitoring calls.

We recommend the provider reviews the process for recording telephone monitoring calls to people.

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

- The service continued to engage with people receiving care. People were asked to complete satisfaction surveys on a regular basis to give feedback on the care they received. Satisfaction surveys showed people were satisfied with the care and support.
- The registered manager arranged staff meetings to give staff the opportunity to discuss the service. We found the minutes of the meetings were repetitive and did not indicate these were an open forum which allowed staff to share ideas and raise issues or concerns.
- The registered manager also gathered feedback from staff through staff satisfaction surveys. Feedback from the survey was positive. Feedback included, "I am confident in my role because [the registered manager] provides all necessary training to help me the best that I can be."

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;

- The registered manager understood their responsibility to be open and honest and gave people all the

relevant information when things went wrong.

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

- Staff were happy with the support they received from the organisation. We received comments such as, "I fell well supported by the [registered] manager. She listens and deals with things when needed. I've got no concerns."
- People receiving care were satisfied with the care and the management of the service. We received comments such as, "I am very happy with the care. No complaints so far."

Working in partnership with others

- Due to the small size of the service there was limited evidence of working in partnership with other professionals. However, the provider had improved the way they recorded information about other professionals who were involved in people's care and support.
- After the last inspection the registered manager had liaised with the local authority homecare team around making improvements. One professional told us, "The [registered manager] has engaged us in their ideas and ways in which they want things to work. Overall there are no concerns with Gevic Care."