

G.H. Quality Care Limited

# G H Quality Care Limited - 63 Taunton Road

## Inspection report

63 Taunton Road  
Bridgwater  
Somerset  
TA6 6AD

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

GH Quality Care is a care service registered to provide personal care to people in their own homes (domiciliary care). The service specialises in providing a support to people in the local community who live in the Bridgwater area. We announced our intention to inspect the domiciliary service so we could be sure the registered manager, office manager, staff and people receiving a service were available to talk to us.

At the last inspection in September 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

There was a registered manager in post the registered manager was also the service provider. A registered manager is a person who has registered with CQC 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.

There were processes and practices in place to keep people safe. People told us they felt safe receiving care and support from GH Quality Care and with the staff they met. There was sufficient staff to meet people's needs. People told us they received care and support from a team of regular staff whom they had come to know well and built relationships with.

People received effective care and support because staff understood their personal needs and abilities. Staff had the skills and knowledge to meet people's needs. The provider had a programme of training which ensured staff had up to date guidance and information. People were always consulted fully before any care and support commenced.

People said they received support from staff who were always "polite and kind." One person said, "The girls I see are brilliant they respect me for who I am. I would not change it at all." Another person said, "Always a happy smiling face, something to look forward to." People said all the staff they met went above and beyond the duties they expected.

People were supported to remain as independent as possible and some people were supported to maintain their interests and pursue their hobbies.

Staff were supported to develop their skills through training, staff meetings and one to one conversations. One staff member said, "The training is good they remind us when it is due and provide the resources." The provider said they had started to use online training as well as the conventional methods they had previously used.

People and staff were supported by a registered manager/provider, office manager and care supervisor who

were approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service improved to Outstanding.	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

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## **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 checked 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 was a comprehensive or focused inspection.

This inspection took place on 24 and 25 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

The inspection was carried out by one adult social care inspector.

GH Quality Care provides care and support to people living in their own homes. At the time of the inspection they were providing personal care to 52 people. We spoke with five people who received a service We also spoke with two staff, a supervisor, the office manager and the registered manager.

We looked at records which related to people's individual care and the running of the service. Records seen included three archived care and support plans held at the office, and the five working care plans for the people we visited. We also looked at quality audits, three staff personnel files, training and supervision records.

# Is the service safe?

## Our findings

People continued to receive care that was safe.

People told us they felt safe with the staff who supported them. One person said, "I have no worries, I look forward to them coming and feel 100% safe with them all." We asked one person if they ever felt, "Oh dear not again." When a care worker walked through the door. They said, "Never. There is not one of the girls that I do not feel safe with. They are all kind and dependable."

People's care plans included instructions for agreed ways of care workers announcing their arrival when letting themselves into the person's home. One person said, "They always knock first, but we have agreed they always call out as they walk in and announce themselves so I know it is them." Another person said, "They always announce who it is as they walk through the door so I feel safe and don't worry."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people

People were safe because staff had received training in how to recognise and report abuse. Staff confirmed they had received training in recognising abuse. All staff felt confident that anything they reported would be dealt with immediately by the registered manager and office manager. Training records confirmed staff received refresher training in recognising abuse in line with the agency's training policy.

The agency's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package, staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Everybody said they received care and support within the time agreed. One person said, "They, [the staff] are always on time and always stay the time it says on my rota." Another person said, "I have never been let down, if someone goes off sick it is always covered and if they don't have anyone, [the supervisor] comes and does it herself, she is brilliant."

Before providing care and support, risk assessments were completed. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. Risk assessments were completed in relation to falls and the assistance people required moving about their homes.

Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

When equipment was used in people's homes all staff made sure it was used safely. They also checked equipment had been serviced. When a person began using lifting equipment for the first time the supervisor was trained how to use it safely. They then cascaded this training to the specific care workers who would be providing the care and support for that person.

People were assessed to establish whether they needed or required assistance with medicines. Some people wished to be independent and manage their own medicines. Some people were assisted by family members. Staff understood the varying levels of assistance that could be offered to people and the importance of clearly recording any medications they prompted or administered to people. The office manager carried out regular medication audits. Any concerns regarding medicines would be followed up promptly.

The provider monitored outbreaks of infections and any actions taken. Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons. Senior staff visited people's homes and carried out "spot checks" where they observed staff practiced safe hygienic care.

## Is the service effective?

### Our findings

The service continued to be effective.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were confident staff had the skills required to meet their needs. One person told us, "They [the care workers] are just brilliant they know how to provide the help I need." Another person said, "I think they are all very well trained, they know what they are doing and how it all needs to be done. They are all very competent."

All staff confirmed they had plenty of training opportunities. This included annual updates of the agency's statutory subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One care worker said, "The training is all in place and they are very good at reminding us when it is due." The registered manager explained they had just started to introduce online training for staff so they could access courses at home. They confirmed they were in the process of auditing the uptake of the courses to see how they could improve the access and outcomes for staff.

The registered manager confirmed the agency's induction programme followed the Care Certificate which is a nationally recognised training programme. All new staff received basic training in the service's essential subjects, before working with people in their homes. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. One person told us how the supervisor would introduce a new member of staff before they provided care and support.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks. The office manager confirmed they had a staff lunch once a month when staff met to discuss what went well and where they could improve. Staff also had an annual appraisal. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care, or a relative if they had the relevant authority. Everybody spoken with confirmed staff always asked them first before they carried out any care.

People received their care and support from a small team of staff, usually no more than four or five, and the care supervisor for their area. This enabled staff to get to know people well and all said they would recognise if someone was unwell.

Prior to receiving care and support from the domiciliary care service initial assessment of the person's needs was carried out. People were able to request the amount and type of support they needed. Some people required weekly visits; some people received support several times a day. Each person was assessed in the

same way and a plan of care agreed that met their needs and preferences and complied with current good care practice.

Some people required assistance and support with eating and drinking. Some people also required assistance with shopping or food preparation and this formed part of the general service not regulated by us but essential to the maintenance of people's well-being and independence. One person's care plan was very clear about how they wanted to continue with their interest in baking. Their care package included a day when they decided with the care worker what they wanted to bake. They then shopped for the ingredients and they were assisted in the kitchen to follow the recipe.

People's care plans were very clear about their food likes and dislikes. They also emphasised the importance of maintaining good hydration and indicated what types of drinks to leave in reach when they left the person's home. For example one person's care plan said, they liked squash to be on their table, whilst another person's said they liked a flask of tea.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff prompted people to see health care professionals according to their individual needs, such as district nurses and GP's. Some people did not have families living close enough to provide this support. The agency would provide staff to help people attend doctors' appointments and hospital outpatient follow ups if needed. Some people said they received support from their relatives to attend health care appointments.

People receiving support from the agency at the time of the inspection were able to make their own decisions. When people lacked the capacity to fully consent to care the managers and staff knew how to act in accordance with the Mental capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to protect people's legal rights because they had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves.

## Is the service caring?

### Our findings

The service improved to outstandingly caring.

Some people who spoke with us became emotional when they explained the positive impact GH Quality Care and their staff had had on their lives and well-being. Everybody spoken with said the staff all went above and beyond what was expected of them. The care supervisor provided everybody with her personal mobile number so they could ring if they needed anything. One person said, "[The supervisor] is truly amazing, she cares so much. I have had to ring her a couple of times and she will either get someone to come in or usually turns up herself. I don't know what I would do without the service they provide." Another person said, "Nothing is too much I don't have a domestic service but they think on their feet. If I just want a sandwich at lunch they will get that then they will say, 'I will run the Hoover round for you, or clean the toilet'. I am so grateful as I can't do that myself now." The same person said, "I insisted on having GH when I needed support. They looked after my mum and I was not having anyone else. They are the best and deserve an award or something. They listen to you and care about what you think and how you want things done."

The agency ensured that each person was supported by a small team of carers which enabled people to build trusting relationships with the staff. This aspect of the service was very much appreciated by the people we spoke with. One person said, "I have got to know my team of girls, they are like family to me now. [The care worker] comes in and the smile and lovely nature she has brightens my day. I sit here looking forward to them arriving and hearing all that is going on in the town. They don't just come to get me a meal or tidy up; they bring the outside in and make me happy."

One person told us how they were impressed with the time put in by the supervisor to understand how their specific health needs had to be met. They said, "She [the supervisor] went above and beyond what I would expect of any domiciliary care service. She went to the hospital so they could show her the right way to do [the procedure]. Then she came here and trained all the girls that come into me. That is what I call caring about the person as an individual." Two people told us how they could not see as well as they used to and how staff supported them to do their paperwork each month so everything was up to date and in place.

Staff got to know people well and by maintaining regular care workers for people they were able to support them to be as independent as possible and offer reassurance and encouragement in their daily lives. People were able to make changes to their care and support at any time. They could talk to staff who arranged for senior staff to go in and see them to discuss any changes they would like put in place.

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. One person told us, "Everything in the care plan we discussed. They only do things the way I agreed and I can change things, they are very flexible that way." Another person said, "They don't do anything without talking to me first. That's how it should be."

People said communication with the agency was "Excellent." Everybody knew the office manager by their

first name and said if they rang the office they were polite caring and understanding. One person explained how their rota worked and how they always had the rota in time to know who was coming the following week. We asked whether the rota changed much and they confirmed the only time had been when a care worker had been unwell. They said, "It was [the supervisor] who came instead so I had no surprises about the person coming into my home." The supervisor for the area also carried out care duties they knew each person very well. People said they were confident any communication with any of the staff would be reported back to the office manager.

People told us they were treated with respect and their privacy was maintained. One person's care plan was very clear about how staff should support them with dignity when they were anxious. They used 'doll therapy' as the person liked to cuddle a doll to relieve their anxiety. This was recorded in a dignified and respectful manner.

The agency had received a number of thank you cards and compliments from people who used the service and their relatives. Comments showed how much people valued the service and the relationships they had with staff. One person had written, "Thank you so much for looking after [the person]. You gave us such peace of mind that [the person] was in safe hands." Another person had written, "A big thank you for all your kindness in caring for our mum."

Comments in the agency's annual quality survey were also very complimentary with the majority of people responding saying they would happily recommend the agency to others. One person had written, "The girls I meet regularly are helpful and go the extra mile doing something without being asked." Another person had written, "Most staff go over the top and give a good service, All staff are great, helpful and very caring."

People could be assured that information about them was treated confidentially in a way that complies with the Data Protection Act. People's records held at the office were safely stored within locked cabinets within a locked office. Information on computers were protected with passwords. Staff signed to show they were aware of the importance of confidentiality and had read the agency's confidentiality policy. The supervisor told us how they emphasised the importance of maintaining confidentiality by talking to staff about how easy it was to slip into talking about another person just because the client asked how they were. People's information was only shared with the staff providing their care and support.

When possible people who had been receiving care were supported when they reached the end of their life. The support offered was very flexible and in the past had included providing support to family members. Each person's needs and their family's preferences had been considered on an individual basis. Staff worked with GPs and the community nursing team to ensure people's needs were met.

## Is the service responsive?

### Our findings

The service continued to be responsive.

Staff had a good knowledge of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after.

People said they could express a preference for the care worker who supported them for example if they could choose the gender of the care worker who supported them. The care supervisor explained that at the time of the inspection they only had female staff however if they had male staff people's requests would be respected and only female/male staff sent.

People's care needs were assessed on their first meeting with the care supervisor. All needs were discussed and the initial package agreed with the person or their representative, if they were unable to take part. The registered manager confirmed they would discuss with the person the support they were able to provide. If they felt the agency could not meet the person's needs they would refer them to another service who may be able to provide a package of care. This was to make sure the agency could meet the person's needs and expectations.

People were able to make choices about how the agency supported aspects of their day to day lives. They were able to choose how much support they required and when it was delivered. The care supervisor explained how they would be honest with people about the times they could provide care at the initial assessment. Following the initial visit care plans were developed outlining how their needs were to be met. Everybody spoken with knew about their care plans and people confirmed they had been involved and had agreed the plan before they were finalised.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. They were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about.

People received the care they required at the time they wished to receive it. People told us how agreed the timing of their visits which meant they were never left waiting for care staff to turn up. It also enabled people and their informal carers to plan their day around their own wishes not around care visits. The registered manager explained how they did not take referrals that would stretch the staff team so times people requested could not be accommodated.

The agency responded to changes in people's needs by changing the times of visits when needed. One person said, "They are very good like that if I have an appointment or want a change they can be flexible."

The agency worked closely with other professionals to support people who had been identified as being at

risk in their own homes but did not wish to consider alternative accommodation. For example an assessment of one person's home had identified a trip risk. An occupational therapist was asked to assess the risk and support the person with making their home safer to live in. This meant people could remain in their own homes with minimal risk and improved quality of life.

People and their families were encouraged and supported to raise any issues or concerns with the staff, office manager or registered manager. There was a formal complaints procedure however issues were dealt with promptly and informally. People were able to talk to staff, the care supervisor, office manager or registered manager and action was taken promptly. We saw one formal complaint had been received. The registered manager had followed the organisation's complaints procedure. A full investigation was carried out and a response, which highlighted where they had found shortfalls and the action they planned to take, was sent to the complainant.

Information could be provided for people in an alternative format. For example people whose eye sight was poor could have their records and any information in large print. Pictures could be used for people who could not read or did not understand written information.

# Is the service well-led?

## Our findings

The service continued to be well led.

Following the last inspection we said, "The registered manager, office manager and care supervisor showed a great enthusiasm for wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about people." This approach continued to be evident at this inspection.

Staff told us they felt the domiciliary care service was well led and well managed. One staff member said, "It is a brilliant company to work for. They really care about not just their clients but their staff as well." Another staff member said, "I love my work with GH [the domiciliary care service] they are brilliant to work for. I actually look forward to going to work." People also told us they thought the domiciliary care service was well led. One person said, "They get it right I give them 100% for the effort they put in to making sure it is all done properly." Another person said, "[The office manager] is on the ball, she does the rotas and they never need to be questioned, and if you ring the office she is always happy to talk and will try her best to accommodate you."

The registered manager who was also the provider ran the service with the office manager and care supervisor who had the day to day responsibility for people and staff. 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.

Both the registered manager, the office manager and the care supervisor were skilled and experienced and continued to undertake training and up-dates so they were able to champion best care practice.

The management team was supported by a small team of well trained staff who were clear about the lines of responsibility in the service. They felt supported and knew there was always someone to give them guidance or assistance if needed. The care supervisor carried out people's reviews, staff observations and supervisions and addressed any issues or problems people had. Senior staff worked as part of the care staff team this meant they could monitor people's well-being and provide advice and support for care workers as they also knew the person's likes and dislikes.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The agency had a contingency plan in place to make sure people continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload. People's

teams of staff consisted mainly of staff local to the area so if necessary some staff would be able to walk to the person to provide care.

There were effective quality assurance systems to monitor care and plan on-going improvements. Quality assurance audits included audits of medication practices and records and full audits of care plans. Where audits identified shortfalls an action plan with dates was put in place. For example the registered manager explained how they had re-written care plans with people to give staff more information on people's preferences and guidance on providing person centred care.

The registered manager and provider were also conscious of the safety of staff when lone working. In some situations, following risk assessments, they had ensured that staff worked in pairs to minimise risks. They also did not send staff out on late night calls so staff could be assured they would be working safely.

A customer satisfaction survey was carried out annually. We looked at the last returned surveys and saw that people were extremely satisfied with the service they received.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.