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GC Home Care

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 

Overall summary

This inspection took place on 8 September 2015. GC Home Care is a domiciliary care service which provides personal care and support to people in their own homes. On the day of our inspection 30 people were using the service.

The service had a registered manager in place at the time of our 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 and associated Regulations about how the service is run.

Staff understood their responsibilities with regard to protecting the people they were caring for from abuse or harm and people felt safe. Risks to people's health and safety were assessed and managed, and people were encouraged as far as possible to maintain their independence.

People's needs were met and they were cared for by sufficient numbers of staff. They received their medicines as prescribed and the management of medicines was safe.

Staff caring for people received sufficient and appropriate training to carry out their roles.

Summary of findings

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA)

People received the support they required to have enough to eat and drink and referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care, they were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

Summary of findings

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.

The provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to meet people's needs

Good



Is the service effective?

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake, and their health was effectively monitored.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



Is the service responsive?

The service was responsive

People received care that was responsive to their needs and care plans were regularly reviewed and updated to ensure they contained accurate information.

People knew how to make a complaint and felt able to do so if required

Good



Is the service well-led?

The service was well led.

People felt the registered manager was approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Good



GC Home Care

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 announced inspection took place on the 8 September 2015. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with three people and undertook telephone interviews with three who received the services of GC home care and undertook telephone interviews with four relatives of people who were receiving this service. We spoke with five members of staff and the registered manager.

We looked at the care records of four people who used the service, five staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff who came into their homes to care for them. They were aware of what to do if they felt unsafe or were not being treated properly. One person told us, “Yes [I feel] safe, if I wasn’t I would go to the local authority,” whilst another said, “I can trust the carers to look after me.” Relatives we spoke with had confidence in the carers who went into their relation’s home. One relative told us, “Yes definitely, there are no problems, you can tell [Name] feels happy they are always pleased to see them [the care staff]. I am happy to leave them when I go shopping.”

People were supported by staff who knew how to keep them safe. Staff we spoke with showed a good understanding of different types of abuse. They were able to provide a description of the types of abuse people they cared for could experience and what their responsibilities were in regard to reporting abuse. Staff told us they would document any incidents of concern and ensure the registered manager was aware. Staff we spoke with were all aware they could report issues of concern to ourselves or the local safeguarding team. One member of staff told us, “We have a duty of care to the people we look after.” Another member of staff told us they would report any possible abuse to the registered manager straight away, they said, “I couldn’t let anything like that go it’s our responsibility to protect people.”

The registered manager was aware of their responsibility with regard to keeping people safe. They were aware of their managerial role in reporting safeguarding issues when required, and they had developed and trained their staff to understand and use appropriate policies and procedures to ensure they understood their role in safeguarding people.

The risks to people’s safety had been appropriately managed by the registered manager and staff. People’s care plans contained information about how staff should support them to keep them safe but still allow the person to maintain their independence. For example there were risk assessments on different people’s mobility needs. The care plans detailed what aids should be used and when and how to offer help to individuals. People we spoke with told us the staff used equipment required for their care safely and the care they received was tailored to their condition, one person told us, “They [the staff] know what

they are doing with the equipment they use.” The person went on to say, “They do try to help me keep my independence, but my health is worsening and they help me as much as I need.”

Relatives we spoke with told us they had confidence in the staff who cared for their relations. One relative told us the registered manager went through the care plan every six month. But if their relative’s condition changed in-between, this was recorded in the care plan. They said, “If things change we change them together and this is done well, it is communicated to the rest of the staff.”

People told us staff managed the security of their homes to keep them safe, a number of people had key safe boxes and staff needed to let themselves in and out of properties. One person told us, “Yes they always make sure the door is locked and I feel safe.” Staff we spoke with were very clear about their responsibility to maintain people’s security, one member of staff told us, “Yes check with the person, but if it’s [the door] locked on the way in, lock it on the way out.” We also saw records in care plans that showed equipment used in people’s home by the care staff was subject to regular safety checks.

People we spoke with told us they felt there were sufficient staff to meet their needs. The staff were generally on time and people reported there had been no missed calls. They told us there was enough time on the calls and one person told us, “No missed calls, there seems to be enough staff, they don’t rush me.” Another person told us, “Yes there is enough time they don’t rush off they always make sure things are done.”

Staff we spoke with told us that they felt there was enough staff to meet people’s needs. One member of staff told us, “Yes there are enough staff, it’s rare I need to work extra to cover.” Another member of staff told us there was enough time to travel between calls and if a person’s needs changed the registered manager would ensure the time needed was increased. This had happened recently and the member of staff said, “One person’s time has increased as their health had decreased, this is lovely as we are able to give the time they need.”

The registered manager had taken steps to ensure people were protected from staff who may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and

Is the service safe?

Barring Service (DBS). These checks are used to assist employers make safer recruitment decisions. We also saw references had been obtained prior to employment and retained in staff files.

People's medicines were managed safely, individual care plans gave details of what help each person needed. One person told us, "I manage my own medicines, they [the carers] will check I have taken them." Relatives told us the registered manager and her team responded to the individual needs of their relatives. One relative told us, "Yes this [medicines] is managed well as [name] got worse the carers dealt with their medicines and it was written down [in the care plan] so everyone knew what was happening." Care plans showed who was responsible for reordering

individual's medicine, some relatives managed this and the registered manager supported other people. One staff member told us, "The ordering process is mixed, some families get the medicines for their relatives, and we get the others." Staff were able to describe the different levels of support people required with regard to their medicines. Staff told us they had received the right training. One staff member told us, "Yes I have had the training and get updates, I feel confident [to administer medicines]."

We saw records of the training staff had received to ensure they were safe to administer medicines, the records showed staff received on-going training and support from the registered manager to remain competent.

Is the service effective?

Our findings

People we spoke with told us they felt the staff who cared for them were competent and received the right training to do their job. One person told us, “Yes definitely they are very good.” Another person said, “Yes I am satisfied with the way they do their job.” The relatives we spoke with also confirmed that staff were well trained. One relative said, “Couldn’t see anything they couldn’t do, they showed how well trained they were as [name’s] condition deteriorated.” Another told us, “Staff are very well trained and efficient.” Some people who used the service and their relatives told us the registered manager came to their homes on occasions to observe the staff working.

People were cared for by staff who were given relevant training and regular support. Staff told us they had received induction training and were supervised when they were first employed. They discussed the different elements of the training which included health and safety, safeguarding vulnerable adults, moving and handling and fire training. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service. One staff member said, “I received my training and was supported by the manager who introduced me to people.” They went on to say, “We do get a lot of input from this company.” Training records viewed showed that staff received regular training relevant to their roles with regular up-dates. The registered manager confirmed they used outside providers for training needs such as practical training on administering certain types of nutritional diets and moving and handling. This was mixed with some e-learning and some staff told us they were undertaking a vocational qualification in social care at a local college.

Staff told us they were supported with regular supervision meetings and confirmed that the registered manager observed their practice. One person told us, “We have supervision every six months, but can talk to [name] the manager in-between if we need to and she does spot checks.” They told us they received a yearly appraisal. One person told us, “Yes I always feel these are useful you can discuss the different courses you can do to help with the job.” The records relating to staff supervision, appraisals and training we viewed confirmed staff received the relevant support they needed.

People who used the service told us they were asked to provide their consent before any care was given. They told

us that staff always checked what they wanted before doing anything. One person said, “Yes I am able to tell them what I need and they listen and do what I want.” Another person told us, “Yes staff always ask me if I want something doing, and if they want me to do something they always ask not tell.” They went on to say, “I wouldn’t let anyone restrict me.” A relative we spoke with told us, “[Name] can’t verbally communicate but staff help them get their point over to show what they want.”

The people we spoke with and their relatives confirmed that they were fully involved with planning their care package and discussed their needs with the registered manager regularly. One person told us, “I planned my care with staff when we first started. I also do a review with [manager].”

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA) when providing their care. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. Although the service was not providing care to anyone who lacked capacity at the time of the inspection the registered manager was able to discuss her responsibilities with regard to the principles of the MCA. The registered manager had previously dealt with a client whose mental health had deteriorated whilst the team were providing care. The registered manager had worked with the person, their relatives and the social services team to support the person to maintain as much independence as long possible. Strategies to keep them safe were put in place after best interest meetings which meant the person was able to continue to be supported in their own home as long as possible. Staff we spoke with had an understanding of the MCA and described how they supported people. One member of staff told us, “People who can’t make decisions for themselves are assessed by appropriate professionals to see what decisions we need to make for them, and it should give people more rights to do the things they want because they have been properly assessed.”

People who needed support with eating and drinking were given appropriate support by staff. The needs of the people who used the service were varied and individual needs were recorded in the care plans. Some people who used the service needed help with shopping, some people needed help with preparing food and some needed

Is the service effective?

assistance to eat. One person we spoke with told us, Yes they help me prepare meals, [name] shops for me, gets me the most for my money!" Another person told us, "My family do most of it, but if I need something the staff will help me."

People were offered choices of things to eat, one person told us, "It's always our choice," they went on to say that staff always made sure they ate and drank enough. A relative we spoke with told us, "[Name] has a poor appetite and the staff know what things to give them to encourage them to eat."

Where appropriate we saw nutrition and fluid charts were used, and people's weights were recorded to monitor any changes in people's weight. Staff we spoke with told us they did a lot of the cooking and shopping for some people. Staff were able to discuss the dietary needs of the people they were caring for, they were well informed as to specialist diets, and the processes and equipment used to ensure people received their nutrition safely.

People who used the service could be assured that staff would support them with their healthcare needs. Where staff were responsible for assisting people to make healthcare appointments, this support was provided. People we spoke with told us that their relatives were able

to take them to appointments most of the time, but if needed care staff also took them to appointments. One staff member told us, "It's a bit of both, sometime I take people [to appointments] if needed and I make sure the information is passed on to the family and the office." Staff told us the service had a good relationship with the district nurses who visited some of the people they cared for. A staff member told us, "We get information via the manager sometimes but the district nurses will also leave information in the care plans for us, we sometimes see the district nurses, we have a good relationship and it helps communication."

People and their relatives we spoke with were confident that should the health of the person who used the service deteriorate, staff would respond appropriately. One person told us, "They'd report things to the manager and make sure my family knew." A relative told us "Yes if [name] has an attack the staff know how to deal with this and if I was out they would let me know." Staff we spoke with told us if someone's health deteriorated suddenly they would contact the emergency services. One member of staff told us, "It would depend, if severe and sudden I would ring an ambulance if not so severe I would ring the GP, I would let the office and the family know what I had done."

Is the service caring?

Our findings

People we spoke with told us the staff who provided care for them were genuinely caring and took the time to ensure they gave good care. One person told us, “They care about me.” Another person told us they felt the staff were very caring. Relatives we spoke with told us the staff were kind. One relative told us, “They do over and above what is needed.” Another told us, “They are caring, it’s in their attitude when they look after [name], they chat to [name] and make them feel comfortable, it gives you confidence.”

People who used the service could be assured staff had a good knowledge of their needs. Staff we spoke with were able to describe in detail the needs of the people we asked them about. It was clear they understood the individual needs of the people they cared for, they spoke warmly about them and the interactions we saw were warm, informal and respectful.

People received the care they needed in the way they wanted. Wherever possible people received care from the same staff, when a person had requested a particular gender of staff this had been accommodated. One person told us, “I am happy with either [gender] but I like a woman for bathing, and the manager accommodates this.” Another told us “Yes I don’t want a man or someone too young and the manager always respects this.” A relative we spoke with told us their relatives had a male carer and both relatives had been happy with the care he had given. They told us, “My [relative] had [male carer] and took to him straight away.”

People’s decisions and lifestyle choices were respected, one person told us, “Yes I am in charge of myself, they [the staff] are here to support me in the way I need it and they do.” Another person told us they were involved with planning their care. One relative told us, “Yes I was involved with both my relatives’ care and the manager was very supportive giving me guidance to get the best care.”

Staff we spoke with told us that people should be able to make their own decisions about the care they received. One member of staff told us, “Yes we are very aware of personal choice, you have to respect people’s wishes to live how they want to live.” Another member of staff told us they liked to read the care plans so they knew the person’s likes and dislikes. They told us, “You learn more about people as you support them.” They gave an example of one person who was very environmentally friendly and didn’t like the certain cleaning products to be used in their home.

Care plans were reviewed with people who used the service and their relatives every six months, and the people we spoke with told us they were involved with this process. The registered manager encouraged people and their relatives to develop and update their care plans, they told us, “It’s their care package not mine.” The registered manager also told us they tried to support families as they were important to the people who the service delivered care to.

The people we spoke with felt they were treated with respect and staff maintained their dignity. One person told us, “Yes 100% they are very careful.” Another person said, “Yes they always close doors and keep me covered.” A relative we spoke with told us, “Definitely the carers closed curtains and locked the doors when doing personal things, very professional.”

Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect. They were able to give examples of how they maintained people’s privacy when providing personal care.

The registered manager told us “I want my staff to respect the people they care for, their preferences and needs. I want staff to give care in the way the person wants.”

Is the service responsive?

Our findings

People we spoke with felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, “We are in control of the care we receive.” Another person told us that staff were responsive to their daily needs. They said, “Yes I tell them what I want and they listen.” Relatives we spoke with had confidence in the service and they told us their relatives preferences were considered. One relative told us, “Definitely, the staff make sure they give the care [name] wants in the way they want it.”

People told us that the communication between themselves and the staff team was good, and the staff and registered manager responded well to their needs. One person told us, “Yes they are good at communicating with us and sometimes they ring us and let us know they are on the way and they will bring things in if we need them.” People told us they received their care at the times they wanted it and that the registered manager was available if they wished to discuss changes to their care package. One person told us that as their health had worsened the registered manager had worked with them, their family and the local authority to ensure their package reflected their needs.

Staff we spoke with told us the registered manager kept the care plans up to date and the information reflected the needs of the person they were caring for. They told us the manager communicated any changes to a person’s care with them. One staff member told us, “[Name] lets us know [changes] and we will then read the care plan, for example if someone has antibiotics.” Another member of staff told us they would relay information about individual people who used the service to the registered manager and they would let everyone know any changes. Staff told us they had time to complete their records when on a call and had time to read the care plans.

People’s care plans contained information about what they enjoyed doing and staff supported them by ensuring they had the things they needed around them before they left their house. One person told us, “They always make sure I have my book and my music on before they go.” Staff told us they enjoyed spending time talking to the people they

give care to and they never left a call early as people enjoyed chatting to them. The registered manager told us one or two people who used the service had time built in to be used for social activities and it was their choice how this time was used. They said, “We offer to take people out, they want to use the time they are given effectively. We also use the time to talk to people.”

People we spoke with felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff caring for them or the registered manager and they believed their concerns would be responded to in an appropriate way. All of the people we spoke with who used the service told us they had never had to make a complaint. One person told us, “I would know who to talk to there is a complaints procedure in my care plan.” Another person told us they knew how to contact the registered manager if they wanted to discuss a concern. They said, “I would speak to [manager] if I was not happy and [name] would do something about it.” The relatives we spoke with told us they had never had cause to complain about the service, but they also had confidence that any concerns would be addressed. One person said “No complaints, but I would go to [manager] if I had, they would sort it.”

Staff we spoke with were clear about how complaints were managed, as part of their induction they were made aware of the complaints policy and procedure. One staff member told us, “I would listen to the problem, make sure the manager knew and record the complaint.” Another said, “I would talk to the manager, but if I could deal with it I would and I would record it in the care plan.”

The registered manager told us they had not had any complaints, but they were aware of their responsibility in this regard. They told us they would follow the complaints procedure and ensure people knew they could also complain to the local authority safeguarding team. The care plans we viewed in people’s homes contained a copy of the complaints procedure and the complaints policy was available in the office for us to view.

We also found that part of the managers ongoing responsibilities included the provision of regular meetings between people who used the service and their relatives to review care plans and discuss any concerns

Is the service well-led?

Our findings

People told us they had confidence in the registered manager and felt able to approach the manager if they wanted to discuss anything. One person told us, “Yes I am able to talk to [name] they sort problems out.” People we spoke with told us the manager was readily available should they need to speak to them. One person said, “Yes [name] is available, I can always get hold of them.” Another person told us, “I see [name] regularly.” They went on to confirm they felt the registered manager was open and honest they said, “Yes, [name] is very up front with things.” We asked people if they felt the service was well led and everyone we spoke with felt it was well led, one person said, “Everything runs as it should.”

Staff we spoke with told us they enjoyed working in the service. They told us their manager was readily available to them, the people who used the service and their relatives, and was a visible leader. One staff member told us “[Name] has a lot to do with the families sorting things out about the likes and dislikes of people, even down to the types of music they like so we can put it on before we leave a house.” Another member staff said, “Yes [name] is good, I have been with the company nine years almost since it started as it is a good place to work.” One staff member also told us, “Yes [name] is visible and we can talk to them.”

Staff we spoke with felt the registered manager was open and promoted an open culture in the service. One staff member said, “Yes I feel more than happy to communicate with her.” Another staff member said, “We have lots of meetings and a lot of memos, we have access to [name] 24/7.” They went on to say, “[Name] sorts things out straight away.”

We found staff were aware of the organisation’s whistleblowing and complaints procedures. They felt confident in initiating these procedures. One member of staff told us, “Yes I know there is a [whistleblowing] policy

and I would use it if I needed to.” Another member of staff told us they would feel comfortable raising a concern they said, “Yes I am able to talk to the manager or whoever is on call about any concerns.”

People who used the service benefited from good care given by staff who were effectively supported and supervised by the registered manager. Staff told us, and records showed that staff had attended supervision sessions and annual appraisals. Staff told us the meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision. There were regular staff meetings and training sessions. One member of staff told us, “We have meetings about every three months, we also see one another at training sessions.” Another staff member told us they had meetings when they could, they said, “But we get to discuss things at training and [name] talks to us all the time.”

People who used the service, their relations, and staff were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys each year. The information from the last survey [2014] were viewed by the inspection team and showed a high level of satisfaction among the people who used the service. People we spoke with confirmed they had been given the opportunity to take part in the yearly surveys, but also told us the registered manager used the six monthly individual reviews to check that people were happy with the service provided.

The registered manager also used audits to assess and monitor the quality of the service provided. We saw completed audits relating to areas such as care plans and medicine management. Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.