

Guardian Homecare UK Ltd

# Guardian Homecare (Blackpool)

## Inspection report

5 Calder Court  
Amy Johnson Way  
Blackpool  
Lancashire  
FY4 2RH

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Tel: 01253400636

Website: [www.guardianhomecare.org.uk](http://www.guardianhomecare.org.uk)

## 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 visit took place on 03 July 2018 and was announced.

Guardian Homecare (Blackpool) is a domiciliary care agency providing personal care to people in their own homes. The agency provides support to people living in the general community and to people living in supported living houses. People in the supported living houses receive continuous care which aims to promote their independence. The service provides support to people with a range of needs including older people and people with physical and learning disabilities. The agency operates from premises based on Amy Johnson Way in Blackpool. At the time of our inspection visit Guardian Homecare (Blackpool) supported 85 people in the community and 25 people in five supported living houses.

At our last inspection on 07 and 08 June 2016 we asked the provider to take action to make improvements because we found a breach of legal requirements. This was in relation to staff recruitment. The service was rated Good overall during the inspection. At this inspection we found the provider had made improvements to ensure they met the legal requirement. We found their recruitment procedures were safe and the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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.

We spoke with 10 people supported in the community. They told us staff who visited them were polite, friendly and caring. They told us they received patient and safe care and they liked the staff who supported them. Comments received included, "I like all my carers they are all very friendly and helpful." And, "Good time keepers, friendly and caring. I rely on their help so much."

Four people living in two supported living houses we visited told us they were happy, safe and liked the staff who supported them. One person said, "The staff are great they look after me."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified the care and support people required. We found they were informative about care people had

received. They had been kept under review and updated when necessary to reflect people's changing needs.

Staff spoken with and records seen confirmed a structured induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

The service had safe infection control procedures in place and staff had received infection control training. Staff had been provided with protective clothing such as gloves and aprons as required. This reduced the risk of cross infection.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered. Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as people needed.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People told us staff who visited them treated them with respect and dignity.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The service had kept a record of complaints received and these had been responded to appropriately.

The service used a variety of methods to assess and monitor the quality of the service. These included daily service meetings, quality assurance visits, satisfaction surveys and care reviews.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

Further information is in the detailed findings below.

## 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 had improved to safe.

The service had improved recruitment procedures to ensure they were safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Guardian Homecare (Blackpool)

## **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.

Guardian Homecare (Blackpool) is a domiciliary care agency. It provides personal care to people living in their own homes. The service covers a wide range of dependency needs including adults, children, people with a learning disability, people with mental health problems and younger adults.

Guardian Homecare (Blackpool) also provides care and support to people living in five supported living settings so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This comprehensive inspection visit took place on 03 July 2018 and was announced. The provider was given 24 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 03 July 2018 we reviewed the information we held on the service. This included

notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning departments at Lancashire County Council and Blackpool Council. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included 10 people supported in the community and four people living in two supported living houses. We also went to the Guardian Homecare (Blackpool) office and spoke with the registered manager, senior team leader, three staff working in the community and five staff working in supported living houses.

We looked at the care records of six people, recruitment and supervision records of six staff members, the training matrix and records relating to the management of the service.

# Is the service safe?

## Our findings

When we last inspected the service we found their recruitment procedures were unsafe. This was because recently appointed staff had not provided a full employment history on their application form. There was no evidence this had been discussed at interview or a satisfactory written explanation of the gaps sought.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we found all appropriate checks had been completed before new staff commenced their employment and a full employment history had been provided. These checks were required to reduce the risk of employing unsuitable staff to work with vulnerable people.

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. They told us they had the same group of staff supporting them and they were familiar with their needs and preferences. Comments received included, "I get on well with all my girls. They are very punctual and have never let me down." And, "I feel very safe with my carers. They are patient with me and know what they are doing."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding vulnerable adults training and understood their responsibility to report any concerns they may observe to keep people safe. We discussed with the registered manager a safeguarding concern brought to the attention of the Care Quality Commission (CQC) prior to inspection. We found this had been dealt with appropriately.

The service completed risk assessments to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support. Where potential risks had been identified action taken by the service had been recorded.

We saw personal evacuation plans (PEEPS) were in place at supported living houses for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We looked at how the service was staffed and found appropriate arrangements were in place. People supported in the community by the service received weekly rotas informing them the time of their visits and the names of staff who would be supporting them. The people we spoke with told us they were happy with arrangements in place and said staff who supported them were reliable.

We looked at medicines and administration records at the supported living house we visited. Medicines had been managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. Medicines had been ordered appropriately, checked on receipt into the house, given as prescribed and stored and disposed of correctly. Staff had received training and had competency checks to assess if they had managed medicines safely.

Staff had received infection control training and had been provided with appropriate personal protective clothing such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection when delivering personal care.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents. For example, after one person trapped their finger in their bedroom door a finger door guard was installed to prevent further injuries.

## Is the service effective?

### Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. Comments received from people supported by the service included, "I am very happy with the service I am receiving. My carer was lovely this morning she did everything just how I wanted it doing." And, "The staff supporting me are excellent. I cannot praise them high enough."

People supported by the service had received a full assessment of their needs before carers commenced their visits. This ensured the service had information about support needs of people and they were able to confirm these could be met. Following the assessment the service, in consultation with the person to be supported or family member had produced a plan of care for staff to follow.

We spoke with staff members, looked at individual training records and the services training matrix. All new staff had received an induction which met the requirements of the national standard of good practice. Regular refresher training had been provided for existing staff ensuring their knowledge and skills were updated.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded. People we spoke with told us they were happy with the support they received with their meals.

The service shared information with other professionals about people's needs on a need to know basis. For example, when people visited healthcare services staff assisting with the visit provided information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. People we spoke with told us they were happy with the support they received with their healthcare needs.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and treatment had been recorded on people's care records by the person or family member. Where people lacked mental capacity we saw this had been considered during best interests meetings and had been reflected in their care records.

## Is the service caring?

### Our findings

People supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "My girls are really caring and friendly. It makes my day when they arrive. I feel really pampered and they make me laugh." And, "I like all my carers but I have my favourites."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Care plans seen and discussion with people supported by the service confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

Staff we spoke with showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

The service had technology to assist people at four supported living houses to have contact with family members or friends if they wished. Hand held computers were available for people to use in their rooms to communicate through skype which is an internet based communication service. The registered manager said people often accessed the internet to play computer games

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw complaints received by the service had been taken seriously and responded to appropriately.

People's end of life wishes had been discussed with them and their family members and recorded so staff were aware of these. Staff spoken with confirmed they had received end of life care training and had supported people with end of life care.

## Is the service well-led?

### Our findings

People supported by the service told us the registered manager and staff team were friendly and approachable. They said the registered manager and her staff were respectful, helpful and listened to them. They told us they felt the service was well led. Comments received included, "Excellent and prompt service. I find all the staff polite and attentive." And, "A very friendly and helpful service. I am really happy with my care, my carer always goes the extra mile at all times."

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. We looked at the outcome of survey responses received in 2017. This showed people had been involved in planning their care and were happy with their carers. They said they were treated with care and dignity and liked the carers who visited them.

Regular audits had been completed reviewing the services medication procedures, complaints care plans, infection control staff training and employee feedback. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained. Staff told us they could contribute to the way the service was run through team meetings and supervisions. They told us they felt supported by the registered manager.

Additional quality monitoring procedures were in place including home visit assessments and telephone monitoring. A number of people we spoke with during the inspection confirmed they had received visits from office staff and courtesy telephone calls to check everything was ok. Comments received included, "My carer is perfect for me. Always cheerful and friendly. She provides all the care I need plus other little jobs which I find very helpful." And, "My carer has never let me down and nothing is too much trouble for her."

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, occupational therapists', district nurses and speech and language therapists.

The service had on display in the reception area of their premises and their website their last CQC rating,

where people could see it. This has been a legal requirement since 01 April 2015.