

Guardian Homecare UK Ltd

# Guardian Homecare (Ormskirk)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Guardian Home Care provides personal care to people living in their own houses and flats in the community. Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive 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 our inspection the service was providing personal care to 144 people.

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

People told us they received safe care and treatment. They spoke positively about the care staff and the support the service provided. People were supported by staff who had been safely recruited. The provider's arrangements for organising staff rotas and monitoring care visits were not effective to promote smooth delivery of care visits. We made a recommendation about this. People were supported with the safe use of medicines and staff knew how to report concerns about abuse.

People were supported by staff who had received a range of training and supervision to enable them to carry out their role safely. Staff supported people to have maximum choice and control of their lives, the policies and systems in the service supported this practice. People were asked to consent to their care and their ability to make their own decisions was assessed. People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

People told us they were treated with dignity and staff were respectful of their homes. Staff knew how to maintain people's privacy and confidentiality. They were respectful of people's protected characteristics such as gender, cultural and religious needs.

Care plans contained personalised information on people's health and communication needs plus their likes and dislikes. People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly. However, we found there had been a long delay in sending an outcome letter of investigations carried out after a complaint. We made a recommendation about this.

The registered provider had governance systems to support the delivery of safe care. However, their systems needed to ensure the effective monitoring and planning of care visits. The registered manager showed they were committed to improving the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with us on 31/12/2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on our inspection schedule.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service remained good.

Details are in our effective findings below.

Good 

### Is the service caring?

The service remained good.

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 

# Guardian Homecare (Ormskirk)

## **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. This inspection was planned to check 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 06 December and ended on 19 December 2019. We visited the office location on 06 December 2019.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection, we spoke with the registered manager, the care co-ordinator and two care staff. We looked at five people's care records. We looked at three staff files in relation to recruitment and staff supervision records. We reviewed multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider during and after the inspection.

#### After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records and staff rotas. We spoke to professionals from the local authority, 15 people and their relatives via telephone to seek their views about the care. We also spoke to four care staff.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The registered provider had not always operated robust systems to manage and monitor care visits to ensure staff delivered care in a timely manner. Staff rotas did not accurately demonstrate what visits had been planned and where staff needed to be at specific times. As result five of the staff duty rotas we reviewed showed staff needed to be in multiple places at the same time. Staff told us this had an impact on their ability to visit people and deliver care as planned. The registered manager informed us this had not impacted on care visits however people could not be assured they would receive their care visits as planned and for the duration agreed.
- We received mixed responses regarding the staffing levels at the service. People we spoke with told us there were enough staff to visit them. However, three staff we spoke with expressed the service did not always have adequate numbers of care staff to meet the care visits required. Comments from staff included; "We struggle to meet the visits due to the demand on the service and the way the rotas are arranged."

We recommend the provider considers current guidance and/or best practice on the management of staff rotas and care visit planning and takes action to update their practice accordingly.

- The provider followed safe recruitment procedures to check staff were of a suitable character to work in a care setting.

### Using medicines safely

- People were supported to ensure they received their medicines safely. People told us they were adequately supported to ensure they had their medicines as required. Care records indicated the level of support that each person required.
- People were supported to have medicines reviews and changes to medicines were clearly communicated between the staff team using electronic record systems.
- Staff had received training in the safe management of medicines and their competence was regularly checked. Completed medicines administration records were audited. The registered manager addressed any medicines errors identified during audits and staff involved were supported to improve their practices.

### Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- There were systems and processes to safeguard people from risks of abuse. People and their relatives told us they felt safe receiving care from their care staff. All staff were trained in safeguarding adults and knew what to do if they were concerned about the well-being of the people who used the service. One person told us; "I feel absolutely safe with the carers, they give me assurance when they are here."

- People's individual safety and well-being were assessed and managed to protect them from personal and environmental risks. They had risk management plans and care plans to guide staff on how to support people against ongoing risks. Staff worked well with other professionals to minimise risk to people.
- Staff had documented accidents and incidents and where required they had taken action to support people accessing medical attention.
- There were emergency procedures for keeping people and staff safe during care delivery. These included guidance on summoning help in the event of emergencies. Staff we spoke with were aware of the lone working policy which supported staff who worked alone in the community.

#### Learning lessons when things go wrong

- The provider had a system for identifying lessons that could be learnt following incidents or significant events across the organisation. Significant incidents and concerns were discussed in team meetings to allow staff to learn from events and how to reduce the risks associated with the event.

#### Preventing and controlling infection

- People were protected against the risk of infections. Care staff were provided with protective equipment such as alcohol gels for disinfection, gloves and aprons. People told us staff used the equipment appropriately which helped to protect people against risks of cross contamination. Staff had completed training in infection control and food hygiene.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were 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.

- Staff were working within the principles of the MCA. They had received MCA training and understood that they could not deprive a person of their liberty unless it was legally authorised. Staff recognised the importance of seeking a person's consent before starting to provide any care or support. At the time of our inspection no one in receipt of support was subject to any restriction under the Court of Protection.
- Staff completed MCA assessments to demonstrate how they had determined people's capacity and the decision they were required to make. This included assessments or the use of physical restraint where this was required to keep people safe.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, risks and choices were fully assessed before they started using the service to ensure staff were able to meet the needs. This was consistent throughout the records we reviewed. Care plans reflected people's personal choices, preferences, routines and included clear guidance for staff to follow.
- The registered manager followed national guidelines and best practice. This included local safeguarding protocols and guidance on various matters including local safeguarding protocols.

Staff support: induction, training, skills and experience

- Staff were supported to learn the skills they needed to carry out their role effectively. New staff had received induction at the start of their employment. The induction process involved new staff working alongside experienced staff who mentored them before they could work independently. Staff said, "I enjoyed the four days induction and it gave me adequate skills and knowledge for someone who had not worked in the industry."
- Staff received supervision for their role. The registered manager had carried out unannounced spot checks to observe staff in the community and ensure they visited and delivered care as planned. We discussed the

need to ensure that these were recorded and carried out consistently in line with the organisation's policy. This was because records showed some of the staff were overdue their supervisions. The registered manager assured us this would be addressed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to meet their dietary needs. People who required assistance with nutritional needs had nutritional care plans and monitoring records which identified the level of support they required. All staff had received training in food preparation and hygiene.
- Staff supported people to contact social workers, district nurses and their GPs including arranging hospital appointments. Where required, staff had made referrals to professionals in a timely manner.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with kindness and respect. Relatives told us staff were caring, patient and approachable. Comments included "The staff have been very nice and polite helpful and answered any questions that we ask them, they respect our home."
- Staff we spoke with knew the importance of respecting people's choice and independence. They had received training in equality and diversity, treating people with dignity and respect and there was a policy which supported this practice.
- Staff knew people well and had formed familiar relationships with the people they supported. They understood and supported people's communication needs and choices.
- People's records were kept securely to maintain privacy and confidentiality in the office.
- Staff showed awareness of promoting people's independence, in accordance with their needs, abilities and preferences. They told us. "If someone is coming from hospital and want to get back to moving about, we support them to do so, we will not do everything for them as it doesn't help them getting better."

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

- People and their family members were able to share their views about the care they received. We saw each care file had details of people's preferred routines and people told us staff followed them.
- Records we reviewed showed people were actively involved in the planning of their care. In some instances, family members helped to write care plans and share their views on what worked for their family members.
- People and their relatives were confident in expressing their views about the care and support provided by staff.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had not consistently followed their complaints procedures. There was a complaints policy which had been shared with people and complaints had been received and acknowledged. However, we found a complaint where the outcome and resolution had not been shared with the person involved for nine months. The registered manager resolved this during the inspection, however we would expect this to have been identified and resolved without our involvement.

We recommend the provider considers current guidance on the receipt and management of complaints and takes action to update their practices accordingly.

- All the people we spoke with knew how to raise concerns. They were confident any complaints they made would be listened to and acted upon in an open and transparent way.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records were written and designed in a person-centred manner and reflected a person-centred approach to care.
- All the records we reviewed took account of people's likes, dislikes, wishes, allergies and preferences in relation to treatment and time of care visits. They were regularly reviewed and checked for accuracy. Care records had been reviewed and were accurate to reflect people's needs.
- Arrangements were in place to check for any changes to people's needs every time care staff visited people's homes.

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.

- The registered manager had assessed people's communication needs as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communications needs. For example, surveys and letters could be produced in large print for people with sight impairment. Staff were aware of each person's needs and how they could meet them.

End of life care and support

- The service worked collaboratively with other professionals to support people who required end of life care. Staff had received appropriate training to support people towards the end of their life.

# Is the service well-led?

## Our findings

Well-led - this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open fair culture

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

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

- The registered manager and their staff were clear about their roles and understood quality performance. They had a governance system to assist them to effectively monitor the quality of the care delivered and ensure compliance with regulations.
- The registered manager continued to carry out regular audits to check the quality of care and people's experiences of receiving care. This supported them in identifying some of the areas of concern such as record keeping and medicines managements shortfalls at an early stage. However, further improvements were required to the system for monitoring complaints, care visits and staff duty rotas to ensure people received the care they required.
- People felt the service was well managed. They were complimentary about the staff and the registered manager.

Continuous learning and improving care

- The registered manager showed a desire to promote continuous learning and improve the care provided. Review systems and arrangements at the service to enabled them to maintain standards and to identify any shortfalls in the quality of care provided.
- The registered manager shared their knowledge and experience with their staff. They worked with the local authority and other health and social care professionals to keep up with developments in the sector.
- The provider continued to seek best practice guidance and ways to meet people's needs in a better way through investment in technology and linking with specialist professionals.

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

- People and staff were involved and engaged in the service delivery. Staff told us they were able to share their views on how the service could be improved and they felt listened to. There were regular staff meetings where challenges were discussed between staff and the registered manager.
- The registered manager and other management team members visited people in their homes regularly to discuss their care experiences and also asked people regularly for their feedback on the care delivered through questionnaires. People told us they could propose a change in their visit and felt listened to. Staff told us they felt valued.

Planning and promoting person-centred, high-quality care and support, and how the provider understands

and acts on duty of candour responsibility; Working in partnership with others

- The registered manager and staff were open and transparent with the inspection process. They had submitted notifications to the Care Quality Commission. We noted apologies had been offered where things had gone wrong.
- There was good partnership working with relevant healthcare professionals and stakeholders to ensure the service provided good quality care for people.
- Staff had access to best practice guidance on meeting people's needs in a person-centred manner. There was a clear understanding throughout the organisation on what was expected of staff.