Guild Care

Guild Care Domiciliary 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

Summary of findings

Overall summary

The inspection was announced and took place on 25 and 27 September 2018.

Guild Care Domiciliary Care provides personal care and support to people in their own homes. It covers the geographical area along the West Sussex coast from Littlehampton to Southwick. People receiving care had a range of needs such as older people with frailty, people with physical health needs and people living with dementia. At the time of the inspection the agency provided personal care to 157 people and employed 51 care workers.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The previous report recommended improvements needed to be made regarding the assessment and management of risks to people, including the safe moving and handling of people. At this inspection we found risks to people were assessed and arrangements put in place to control these risks. As a result, the rating of Requires Improvement under Safe has improved to Good.

The majority of people said they received care at times they agreed to but there were some exceptions to this. Care plans did not give specific times when care workers should arrive at people's homes to provide care and three people were critical of the times care was provided. The provider was aware of this and was taking action to reorganise the service and to recruit more care workers.

People said they received safe care from the care workers who had a good awareness of the importance of protecting people. Medicines were safely managed. Checks were made on the suitability of new staff to work in a care setting. Care workers followed procedures to prevent the spread of infection. Reviews of care and incidents took place.

Care workers were supported well and had access to a range of training courses including nationally recognised qualifications in care.

People's nutritional needs were assessed and people were helped with food and drinks when this was part of their care package. 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 supported this practice.

Care workers treated people with kindness and respect. People were involved in decisions about their care. People's privacy was promoted.

People's needs were assessed and care plans reflected people's preferences and choices.

The service was well – led and was responsive to the challenges it faced. There were strategic plans to develop and enhance its service provision. The provider ensured care workers were supported to develop their skills and knowledge. There was a system of checks and audits regarding the safety and quality of the service provided.

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? The service has improved to Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Guild Care Domiciliary 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 was 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 inspection took place on 25 and 27 September and was announced. The inspection was carried out by one inspector. We gave the service 48 hours notice of the inspection visit because we needed to make arrangements to visit people in their own homes and to ensure staff would be at the provider's office.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. 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.

Before the inspection we spoke with 29 people (or their relative) and asked them for their views of the service they received. During the inspection we visited two people in their homes accompanied by care workers. We spoke with both these people regarding the care and support they received and observed care workers providing assistance to people. We spoke with five care workers, the registered manager and the provider's Director of Community Services.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and records of medicines administered to people.

Good

Is the service safe?

Our findings

At the previous inspection, which took place on 12 February 2016 we recommended improvements were needed regarding the assessment and management of risks to people. At this inspection we looked at the risk assessments for people and found these were comprehensive. There was a general risk assessment which included nutrition, sensory perception and activity. There were risk assessments regarding mobility and accompanying care plan guidance on how to safely support people to move. Medicines risks assessments were completed using the local authority medication management assessment. People said they received care which they considered safe. For example, when we asked someone if they felt safe with the care workers they replied, "Oh absolutely,100%, the girls are marvellous, we have two hoists and they use those fine, they have even trained my daughters how to use them so we can manage moving (relative) if we have to." Another person, said, "I do feel absolutely safe with them, they have all been very well trained." The recommendation made in the previous report was met.

People told us they received a generally reliable service from the care workers who arrived at the agreed times and stayed for the agreed length of time. There were some exceptions to this. Three people said they were not satisfied with the times care workers called to provide care. One person, for example, said they requested their evening call to be between 6pm and 8pm but records showed care workers arrived at 5.25pm on one day and 8.40pm another day. The provider said they were aware of this person's situation and were working to resolve it. A third person said, "Generally the morning call may be at 10 when it should be at 7.30 in the morning." Care plans and contracts were not specific regarding the times care workers needed to be at people's homes and referred to morning visits, lunch visits and evening visits. People were supplied with a weekly roster showing which staff would be coming to them and at what time; these showed varying times for planned visits by care workers. Records showed people received the agreed number of care visits per day as agreed. The times care workers attended were monitored as care workers logged onto a portal using a mobile phone when they arrived at the person's home. This was used to monitor whether calls were within the schedule sent to people but not the times agreed with people. The provider was aware of the issues regarding timeliness of care to people and was working to resolve them. The provider said staff vacancies had affected the agency's ability to meet all calls at the requested times. There was an action plan to address this which involved the provider reorganising its service provision.

Staff were trained in safeguarding procedures and had a good awareness of the principles of this guidance and legislation. The provider was vigilant in following safeguarding procedures to ensure any concerns regarding people's safety and welfare were referred to the relevant authority. Care workers were observed to check people were safe and that they had access to a pendant on-call device so they could ask for help. Care workers and people also had access to out of hours emergency support; these details were provided to people in their care plan folder in their home.

Checks were made that newly appointed care workers were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Medicines were safely managed. Records were kept when staff supported people to take their medicine. People said care workers supported them to take their medicines.

Care workers were trained in food hygiene and infection control. There were policies and procedures for care workers regarding infection control and prevention. We observed care workers wore protective clothing to help prevent the spread of possible infection.

Care records and discussions with the agency's registered manager and Director of Community Services showed incidents and errors were reviewed and changes made to ensure people's care needs were safely met.

Good

Is the service effective?

Our findings

People received effective care from well-trained care workers. People considered the care workers to be skilled and well trained. For example, one person said of the care workers, "They are all wonderful, they certainly know what they are doing." Another person said, of the care workers, "They have all been very well trained."

The provider utilised the expertise within its own organisation and from external bodies, such as the local authority, for guidance regarding current care procedures. Care workers had access to a training programme to develop their skills and knowledge. This included training which was considered mandatory for staff to attend and refresh at intervals in areas such as first aid, moving and handling, medicines management and competency, food hygiene, contamination of substances hazardous to heath (COSHH), care of people who were living with dementia, health and safety and infection prevention. Completion of the courses was monitored by the provider. Care workers were supported to attain nationally recognised qualifications in care. Twenty two of the 51 care workers were trained in the Diploma in Health and Social Care at level 2 or above. One care worker was qualified in leadership and management at level 5 and a further four care workers were studying level 5. The registered manager was qualified in level 4 in leadership and management. The registered manager also has Level 4 National Vocational Qualification (NVQ) Registered Manager's Award and Level 4 NVQ Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Newly appointed care workers received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

Equality and diversity training was provided to care workers who demonstrated their commitment to promoting people's rights to a good standard of care, to independence and treating people with respect.

Care workers received regular supervision, felt supported in their work, and, considered the standard of training to be good.

People's nutritional needs were assessed and records showed this was monitored by care workers. We observed care workers supporting people by preparing food for them and ensuring they had access to drinks.

The provider worked with other organisations to deliver effective care. This included local authority social services teams and health care services. People's health care needs were monitored and referrals made for assessments and guidance, such as to occupational therapy services, when needed.

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 the least restrictive as possible. Care records showed people were consulted about their care and had signed their care plan documents to say they agreed with them. People said they were consulted about their care. For example, one person told us, "They always ask before doing things and do check with me." Care workers were trained in the MCA and were supplied with a card with the principles of the MCA. The provider had a format for assessing capacity when it was believed a person may not be able to consent to their care. The registered manager said they worked with the local authority when this occurred.

Good

Is the service caring?

Our findings

People received care from care workers who treated people with kindness, compassion and respect. Each person said they were treated with kindness by the care workers. For example, one person told us, "The carers are wonderful, really kind." Another person said, "They have been very kind to me and I have met them all now, they are so kind, they put my hearing aid in and put my Careline on before they go." People also said care workers listened to what they said. We observed care workers treated people with kindness and respected people's privacy.

Care workers demonstrated they had values of patience and compassion and said it was important to treat people with respect and dignity. One care worker said they were motivated to improve people's lives and said, "It's not just about the pay. The clients come first." Care workers confirmed their training included treating people with dignity and respect. The provider had policies and procedures regarding people's rights. The staff code of conduct included guidance for care workers on promoting privacy, dignity and rights and the importance of effective communication and care workers said this value base was stressed in all their training.

Care records showed people's care reflected their preferences and choices. Details about people's daily routines were recorded along with the way people liked to be helped. This included areas where people were supported by care workers to be independent. People said their care met their preferences. For example, one person said, "It meets what I asked for from them and is such a help." Another person said, "Yes, they do what I want them to."

People said they were involved in decisions about their care and care records included details to confirm this. People said their privacy was promoted and care workers told us this was important when they provided personal care to people. For example, one person said, "They are very good at looking after my privacy and things like that." Another person said, "They are very mindful about privacy, so kind of them." People could choose the gender of the care worker who would be providing personal care to them.

Good

Is the service responsive?

Our findings

With the exception of the timings of some calls, written about under Safe, people received a responsive service.
People's needs were assessed at the time they were referred for a possible service from the agency. People confirmed they were involved in discussions about the care they needed and the drawing up of their care plan. One person said they wrote their own care plan and people were aware they had a care plan which was also held at their home for care workers to consult. People had signed their care plans to acknowledge their agreement with it. Care workers said they used the care plans and confirmed they contained the right information to support people. As well as providing personal care, some people were supported with tasks around the home such as cleaning and preparing food.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with a disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about this. People said care workers communicated with them effectively. The provider had a communications department to provide guidance and services to assist people with communication needs.

The provider's complaints procedure was provided to people in their care plan folder in their home. People said they knew what to do if they had a concern. For example, one person said they raised an issue with the provider's office which was resolved. Records regarding complaints were well maintained and showed complaints were looked into and a written response made to the complainant about the outcome. The provider had followed the guidelines of the Duty of Candour regulation by acting in a open way when dealing with complains and issuing an apology when this was appropriate. Five complaints had been received in the 12 months preceding the inspection.

Good

Is the service well-led?

Our findings

The service was well-led with a clear strategy to deliver a good standard of care to people. The provider had recognised problems associated with staff vacancies which had an impact on the ability to provide timely care. This was being addressed by an action plan to reconfigure services in alongside a drive to recruit more staff following discussions at the provider's board and the completion of a strategic risk assessment.

The provider had a three year service development plan and a five year strategic plan for its service provision. Audits and checks were made by the provider including health and safety audits and a service appraisal which looked at the standard of care, staff training and supervision as well as any incidents. Quality audits were also completed which were based on the CQC key lines of enquiry (KLOEs). Actions plans were devised on the results of audits.

The provider supported care workers to enhance their skills and knowledge as well as their professional development. The performance of care workers was monitored by direct observation. Care workers said people received a good standard of care and showed they valued people who they treated with respect or as if they were helping a family member. Equality, diversity and human rights were a fundamental part of staff induction and ongoing training. Care workers said they felt supported and able to raise any queries or concerns with their line manager which were listened to and addressed. There were regular staff meetings and care workers said they felt able to raise any concerns or issues at these meetings and at other times.

The views of people on the standard of care provided were obtained using a survey questionnaire. There was an action plan based on any issues arising from the survey results. These showed people were satisfied with the standard of care.

The service had a registered manager. 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. There was a system of management to support the care workers and registered manager which included a care coordinator, a care practice coordinator and a coordinator for devising the care workers duty rosters.

Records were well maintained. The provider was aware of the need to protect information on both staff and people and the guidelines set out in the General Data Protection Regulation (GDPR), which was effective from 25 May 2018.

The staff worked with other agencies to provide coordinated care to people.