

Gutu Mirror Limited

28 Greenway

Inspection report

28 Greenway
Hulland Ward
Ashbourne
Derbyshire
DE6 3FE

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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

About the service

28 Greenway is a domiciliary care agency providing community support and personal care to people living in their own homes in and around Hulland Ward, Ashbourne, Derbyshire. The provider/registered manager had been operating 28 Greenway since November 2017 and had been providing care and support packages since July 2019.

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 visit two people were receiving the regulated activity, personal care.

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

People were safe with the staff who supported them, and staff knew their responsibilities for keeping people safe from harm or abuse. Risks presented to people had been properly assessed and managed. A medicine policy and protocol were in place, and training in the safe handling of medicines had been arranged for when people needed support with their medicines. There were enough staff available to meet people's needs and new staff had been suitably recruited. The provider/registered manager explained if anything went wrong, lessons would be learned to continually improve the service provided.

People's needs had been assessed prior to their care and support package commencing. This made sure the staff team could meet their needs. Staff had received an induction when they first joined the service and were working through the provider/registered managers training programme. People's dietary requirements had been assessed during the assessment process and staff made sure people had the fluids they needed to keep them well. Staff were observant regarding people's health and wellbeing and told us they would not hesitate to report any changes to the provider/registered manager, so they could refer them the relevant healthcare professionals.

Staff were kind, caring and respectful. They supported people to make decisions about their care and always obtained their permission before supporting them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had been involved in developing their plans of care with the support of their relatives. Plans of care included their personal preferences and how they wished their care and support to be provided. People were provided with a copy of the provider/registered managers complaints policy and this included details of who to contact if they were ever unhappy with the service provided. People's wishes at the end of their life had been explored and recorded in their plan of care.

Staff felt supported by the provider/registered manager. People, their relatives and staff were involved in how the service was run using surveys and day to day conversations. Auditing systems were being

developed to enable the provider/registered manager to monitor the service being provided. They worked in partnership with others to make sure people received safe care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 03/11/2017 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

28 Greenway

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. We checked 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. There were two people receiving personal care at the time of our inspection.

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

Notice of inspection

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 3 December 2019 and ended on 9 December 2019. We visited the office location on 3 December 2019 and spoke to one relative and one staff member on 9 December 2019.

What we did before the inspection

The provider/registered manager was not asked to complete a provider information return prior to this inspection. This is information we require them 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. We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider/registered

manager is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Derbyshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records about people's care and how the service was managed. This included one person's care records. We also looked at associated documents including risk assessments. We looked at staff training records and the recruitment checks carried out for the new staff employed at the service. We also looked at a sample of the providers quality assurance audits that had been completed.

After the inspection

We spoke with a relative of one of the people using the service and one staff member. The provider/registered manager also provided us with further evidence to demonstrate compliance with the regulations.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse when they received care from staff.
- A relative of one of the people using the service told us their family member was safe with the staff who supported them. They explained, "Yes at the moment, [person] is very safe."
- Staff were aware of their responsibilities for keeping people safe from avoidable harm as this had been covered during their induction into the service. A safeguarding policy was in place and formal training on the safeguarding of vulnerable adults had been arranged for December 2019. The staff member spoken with told us they would not hesitate to report anything of concern to the provider/registered manager. They explained, "If I thought someone was being abused, I would report it straight away. No hesitation."
- The provider/registered manager understood their responsibility to report any safeguarding issues to the local safeguarding team and CQC as required.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed, managed and monitored.
- Because of the risk assessment process, the provider/registered manager was able to identify, and act on any risks presented to either the person using the service or the staff team during the delivery of the person's care.
- Risk assessments included a moving and handling risk assessment and a general health assessment. Assessments had also been completed on the environment in which the care and support was to be delivered. This showed us people's personal safety had been taken seriously and risks relating to people's care and support were, wherever possible, minimised.

Staffing and recruitment

- There were suitable numbers of staff employed to meet people's needs.
- At the time of our visit, the provider/registered manager supported the staff in providing care calls to the people using the service. This ensured there were enough staff available to meet the needs of the two people currently using the service. A relative told us, "They arrive on time and don't miss a visit."
- Appropriate recruitment processes were followed to ensure only the right people with the right values were employed at the service. References had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.)

Using medicines safely

- Whilst at the time of our visit, no one was being supported with their medicines, a policy and procedure was in place providing staff with information on how to support people safely, and training had been arranged to

be delivered in December 2019.

Preventing and controlling infection

- People were protected from risks to their health and well-being by the prevention and control of infection.
- Protective personal equipment (PPE) including gloves and aprons were readily available.

Learning lessons when things go wrong

- The provider/registered manager had arrangements in place for the monitoring of any incidents or accidents relating to people's care.
- Staff understood their responsibilities for raising concerns around safety and reporting any issues.
- There had been no incidents resulting in the harm or injury of any person using the service since our initial registration of the service in November 2017.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs had been assessed prior to their care package commencing. A relative told us, "They visited before the care started."
- Because of the assessment process, the provider/registered manager could satisfy themselves that the person's needs could be met.
- The provider/registered manager supported staff to provide care and support in line with best practice and national guidance. For example, information was available for staff to access around dementia care, the safeguarding of vulnerable adults and the Mental Capacity Act.

Staff support: induction, training, skills and experience

- The staff team were supported, motivated and being trained to provide safe and effective care.
- The staff team were relatively new and were in the process of going through the provider/registered manager's training programme. An induction had been provided and training in moving and handling and emergency first aid had been completed. Further training had been booked for December 2019. This would make sure the staff had the knowledge and skills to properly support the people in their care.
- Relatives felt staff were properly trained to look after their family member.
- Staff felt supported by the provider/registered manager. One explained, "Oh yes, I do feel supported, I meet with them [provider/registered manager] regularly, you can always talk to them."
- The provider/registered manager had developed a plan for the appraisal, supervision and spot checking of staff. This meant staff would be effectively supported and supervised.

Supporting people to eat and drink enough to maintain a balanced diet

- Whilst no one was supported with meals at the time of our inspection, their dietary and nutritional needs had been identified during the assessment process and included in their plan of care.
- Staff made sure people had enough fluids during the day to maintain their hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team worked together within the service and with external agencies.
- This included working with healthcare professionals and other care agencies, to provide joined up, effective care for the people they supported.
- Staff were observant to changes in people's health and the provider/registered manager told us if concerns were to be raised, support from the relevant healthcare professionals would be sought.

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.

- The provider/registered manager understood their responsibility around the MCA.
- They explained if a person lacked the ability to decide about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Training for staff around MCA had been booked for December 2019.
- A staff member explained, "We discuss things with them [people using the service] and check they are capable to make decisions and if they are not, we will involve others."
- People's plans of care had been signed to say they gave their permission to the care being provided.

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 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

- People were supported by staff who were kind and caring and committed to providing the best possible care.
- A relative told us their family member was treated kindly and looked after well by staff. They explained, "They [staff team] are very caring. [Staff member] is very understanding."
- Staff understood the importance of promoting equality and diversity and had the information they needed to provide individualised care and support. Plans of care contained information about people's religious beliefs, personal preferences and the people who were important to them.
- Staff knew people's preferred routines and took the time to ensure these were met.

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

- Staff were given the time they needed to provide care and support in a compassionate and person-centred way.
- Staff were aware of the importance of supporting people to make their own day to day decisions and people were encouraged and supported to make decisions about their care and support.
- Details of advocacy services were available if someone was unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times without discrimination.
- A relative confirmed to us that staff treated their family member with dignity and respect. They explained, "[Person] is respected, very much so."
- A staff member gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. They told us, "I always make sure windows and doors are closed and make sure I provide care in private."
- People received consistent, timely care from familiar staff who understood their needs.
- A confidentiality policy was in place and the provider/registered manager and staff understood their responsibilities for keeping people's personal information confidential. People's personal information was safely stored and held in line with the provider's confidentiality policy.
- A staff member explained, "We always make sure files are locked away in people's property so it is kept private."

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had been involved in the planning of their care with the support of their relatives.
- Plans of care had been developed when people had first started using the service. They included people's care and support needs and how they wanted those needs to be met. They also included their personal preferences about how they wanted to be supported.
- People's plans of care covered areas such as, mobility and personal care and showed the staff team how to support people in the way they preferred. They had been reviewed on a three-monthly basis. The provider/registered manager explained if concerns or issues arose prior to the three-monthly review, this would be brought forward so any changes in people's health or wellbeing could be identified and addressed.

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 provider/registered manager understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs and individual requirements.
- Plans of care contained a section relating to people's communication needs to ensure information was provided in an alternative format when needed.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place for people to follow.
- A copy of the complaint's procedure was included in the paperwork kept in people's homes.
- Relatives of people using the service knew who to go to if they were unhappy with the service. They explained, "I have no concerns at the moment, but I would go to [provider/registered manager] or their carer if I did."
- The provider/registered manager had received no complaints about the service since its registration in November 2017.

End of life care and support

- People's wishes at the end of life had been explored as part of the initial assessment process, and these wishes had been recorded in their plans of care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff understood the provider's vision for the service and they told us they worked as a team to deliver good standards of care.
- The provider/registered manager had been operating 28 Greenway since November 2017 and had been providing care and support packages since July 2019. They explained they were keen to build on partnership working with other agencies and had a clear vision regarding the service they wished to provide. This included the provision of high-quality care. They told us, "This is my passion. I want to provide a high standard of good quality care that meets people's needs in a safe and person-centred way."
- The staff team were able to share their thoughts on the service and be involved in how it was run. This was through informal meetings and day to day conversations with the provider/registered manager.

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

- The provider/registered manager regularly monitored the service being provided.
- Whilst monitoring took place we noted this was not always formally recorded. This was addressed during our visit with a system to formally record the monitoring of the service being devised.
- The provider/registered manager had developed a supervision and training programme to ensure staff received the level of support they needed and kept their knowledge and skills up to date.

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

- People and their relatives had been given the opportunity to share their thoughts of the service being provided.
- Surveys had been used and the provider/registered manager regularly visited people in their own homes to provide their care and support. During these visits, people's thoughts of the service were discussed. It was the provider/registered manager's intention to formalise these visits to be used as part of the monitoring process.

Continuous learning and improving care

- The provider/registered manager was committed to improving care at the service and took people's comments and thoughts on board.
- One of the people using the service shared it would be nice to know who was going into the call before they

attended. The provider/registered manager took this on board and explained once new staff had been recruited, it was their intention to develop staff rotas and provide these to those using the service for their information.

Working in partnership with others

- The provider/registered manager worked openly with stakeholders and other agencies.
- This included liaising with social work teams and other professionals such as GP's and district nurses when appropriate, to enable people to stay in their own homes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider/registered manager worked in an open and transparent way and understood their responsibilities under the duty of candour.
- The provider/registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.