

Galiant Health Care Limited

# Galiant Health Care Almondsbury

## Inspection report

1st Floor, Redwood House  
Brotherswood Court, Great Park Road, Bradley Stoke  
Bristol  
Avon  
BS32 4QW

Date of inspection visit:  
16 December 2021

Date of publication:  
08 March 2022

Website: [www.galianthealthcarelimited.co.uk/](http://www.galianthealthcarelimited.co.uk/)

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Galiant Health Care Almondsbury is a home care service providing personal care to people, some of whom needed support with mental health needs. At the time of the inspection the service was supporting 22 people.

Not everyone who used the service received personal care. 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.

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

People told us they felt safe, however, we received mixed feedback about the timing of their calls. Risks to people had been assessed but relatives told us a copies of these documents were not kept in people's homes. Medicines were only administered by suitably trained staff. There were systems in place to reduce the risk of cross infection. Safe recruitment procedures were followed

The registered manager had been absent for some time. There was a lack of clarity as to who was carrying out their role. Audits were in place but these were not up to date. People and relatives told us they were not always happy with the standard of communication with the office based staff.

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

The last rating for this service was good (published 9 August 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about the absence the registered manager. CQC had been told the registered manager was away on two separate occasions. However, CQC did not receive any formal management information to inform us of who and how the service was going to be managed in the absence of a registered manager. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

### 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 well-led?

The service was not always well led

Details are in our safe findings below

**Requires Improvement** ●

# Galiant Health Care Almondsbury

## **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 team consisted of three inspectors and one assistant inspector.

#### Domiciliary care

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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

We spoke with two people and seven relatives. We also spoke with six staff members and the nominated individual by phone. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed quality audits, two care plans, medicines information and staff

records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Staffing shortfalls were covered by other members of the team and the service had not used agency staff, However, feedback about staffing, from people and relatives, was mixed. A relative told us, "One day they arrived after 10am but still wrote their time of arrival as 9am. They were not in the house for the allocated one hour, they left early but they still wrote they had stayed an hour. My relative is washed and dressed, but the room is not always left tidy, I have asked for a drink to be left for them but it's not left." Another relative said, "My problem is they sometimes arrive at 10am instead of 9am then they return within 2 hours for the lunchtime call, this means there isn't a four-hour gap for the medicines or for food. I have often come and found food uneaten because my relative had a late breakfast so has not touched their lunch."
- Safe recruitment and selection processes were being undertaken to make sure that staff were safe and suitable to work at the service. For example, pre-employments checks were completed prior to an offer of employment being made.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and where needed a risk management plan was in place. This was to support staff to help people to manage an identified risk and keep them safe. These included assessments for the person's specific needs such as financial management, personal care and physical well-being, travel and accessing the community. Assessments were reviewed regularly and updated regularly.
- However relatives we spoke with consistently told us a copy of peoples care plans and risk assessments were not kept in their homes. This meant staff would not have the required documentation to follow and guide them during their visits in order to help ensure people's safety. One relative commented, I don't know if there is a risk assessment, no one at the office has been in. I don't feel my relative is getting all they need... We don't know what assessment of the house has been done."

### Learning lessons when things go wrong

- Accidents and incidents had not been analysed. Records were kept on the providers system, however there was no detailed analysis to pick up and identify any trends or areas to prevent recurrence.

### Using medicines safely

- Staff felt well supported to assist people with medicines. One said "Yes we support them with their medicine, morning and lunchtime after meals, I've had training, I am confident, I did the training online. I can call the office if I'm unsure I speak with my supervisor, who speaks to the manager."
- Records showed people's medicines were administered safely. Although one relative told us they were unsure if the medicine was administered at regular intervals as the time of administration was not recorded.

- Staff had been regularly trained and updated to be able to manage medicines safely. The staff had their skills assessed and were knowledgeable about people's medicines.

#### Systems and processes to safeguard people from the risk of abuse

- Some people and relatives felt the service was safe. Comments included, "They are extremely competent", "They work as a team", "We feel they know what they do", "I wish I had joined them earlier in my care journey, they are perfect" and "If there are changes, they will involve us" and "My relative was nervous at first, but the carers have made it easy and that's good."
- There were policies in relation to safeguarding and whistleblowing and staff continued to receive training based upon these.
- The staff had good insight and awareness of safeguarding procedures and how to keep people safe. The staff also knew how to report an allegation of abuse reported to them. One staff member said "Yes I've had safeguarding training, definitely there are so many situations like that, you call the attention of your supervisor and make management aware of it, management provide a solution quickly. We're not stranded or left without any assistance from management."

#### Preventing and controlling infection

- Policies were in place to monitor and manage infection prevention and control.
- The infection prevention and control policy demonstrated how staff should prevent infection.
- Infection Prevention Control audits were effective in managing risk to people.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was absent when we visited. We had been sent two notifications with different reasons for their absences. We asked the nominated individual if the registered manager was still involved in the service. They told us the registered manager was abroad for personal and professional reasons, but they were continuing with some administrative duties. However, they also told us the registered manager had left their post and would not be returning.
- The service was not consistently well managed, and we found limited provider oversight. There were audits in place, but they had not been kept fully up to date. There had been a failure to robustly analyse accidents and incidents to reduce future risks to people. This could put people at risk of harm. The providers own systems and processes had failed to identify the the concerns of people and their families in regard to communication, call times and a lack of documentation in people

The registered provider and the registered manager have failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service provided and the quality of the experience of people who used the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- CQC had not been formally told what the interim management arrangements were to ensure people were safe and receiving appropriate care and support. This conveyed a lack of oversight of how the service was being led and managed. It also failed to assure CQC that people were receiving care from a well-run service.

This further demonstrated the registered provider had failed to ensure systems and processes were established and operated effectively to continually assess, monitor and improve the quality and safety of the service provided and the quality of the experience of people who used the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- People and relatives had mixed views about how the office staff engaged with them. Comments included, "No-one has called to check on how things are going", "They are working extremely well", "I don't even know what is on the contract or what they are supposed to be doing, it makes it hard to know what I can ask for to improve", "They are very good; they always ask if everything is ok" and "I have asked for a care plan 3 times, I have even emailed requesting the care plan and invoice, I still have not received these." However, another person told us, "They are very good, they always ask if everything is ok."
- Staff felt engaged and supported. One said "It's really good, the work is very encouraging, we work together as a team they've been so supportive the management is top notch. They do things quickly, personal or work related."
- Staff showed a clear understanding of their roles and responsibilities. One of the staff said, 'Compared to some people I know in other organisations, people think we're treated well in this organisation.' Another said, "I just recently moved here in August it's been wonderful, working with them they have a very good responsive management team."
- The staff understood the visions and values of the service. This included being person centred, supporting independence and respecting people's views. Staff told us they made sure they put these values into practice when they supported people.

Working in partnership with others

- The service continued to work and liaise closely with GPs, district nurses, social workers, occupational therapists and cancer nurses. This helped to ensure people received 'joined up' care and support.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider and the registered manager have failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service provided and the quality of the experience of people who used the service.