

G&C Healthcare Ltd

G&C HEALTHCARE LTD

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

G&C Healthcare Limited is a domiciliary care agency providing personal care to people in their own homes. 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. The service was supporting 27 people at the time of our inspection. 26 people were supported with their personal care.

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

Overall people who used the service were satisfied with the care and support they received however the timing of people's calls required improvement.

Quality assurance and service auditing processes were in place although these were not always effective in detailing areas where improvement was needed.

Medication procedures needed improving to ensure checks were carried out to identify safe practice and protocols were required to ensure medicines were given as and when required.

Recruitment practices were not robust enough to demonstrate a safe recruitment process and this meant staff may not be suitable or fit to work with the people supported by the agency.

People, and their relatives, were involved in their need's assessment and the development of their care plans. Choices and preferences were documented so staff could deliver person centred care. Overall, people spoke highly of their staff teams and although communication was a challenge at times, people said staff delivered the care they were assessed to receive and sometimes provided additional support.

Staff had access to personal protective equipment (PPE), and used it appropriately to keep people safe.

People's dignity and privacy was respected, and staff told us how they listened to people and delivered care and support in line with their wishes.

Staff felt well supported and well trained. They felt listened to and had opportunities to seek advice and support.

Risk assessments were in place to reduce or mitigate identified risks and these could be updated as people's needs changed, as could care plans.

Staff had a good understanding of how to safeguard people from the risk of potential harm. People's complaints were listened to and acted upon. The registered manager was open and transparent and took opportunities to ask people about the service they received in order to improve people's experiences of care.

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.

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 31 October 2020 and this is the first inspection.

Why we inspected

We carried out this inspection after we received concerns from the local authority after they had carried out an unannounced visit.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

G&C HEALTHCARE LTD

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 Health and Social Care Act 2008.

Inspection team

This 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 houses.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure that the registered manager would be at the registered office to facilitate the inspection.

Inspection activity started on 28 February 2022 and ended on 10 March 2022. We visited the location's office on 01 March 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration in October 2020. We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who used the service and monitoring its quality. 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.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service or their relatives about their experience of the care provided. We spoke with seven members of support staff, including care assistants, two care coordinators and the registered manager.

We reviewed a range of records. This included three people's care records and extracts from others. We looked at five staff files in relation to recruitment, training and supervision. We viewed a variety of records relating to the management of the service, including policies, procedures and audit documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager provided us with requested documents to demonstrate training, audits and feedback received directly to the agency about the quality of the service provided.

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 manager told us they required two references prior to a person being appointed. However, we looked at five staff recruitment files and there was information missing for the provider to demonstrate a robust recruitment process. For example, only one of the files contained a reference and this was not a professional reference. Gaps in employment had not always been investigated and there was no documentation to reflect a thorough interview process.
- We saw how checks had been made to the Disclosure and Barring Service (DBS). The DBS help employers make safe recruitment decisions. We saw that two of the five files seen had a DBS check in place prior to the staff member's first shift. However, two files had a DBS but nothing to detail when the staff member commenced employment. We found that one DBS check had been made after the person had started. The registered manager could demonstrate how outstanding checks had been recently requested.
- Health Questionnaires were in place to check potential new staff were mentally and physically fit for the role they were employed into. These had not been used on all occasions. We saw only one questionnaire completed and one was signed but not completed.

This meant that the provider could not demonstrate a safe recruitment process to ensure people are only supported by people who are safe and appropriate to work with them.

This is a breach of regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they always received their care calls and that during the calls they had all of their care and support needs met. However, people also told us how staff appeared rushed. One person told us, "They do tasks fast then they are out of there."
- People also told us how calls were sometimes late, although most said they were informed if this was to happen. One person told us how a bedtime call was delivered early and so they told the staff member to come back later. One person told us, "I don't know about the timings, I'm not sure what my time slot is."
- Staff we spoke with told us they attended calls as per their rota. They did not consider they were rushed and commented they often spent more time with people, if they were not feeling well for example. They said they missed their breaks if this happened but did not take time off other people they supported.
- The registered manager told us they had a new system for monitoring call times. They were positive that this system identified if calls were running late and they had time to arrange additional support. Staff rotas did not detail visit times, so we could not verify whether calls were delivered at people's preferred times. The registered manager told us this was also being addressed so call times could be more effectively monitored.

Managing medicines safely

- People told us how staff gave them their medicines as they required them. Staff felt well trained and confident to administer medicines. They said how they have been observed to ensure their practice was safe. However, protocols to support people to receive medicines as and when required were not in place and this could lead to a person receiving medicine unsafely.
- Senior staff monitored the administration of medicines to check people were receiving their medicines as prescribed. These audit processes had been recently improved however had not been completed appropriately on the example shown to us by the registered manager.

Assessing risk, safety monitoring and management

- We saw people's care plans showed how some risks were identified and assessed in order to enable staff to support them safely. For example, people who needed support to be moved had their risks assessed and guidance was available to tell staff how to mobilise them safely. However, other potential risks had not been actioned. For example, one person was at risk of their skin integrity breaking down. There was no detail as to how staff should monitor this. When we asked staff how they would ensure this risk was managed safely they said they would refer any concerns to the manager, who would then contact a district nurse. Following the inspection, the registered manager told us they had implemented a new form to monitor people's skin integrity and pressure sore training is being delivered.
- Most people told us they felt safe when receiving care and support. Relatives told us their family members received safe support.
- Staff were aware of people's risk assessments to prompt them to deliver safe care. One staff member told us how a risk assessment had identified how they had to make some changes to the environment while they were delivering personal care. They said that this had made their job safer, both for the person and for themselves.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they would be confident to recognise and report abuse. They also told us they would be confident the registered manager or the care coordinators would listen to their concerns and take appropriate action.
- Staff received training to safeguard people from abuse to ensure they had the knowledge prior to supporting people. The staff training matrix reflected this training had been completed. This meant people were supported by staff who could protect them from harm or abuse if they witnessed it.
- The manager was confident to use the processes in place for reporting and managing risks and had worked with local authorities to keep people safe in the past. One care coordinator however, said they would not know what to do but they would report to the manager who was always available to speak with.

Preventing and controlling infection

- People told us how staff used personal protective equipment to reduce the risk of cross contamination. One person told us, "They are very hygienic, and I like this."
- Staff told us they were supplied with personal protective equipment (PPE) to ensure a reduced risk of cross infection and well trained and supported to manage infection prevention and control.
- Risk assessments were in place to assess and reduce risks in relation to keeping people, and staff safe during the pandemic. These assessments considered people's personal circumstances and their protected characteristics. The measures in place protected people from the risk of cross infection in order to keep them safe.

Learning lessons when things go wrong

- The provider acknowledged they had needed to make improvements to the service after feedback from

outside agencies, including safeguarding teams. We saw how action plans had been developed to make changes to prevent the risks of reoccurrence. This meant the management team could proactively make improvements to their practices and processes.

- Incident forms detailed lessons learned and identified actions to take to make improvements.
- The registered manager was very proactive at the time of the inspection reviewing issues and taking correctional action to make improvements.

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 needs were assessed before they used the service and the registered manager used these assessments to develop a care plan. We saw how plans were kept electronically and were linked to an electronic APP that was used by the staff to deliver the care as required. Staff told us this information was helpful to ensure they met people's needs.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion, disability and sexual orientation. This meant care could be delivered in line with people's preferences and choices.

Supporting people to live healthier lives, access healthcare services and support;

- People's health needs were monitored and reviewed. Care plans detailed changes to ensure continuity of care.
- Staff worked with occupational therapists, GPs and social workers. We heard the registered manager contact a health care professional to ask for a person's support needs to be reassessed after staff had identified the person's ability had deteriorated. This meant appropriate health care support could be delivered to a person when their needs changed in order for them to maintain their independence.

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

- When required staff supported people at mealtimes by preparing food and drinks. They offered additional assistance if needed and this was documented in care plans.
- People's dietary needs and preferences were documented after consultation with people and their relatives and staff were aware of these.

Staff support, induction, training, skills and experience

- Overall people who used the service spoke positively of their staff team. Most considered they had the skills and experience to meet their needs.
- Some staff working for the agency told us they were new to care but they had received good training and support to give them confidence to carry out their role effectively, especially the staff who were consistent. A relative told us, "I like that they are trained and then retrained."
- Staff told us they felt supported by the registered manager. One staff member said. "The registered manager is very supportive."
- Staff told us how they met as a team and had spot checks undertaken to ensure they were delivering care safely. This meant the provider could be confident staff were delivering care as planned.
- Staff told us they did training before they started working with people and also said they shadowed an

experienced member of staff to ensure they learned how to support people as they preferred.

- The majority of training was on line but staff told us it was sufficient to enable them to do their jobs safely.
- There were systems in place to ensure staff received mandatory and refresher training when needed. Staff understood why training was required regularly. One staff member told us, "We need to do refresher training to keep up to date on new laws etc." Another staff member told us, "The training has helped me a lot to understand."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 received training on the MCA and in discussions staff told us how they promoted people's choices and wishes when delivering their care and support. The registered manager told us that people had their capacity assessed prior to receiving a service and when necessary staff, liaised with relatives and family members to support people to make choices.

Staff working with other agencies to provide consistent, effective, timely care

- We saw how the provider worked with other agencies. For example, staff told us they liaised with district nurses to ensure continuity and monitoring of people's health needs.
- Health passports were in place and contained information for sharing should a person require hospital treatment or support. This ensured hospital staff were aware of people's support needs if they were unable to share them at the time of admission.

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 told us that staff were polite and courteous. Most people we spoke with commented how staff were a little hard to understand due to cultural differences but felt that this was improving as people got to know their staff team. One relative told us, "The carers are kind and polite."
- We saw care plans detailed people's personal wishes and preferences, and this meant staff could respect people's individuality. People religious and cultural needs were documented so staff could support them accordingly.

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

- Relatives told us they had been involved in the planning of their family member's care and support. This meant care was personalised with input from the people who knew them best.
- The registered manager contacted people who used the service and delivered care and support to them. This made them approachable and people were able to talk to them about their experiences. One relative said, "[The registered manager] is more than a manager. They are very approachable."
- The registered manager told us they had been involved in multi-disciplinary team meetings to discuss people's changing circumstances. This meant they could continue to deliver the care that met the person's needs.

Respecting and promoting people's privacy, dignity and independence

- People told us they trusted care staff to support them in ways that protected their privacy and maintained their dignity. A relative told us, "[Relative's name] tells them how to support them. They like it their way. The carers are very patient."
- Staff told us how they treated people with dignity and respect. They said they received training which covered this, and other staff demonstrated good practice during shadowing.
- The manager promoted confidentiality of information by password protecting documents and providing training to staff on the importance of this. This meant information could only be accessed or shared with people who needed to see it.

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 requires improvement. This meant people's needs were not always met.

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

- People told us the care and support they received met their assessed needs however, call times did not fit in with their preferred or requested times. One relative told us they had asked carers to return later as their relative needed support to go to bed and it was too early. One person told us they had time specific medicines so care staff had had to return to administer it. Another told us that there had been a very short gap between two calls meaning the person had their breakfast and soon after the staff returned to deliver their lunch time support.
- We fed this back to the manager who has, since the inspection, introduced a new system which clearly detailed call times and staff are made aware of these times. It was too soon to see if this was effective, but this system should enable the service to be more responsive to people's individual needs.
- People had the opportunities to tell staff how to meet their care and support needs and they told us they were listened to. This meant they could maintain control of their care and support and the staff responded to meet their needs and preferences. One staff member told us they were responsive to support people with their assessed needs and any additional support they requested. They said, "They tell us what they want and what they don't want. We listen." A relative told us, "They do what's planned but also do what's needed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager advised us that any individual communication needs would be documented in a person's care plan. They told us information could be made available in different formats to ensure information was accessible. For example, information could be produced in large print.

Improving care quality in response to complaints or concerns

- We saw how complaints were documented by the registered manager and how they responded to them. Letters to complainants started with an apology. They maintained a complaints log which detailed outcomes and actions required.
- People who used the service said they would feel confident to contact the registered manager or the care coordinators if they had a concern or complaint about the service. One person said, "They are very approachable, I can talk to them."

- Some people had raised concerns. One person told us how improvements had been made as a result and another told us they could not resolve their complaint. The registered manager continued to contact them to ensure they were receiving appropriate care while a new care provider was found.

End of life care and support

- People's care plans contained information about their religious beliefs, and some contained basic information about their wishes should their care needs increase.
- There was no one currently being supported for end of life care.
- Some staff had received training in end of life care so they would have the skills and competencies to support someone during this stage of a person's life.

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 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

- The provider had previously had issues with medicines monitoring. These were identified during an external assessment by the local authority. They had failed to identify errors. A new, more detailed audit form had been introduced in response to this shortfall, however the completed audit we saw did not accurately reflect the person's medicine requirements. This meant the audit process was still not effective.
- Despite some systems being in place to ensure staff recruited were safe to work with people, we identified these had not always been effective. References were not always in place, there were gaps in people's employment histories and inconsistency around DBS checks which had not been identified by the provider prior to our inspection.

This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits, such as call timings had been carried out and although they identified the number of calls were reducing there were still a high number of late calls. This meant calls were still not being delivered at people's preferred times.
- The registered manager was clear about their role and responsibilities and spoke passionately about the service they led.
- Support staff all told us that they were aware of their role and said the care plans effectively supported them to deliver all care and support required. They knew when they had to escalate issues and did this effectively. For example, when people's needs changed or if they had a safeguarding concern.

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

- People were satisfied with the service they received, and some people said the service had recently improved. The registered manager told us how they were making improvements to ensure better outcomes for people. For example, they had introduced a more robust call time monitoring system, and this was currently being monitored daily.
- The registered manager and care coordinators had begun visiting people in their homes to review the service they received. Two people we spoke with confirmed this by saying they had recently received a visit. One person had received a phone call. This meant the registered manager could ensure the service was effective to meet people's needs.

- Staff told us that they felt supported by the management team and said they would be listened to if they raised a concern. One staff member told us, "The manager is always available to us and this is important, especially if we have a problem with the care we are delivering."

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 registered manager was open and transparent about issues and incidents. When complaints were received, they apologised. They took action when things went wrong. The training matrix reflected training had been provided to raise awareness of the duty of candour. This meant they could act within their duty of candour when required.

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

- Staff and people who used the service told us the registered manager listened to them and took their feedback on board to make improvements. For example, one person had stated their call time was not suitable and this was reviewed. This demonstrated that people's views and opinions were valued and responded to.
- Staff told us information was shared with them via a number of forums. We saw how compliments about the quality of care were shared with staff teams to recognise the work they had done.
- The registered manager was seeking feedback from people who used the service and was involved in meetings when concerns were raised. They used these opportunities to make improvements.

Continuous learning and improving care

- The registered manager had developed an action plan to address concerns identified during a recent external audit. We could see some progress had been made towards meeting the outstanding requirements and the registered manager acknowledged more was required. They had a plan to address this.
- The registered manager had identified some of their processes were not accurately reflecting care and support given and they had reviewed the system to improve this. For example, where information had not been recorded on a care plan as completed, it was because of a mitigating circumstance and did not accurately reflect why the omission had occurred. For example, when medicine had been stopped for a person, staff had to record it hadn't been given. As there was no opportunity for staff to say why it hadn't been given, this looked like an error. This issue had been referred to the developer of the electronic APP they used.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities who commissioned the service and other health and social care professionals to provide joined up care.
- We heard the registered manager liaise with professionals in order to reassess and improve the service for people when the agency was unable to meet their needs effectively or safely.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers audits were not always effective at identifying unsafe or poor practice.</p> <p>Recruitment practices were not robust enough to demonstrate a safe recruitment process.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider could not demonstrate a safe recruitment process to ensure people are only supported by people who are safe and appropriate to work with them.</p>