

Gain Care Limited

GAIN Care Limited - Leeds

Inspection report

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Leeds
West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

GAIN care is a domiciliary care agency. It provides personal care to adults living in their own homes, some of whom required end of life care. At the time of the inspection, the service was supporting 11 people.

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

People told us staff asked for their consent before supporting with care tasks. Some people could not give informed consent for some areas of their care, including for restrictions in place. People were supported to have maximum choice and control of their lives and we did not find evidence that these restrictions were not in people's best interests, however mental capacity assessments and best interest decisions were not always decision specific or did not always detail all relevant decisions. The policies and procedures in place were not being followed.

During this inspection, we reported safeguarding concerns to the local authority in relation to restrictions placed on people as part of their care because these were not clearly documented and assessed.

Recruitment was not always carried out in line with requirements and guidance.

Improvements were required in relation to how people's medicines were recorded and staff's competencies checks were evidenced. We have made a recommendation in relation to management of medication.

Quality assurance systems in place were proportional to the current size of the service however, some had a limited cover and these had not always been effective in identifying and driving the necessary improvements. We have made a recommendation about the implementation of effective audits.

The provider ensured staff followed safe infection control practices and had enough personal protective equipment (PPE).

Staff felt well supported by management. There was a system in place to ensure staff were inducted and shadowed other experienced members of staff. Staff received varied training; however, the specific training, meet the needs of people who might display behaviours that challenge others had not been completed.

People were supported by staff who were caring and respected their dignity and privacy.

There was a complaints system in place. People and relatives told us they were confident that if there was any concerns, they could contact the registered manager and they would act on their concerns.

Relatives and people knew the registered manager and told us they were approachable. The registered manager told us about their plans to develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 21 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to consent and fit and proper persons employed at this inspection.

We made two recommendations for the provider to review good practice guidance in relation to the management of medicines and in relation to the implementation of effective quality assurance processes.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

GAIN Care Limited - Leeds

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 March 2022 and ended on 17 March 2022. We visited the location's office on 10 March 2022.

What we did before the inspection

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

improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team, and Healthwatch Leeds. 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 of this information to plan our inspection.

During the inspection

We spoke with one person using the service and six relatives about their experience of the care provided. We gathered information from four members of staff including the registered manager.

We reviewed a range of records. This included two people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 of 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

- Staff's recruitment was not always completed safely.
- Some staff had started working before the required Disclosure and Barring Service (DBS) checks had been completed. This had happened for staff who had been recruited from overseas and although we saw evidence of criminal checks completed on their countries of origin, these did not cover all the requirements that staff working in social care needed to meet. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services
- Staff's employment history was not always recorded. There was no evidence that gaps in employment had been explored.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was conducted safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us staff did not miss visits and arrived on time. Care was provided by a consistent team of care staff. Comments from people and relatives included, "They are a team of six to eight regular carers who look after [person] and they are usually on time, or I get a call if they are going to be a bit held up" and "There is a team of regular carers who come to support [person] and they do a good job."

Using medicines safely

- We did not identify medication errors, however there were several issues with the recording of medication.
- Staff who administered medication had been trained and they told us their competency to administer medication had been assessed by a senior member, however these were not recorded.
- People and relatives told us medication was administered safely and in line with their preferences.

We recommend the provider reviews current guidance on managing medication safely in the community and takes action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager and staff told us when they would report any safeguarding concerns. However, during this inspection we were not assured with the restrictions in place for two people who used the service.
- One person who used the service required adapted equipment and staff's physical intervention to restrain

their movements during personal care. Although there was no evidence that care planned was not in this person's best interests, we were not assured with the lack of investigation of some marks found on this person's body and the documentation surrounding this practice. We referred our concerns to the local safeguarding team.

- There were safeguarding policies and procedures in place.

Assessing risk, safety monitoring and management

- People and relatives told us the provider delivered safe care.
- We found most risks to people's care were well recorded and mitigation measures put in place to manage the risks. There were a few examples where we found a risk assessment was required for a particular risk related to a person's health, we raised this with the registered manager, and they told us they would act on this without delay.
- We saw evidence of some checks on the safety of the equipment being completed and staff told us they would check this. The provider had a list of equipment used to move and lift people, however this list did not detail when checks had last been completed.

Preventing and controlling infection

- Staff told us PPE was available. People and relatives confirmed staff used PPE during delivery of care.
- The registered manager had systems in place to ensure people and staff remained safe and protected from the spread of infection. Policies on infection prevention and control and COVID-19 which were in line with national guidance.

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 of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people using the service could not give informed consent for some areas of their care, including for restrictions put in place. We did not find evidence these restrictions were not in people's best interests, however, these had not been lawfully authorised by the Court of Protection.
- During this inspection, we found mental capacity assessments and best interest decisions completed were not always decision specific, did not always detail all relevant decisions or had not been completed in line with MCA requirements and code of practice.

Systems were either not in place or robust enough to demonstrate consent was sought and recorded appropriately. This placed people at risk of harm. This was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff asked for their consent before supporting with care tasks. One person told us, "The carers are always asking me if it's OK to do things."

Staff support: induction, training, skills and experience

- Staff went through an induction period and shadowed experienced members of staff before working.
- Staff received varied training. However, specific training to meet the needs of people who might display behaviours considered challenging to others had not been completed and some people using the service had planned restrictions including physical restrictions. We asked the registered manager to seek adequate

training for staff in this area. Training was ongoing for areas such as end of life care.

- The provider told us staff were offered monthly supervision and staff confirm this was happening regularly. We reviewed records that confirmed this.
- Care workers told us they were satisfied with the training and support they received from the provider.
- People and relatives told us staff were knowledgeable and skilled. Their comments included, "The carers seem to know their jobs well; experienced staff train new carers and it seems to work well" and "I think they (carers) are well trained to do their job and they are very kind."

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

- The registered manager carried out needs assessments prior to providing support to people and worked with relevant commissioners of care to ensure relevant equipment was in place.
- People and relatives confirmed that everything was agreed and in place before the care visits began. One relative said, "[Person] has only been having support from Gain Care since [date of start of care package], but they visited our home before they started and did a full risk assessment."

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

- People and relatives told us staff supported people appropriately with their meals, this was either by helping to prepare meals or assisting people to eat or drink.
- Care plans in relation to dietary and nutrition needs were completed. These contained the support that people needed and how this support could be delivered by care workers.

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

- The provider kept in contact with relevant healthcare professionals involved in people's care.
- Staff told us what they would do if people felt unwell, including how to deal with an emergency, such as call for an ambulance.
- People and relatives confirmed staff contacted other healthcare professionals when required. Their comments included, "They [staff] provide pro-active, person-centred care. Always making suggestions, reporting changes, alerting the GP when [person] got a bad urine infection, just generally being very proactive."

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 and relatives told us staff were kind and friendly. One person said, "They are very kind and very caring to me." Relatives told us, "There is a good level of genuine empathy and care among the staff and despite [person's] complex needs, they cope well and are in constant contact with me and the office" and "They all really care about my [person]. They are an extension of the family and in many areas do better than the family could possibly do, so [person] is in good hands."
- People and relatives spoke positively about the impact of the care they were receiving was having on their lives. One person explained how they valued the support provided by staff to enable them to continue living in their own home. Relatives told us, "I have peace of mind that [person] is being well looked after" and "I really wasn't expecting this level of care. It is definitely what [person] needs right now and it has given me real peace of mind."

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

- Records did not always evidence regular reviews were taking place. We discussed this with the registered manager and after our inspection visit, they sent us further information about reviews of certain people's care. However, this still did not show what had changed following a review or who had been involved. It is important to review people's care and involve relevant people to make sure care delivered continue to be in line with people's needs and preferences.
- People and relatives told us they were involved in the care delivered and felt listened to. One relative told us, "The carers are always chatting away to [person] as they are working and they listen to what [person] tells them and wants them to do."

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their dignity and privacy and promoted their independence.
- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care.

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.

End of life care and support

- The provider was caring for people who required end of life care. Although people's care plans did not always detail people's particular end of life care wishes, relatives told us staff provided person centred care in this area and were in contact with relevant professionals. Comments included, "The manager has been in contact regularly and makes sure that everything is going well. There are three departments involved, district nurses, hospice and agency, and they communicate well with each other."
- We reviewed evidence confirming that specific training around end of live care was being delivered to staff.

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

- People's care plans were centred around their needs and included relevant details about their health, care needs and preferences. However, end of life wishes were not recorded.
- Staff were knowledgeable about people's care needs and preferences. People told us they felt staff knew them well.

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.

- People's communication needs were assessed and included in their care plans to ensure staff communicated with people adequately. For example, one person's care plan detailed, "My first language is English, I can hear well, I am partially sighted and so this might affect my communication" and then specific instructions were given to how staff should communicate with this person to enhance their understanding and involvement during care.

Improving care quality in response to complaints or concerns

- The service had complaints policies and procedures in place. At the time of our inspection, there were no complaints logged.
- People and relatives told us they were confident that if they had any concerns they could contact the registered manager and they would act on their concerns.

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; Continuous learning and improving care; 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

- Quality assurance systems in place were proportional to the current size of the service however, their effectiveness could be improved in relation to checking medication, care plans and the quality of staffing records.

We recommend the provider reviews how to implement effective audits and takes action to update their practice accordingly.

- The provider carried out regular spot checks to oversee staff performance and to check the quality of care and people's experiences.
- We saw examples of how the provider had communicated with people and relatives when incidents had happened, and improvements were required. This showed the provider understood their responsibilities to be candid, open and transparent.
- People and relatives felt the service was well managed. They were complimentary about the staff and the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives consistently told us they were satisfied with service. Comments from people included, "They [carers] make a difficult job look quite easy and they always seem happy when they come. I think they really enjoy their job" and "Whatever the service they have provided for me, it has all been excellent and I feel the business is well-led, which is a comfort." Relatives told us, "The team have quite quickly developed a rapport with [person], so I think [person] feels confident he is getting the care he wants" and "I think I would recommend them. It has been a positive experience at a difficult time for the whole family."
- There was an open culture within the service. Staff told us the registered manager was supportive, that they could raise concerns with them and they were listened to.
- The provider was responsive and open with the inspection process; they told us they would act on our recommendations and demonstrated a willingness to continuously learn and improve.

Working in partnership with others

- The registered manager told us they were in regular contact with other health and social care professionals to deliver good outcomes for people. This included working with commissioners and health and social care professionals such as care managers, social workers and district nurses.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>We found mental capacity assessments and best interest decisions completed were not always decision specific, did not always detail all relevant decisions or had not been completed in line with MCA requirements and code of practice.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment was not always conducted safely.</p>