

Global Access Limited

GA24Care

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

GA24Care is a domiciliary care agency that provides personal care to people living in their own homes in the community. At the time of the inspection the agency was supporting 25 people, 23 people were receiving support with personal care.

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 could not be assured that a safe recruitment process had been completed for all staff. This was because not all documentation, such as two references, and obtaining a disclosure and barring before staff started working for GA24Care was in place.

People had care plans that clearly described the support they needed and the times they needed support. Some of the care plans we saw would benefit from additional information such as people's life history, hobbies and interests. This would aid new care workers to build relationships with people and get to know them. Risk assessments were generic and needed to reflect the needs of the person.

People and relatives felt the care and support was safe. Staff had understood their responsibilities in keeping people safe including where there was an alleged abuse. Medicines were managed safely and administered as prescribed. People said staff turned up on time and stayed for the full duration of the visit.

Recruitment was ongoing to ensure they could meet the needs of their existing clients and take on new packages of care. The senior management team helped provide care to people. This enabled them to get to know people and continually review the care of people, including seeking their views about their care. Moving forward more formalised ways of receiving feedback was being implemented such as surveys and documenting telephone feedback calls.

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 and relatives spoke positively about the staff that supported them. Where concerns had been voiced, the provider had listened and taken action to improve the care package.

Systems were in place to monitor the quality of the care for people. Improvements were needed to ensure these were robust such as ensuring recruitment information was in place prior to employing new staff.

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 30 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to provide the service with a rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for GA24Care on our website at www.cqc.org.uk.

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 and will take further action if needed.

We have identified a breach in relation to the failure of ensuring all recruitment documentation was in place prior to staff starting work.

We have recommended the provider review their governance arrangements to ensure systems are in place to monitor all areas of the business.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

GA24Care

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

The inspection team consisted of one inspector.

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. 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.

At the time of our inspection there was a registered manager in post.

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 June and ended on 14 June 2022. We visited the location's office/service on 14 June 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we had received about the service since they registered with the Commission. We used all this information to plan our inspection.

During the inspection

We spoke with four people and five relatives about their experience of the care provided. We spoke with five care workers, the provider, the registered manager and a care co-ordinator. We sought feedback from two health and social care professionals about their experience of working with GA24Care.

We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service. We looked at training data, risk assessments 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.

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

- People were not protected because new staff had not been through a robust recruitment process. Not all staff had completed their application forms with their full employment history, and some had only recorded their last employer.
- One member of staff had only one reference from an employer that was not mentioned on their application.
- Two members of staff did not have a disclosure and barring disclosure that had been completed by the provider, one care worker did not have one and the other was completed by their previous employer. There was no risk assessment to support the decision process in employing these care workers, where they were unable to obtain a DBS. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. Staff had not signed their self-declaration in respect of any convictions on their application.

The provider did not always follow their recruitment process and ensure adequate checks were in place for new care workers. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment was ongoing as the provider was building up the business. People would only commence a service once suitable numbers of care workers were appointed. Care worker's right to work was checked to ensure they were legally able to work in the United Kingdom.
- People were cared for by suitable numbers of care workers. The management team was actively involved in the care of people receiving a service. People told us they had not experienced any missed visits and care workers usually stayed the full duration of the visit. One person told us, "I do let staff go early, on occasions to enable them to catch their bus". One person said they had experienced lots of different care workers, but this was settling down.
- There was a lone working policy and an 'on call', where care workers could receive management support.

Assessing risk, safety monitoring and management

- People and their relatives confirmed they felt safe when being supported by GA24Care. A relative told us, "No concerns in respect of safety, the staff are very good and let me know if there are any concerns". Another relative said, "We have a clear plan if staff cannot gain access as mum does not always hear the doorbell. Staff will ring mum and let me, and the office know if there is still a concern".
- Environmental risk assessments were completed to ensure people's homes were safe. These were kept under review. The scoring of the risks was misleading and similar for three people even though they had

different support needs and personal circumstances. The registered manager said this would be addressed and reviewed to ensure they were more person centred and reflected people's individual needs.

- People's risk assessments did not include information about how they could turn off water, gas or electricity supply in the event of an emergency. The registered manager assured us this information would be gathered and recorded.
- Care workers described to us how they kept people safe and the communication that was in place to support them in their roles, including policies procedures and training. Care workers said, where they were concerned about a person's safety the management team would respond either in person or provide telephone advice.
- Systems were in place to ensure information was gathered before people started a service. The registered manager met with people and liaised with the funding authority to ensure they could meet the person's individual needs. This was an opportunity to discuss any risks and any support needed. A professional told us, "They have been very thorough when assessing risk to themselves and the service user and ensuring the correct equipment is used".

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Care workers had received training and knew what they had to do, where they were concerned about a person's welfare or they had been subject to abuse either by another care worker or by a friend/family member.
- People were provided with a service user guide, which clearly outlined the role of the care worker. This included information about handling money, gifts and wills and how people could raise concerns to either the registered manager or the local authority safeguarding team if there was an alleged abuse taking place.
- Safeguarding alerts had been made to the local authorities safeguarding team and concerns were shared with social workers in respect of self-neglect or where there were concerns about a person's welfare.

Using medicines safely

- People's medicines were managed safely. Care plans included the support people needed in relation to their medicines. One person said, "No concerns how staff support me, (with my medicines) they act as my memory as I will forget to take them". Another person said, "They put them in a pot to make it easier".
- Care workers had received training in medicine management and their competence was assessed.
- Medicine records were recorded electronically. Care workers were unable to log out of the visit if medicine records were not completed. This acted as a reminder for care workers and the management team could monitor in real time. This was because the office received an alert that medicines had either not been given or documented.

Preventing and controlling infection

- Care workers told us that they had received infection control training and had access to appropriate personal protective equipment (PPE) to support people safely. A member of staff told us they were able to either collect gloves, masks and aprons from the office or a senior care worker would deliver to them. People and relatives confirmed staff wore PPE when in their homes.
- The provider had policies and procedures relating to the pandemic. However, this had not been reviewed since December 2021 and government guidance had changed. The provider was signposted to the updated government guidance. It was evident from conversations they were aware of the testing regimes for care workers and updated guidance in respect of personal protective equipment. They were continuing to keep people safe as restrictions in respect of the pandemic were being lifted.

Learning lessons when things go wrong

- At the time of the inspection, there had been no accidents so we could not review how they

were recorded and investigated. However, the log of complaints showed how incidents/concerns were investigated and improvements were made. Clear action plans were in place to address and minimise further risks to people.

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 receiving a service. This included seeking the views of the person on how they wanted to be supported, their family and other health and social care professionals.

Staff support: induction, training, skills and experience

- Care workers received training, which included a comprehensive induction based on the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- Training updates were planned annually but as yet no staff had worked more than 12 months. Care workers would also have an annual appraisal completed of their performance and identify any training needs.

- Care workers confirmed that they had a combination of face to face and online training. One member of staff said they had been supported by the management team and they had worked alongside them until they were confident. Care workers said they were supported in their role and the training had enabled them to support people effectively.

- The care co-ordinator said they were completing spot checks on all care workers employed. This had recently been introduced to ensure care workers had the skills, competence and people were happy with the care being provided. Spot checks are where staff are observed in their day to day role of supporting and enabling people.

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

- There were systems in place to ensure people had enough to eat and drink if this was part of their plan of care. Food and fluid charts were in place where concerns had been raised.

- People confirmed they had the support they needed in relation to eating and drinking.

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

- People's care plans included information about any health conditions that care workers needed to be aware of. The people we spoke with said they either managed their own health care appointments, or their family assisted in this area.

- A social care professional told us, GA24 had been responsive in helping take the pressure off one person's family by arranging GP and hospital appointments. They also said that when the person was more confused, the registered manager had arranged for checks to be completed to rule out an infection.

- From talking with the registered manager, provider and the care co-ordinator if they were concerned

about a person they would liaise with the person's GP, district nurses and the dementia wellbeing team where relevant to ensure a consistent and co-ordinated approach.

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.

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, 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.

- People's capacity had been considered in line with guidance.
- Care workers had received mental capacity training. One care worker said they always provided a choice and involved the person in their care. Another member of staff said, "I always ask the person before helping them". Care workers communicated with the office where a person was regularly refusing care and support. The registered manager told us in these incidents, they would liaise with the person's family, social worker or the person's GP where relevant.
- Care records included information on whether a person had a legal representative in respect of decisions about their health and finances.

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 the staff treated them respectfully and with kindness. One person told us, "Generally satisfied with care, two of the girls are splendid, the chaps, one is particularly good". Other comments included, "Over and above on occasions", and "A lot better than the last agency".
- Relatives spoke positively about the care and support. One relative said, "Two staff are outstanding, they treat (name of person) with respect. They are lovely". They went on to say the staff treat (name of person) as one of their own family. Another relative stated, "We have a rhythm, we have had the same carer for a while. They have a laugh and always chatting".
- The registered manager ensured people were treated equally and their protected characteristics under the Equality Act were respected and promoted. People's spiritual, religious, cultural, gender or sexuality needs was discussed as part of the initial assessment process.

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

- People told us they were involved in their care and how the care workers supported them.
- The registered manager told us care was reviewed with people and their relatives. People confirmed they were listened to and changes made to the care where needed, such as timings or the care worker supporting them. People's views were recorded in their care plan in respect of the gender of staff they would prefer to support them.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff encouraged them to do what they can, to enabling them to be independent and remain in their own home. One person told us because of their condition the help they needed could vary and care workers were flexible in their approach and always asked what support was required.
- People told us how staff helped them to remain in their own home, for example assistance with taking the bins out or picking up shopping for them such as bread and milk.
- Staff described to us how they ensured a person's dignity and privacy was respected. This included assisting someone to put their dressing gown on so they could access the family bathroom, shutting the bathroom door, closing curtains and only exposing parts of the body they were helping to wash.

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had plans of care based on their assessment of need. People and their representatives were consulted about how they wanted their care to be delivered.
- Some areas of care planning would benefit from more information. For example, some people just had 'retired' recorded in their care plan, but not any information that would enable staff to build up a conversation such as past work roles, hobbies and interests. No one had come to harm and it was evident that the staff had built good relationships with people and were knowledgeable about the people they supported. However, this would help new staff when they were introduced to people.
- Two people told us how over the weekend of the jubilee they had been supported to go for a walk, cup of tea and a slice of cake with their care worker. The registered manager told us they had asked people especially those without family or that had no family close by, if they would like to do anything during this period. The registered manager was also supporting a person to go out for their birthday.
- A health professional said, "GA24 was responsive and supported a person at short notice and provided a consistent carer who has built a very good and respectful relationship with the lady".

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.

- Care plans contained information which showed how people communicated and how staff should communicate with them. This included whether a person required any aids such as glasses or a hearing aid.
- People's daily records were held electronically. The registered manager said they were reviewing how information could be shared with the person or their relatives in real time. The registered manager said that they would respond to any requests. For example, one person had two agencies involved in their care and a written log was kept in the home to aid communication.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how they could make a complaint. People told us the registered manager had regular contact with them. One person said, "I have raised a concern about a member of staff, and they have not come back". Another raised a concern about the consistency of staff. They told us this had got much better recently.

- The service user guide included information on how people could raise concerns not only with the provider but if they were not satisfied, the next steps such as the local government ombudsman.
- The registered manager maintained a log of complaints and the actions that had been taken to address people's concerns.

End of life care and support

- No one at the time of the inspection was receiving end of life care. People's wishes were recorded in the plan of care and contact details of any representatives.

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 registered manager was in the process of implementing quality assurance checks such as spot checks, medication and care audits. However, their quality checks had not identified shortfalls in ensuring recruitment checks had been completed and that care plans and risk assessments needed more person-centred information. Assurances were given that these would be addressed.

We recommend the provider seeks advice from a reputable source on ensuring robust governance arrangements cover all areas of the business and take action to update their practice accordingly.

- The service was still in its infancy. They had started to provide care to people from October 2021. The senior management team were assisting in providing care to people and had good informal arrangements for monitoring care. Quality assurance systems were being embedded and the next steps was seeking formal feedback about the quality using surveys with people, relatives, staff and professionals.

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

- People confirmed they received the care they needed at the time that suited them. One person said, "There had been an issue with times, but this was now later and suited them better". Another person said, "I did not like one member of staff, but they have not come back since I raised this with (name of manager)". This showed the service empowered people and listened to them, taking action to achieve positive outcomes for people.
- Everyone we spoke with knew the management structure of the service and confirmed they had regular contact with the registered manager, provider and the care co-ordinator. One person said, "Overall, I am happy with the care, they are punctual, there is good communication, but I especially like the staff".
- Feedback from relatives was that they were very much involved in the care of their loved ones and were kept informed of any changes. A relative said, "Mum loves them. I know because the amount of calls I receive from mum has greatly reduced". Another said, "Mum can be anxious, but they always introduce new staff and she seems settled with X (name of care worker)".
- Staff said they felt supported in their roles and received regular updates via email and a social media group. Staff said they often work alongside the management team and could contact them for advice and support at any time.
- Feedback from health and social care professionals was positive. A social care professional told us, "I have

had nothing but praise for the support provided in what has been complex and challenging cases. GA24 have been thorough and often going beyond what was requested at time of commissioning".

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 had not reported an incident of an alleged theft in January 2022. This was fully investigated including the involvement of the police, which was not substantiated. After the site visit this was notified to us retrospectively. We have signposted the provider to our guidance on notifications that are required to be submitted.
- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Majority of people said their care workers were kind and caring. Two people raised concerns about their care workers understanding of the English language and the difficulties they had experienced with communication. It was evident they had discussed this with the registered manager. To help the staff, the registered manager had supported them to enrol in a local college to improve their skills in this area.
- The registered manager described to us how he matched people with staff with similar interests. They said one member of staff had blossomed and was working very well with a person with dementia. It was evident they were supporting this member of staff and looking to develop their role so they could become a dementia champion. Additional training was being provided.
- A recent team away day had been arranged to share good practice about supporting people with dementia.

Working in partnership with others

- The provider, the registered manager and the staff worked with key stakeholders, which included the local authority and health and social care professionals. This was to facilitate the support and care of people using the service.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have systems in place to ensure their recruitment process was followed so adequate checks were in place for new care workers.