

Mrs Gillian Elizabeth Walker

GC Home Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 20 and 23 November 2017. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This announced inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services.

There was a registered manager in the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On our last inspection on 8 September 2015 the service was rated as Good; on this inspection we found the service remained Good.

People continued to receive safe care. People were protected from unnecessary harm by staff who knew how to recognise signs of abuse and how to report concerns. The staff were confident that any concerns would be reported by the registered manager. Individual risks were assessed and reviewed to keep people safe and protect them from avoidable harm. Some people received assistance to take medicines and records were kept to ensure that this was done safely. There were enough staff to provide care for people and safe recruitment procedures in place to ensure they were suitable to work with people.

People continued to receive effective care. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People were able to make decisions about how they wanted to receive support to ensure their health needs were met. Staff were supported and trained to ensure that they had the skills to support people effectively. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

The care people received remained good. People were treated with kindness and compassion by staff who knew them well. People liked the staff who supported them and had developed good relationships. People had a small team of staff who provided their support in the way they wanted. Care was planned and reviewed with people and the provider ensured that people's choices were followed. People's privacy and dignity were respected and upheld by the staff.

The service remained responsive. People had care records that included information about how they wanted to be supported and this was reviewed to reflect any changing needs. There was a complaints procedure in place and people knew how to complain and were confident these would be responded to.

The service remained well led. Staff listened to people's views about their care and they were able to influence the development of the service. Staff felt well supported by the registered manager. The quality of care was assessed and monitored to ensure standards were met and maintained. The registered manager understood the requirements of their registration and informed us of information that we needed to know. The manager promoted an open culture which put people at the heart of the service.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

GC Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

GC Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults in Nottingham. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, 19 people were using the service.

On our last inspection on 8 September 2015 the service was rated as Good; on this inspection we found the service remained Good.

This was an announced inspection and we gave the provider five days' notice of the inspection site visit. This was because the service is small and the manager is often out of the office supporting staff or providing care and we needed to be sure that they would be in. The inspection site visit activity started on 21 November and ended on 23 November. It included telephone calls to nine people and relatives. We also spoke with six staff members, the registered manager, deputy manager and a manager from another organisation who also provided care for people who used this service. We received written feedback from a care co-ordinator from the local authority. We visited the office location on 23 November to see the registered manager; and to review care records and policies and procedures.

This announced inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services.

On this occasion we did not ask the provider to send us a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and what improvements they

plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks. We reviewed statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

Is the service safe?

Our findings

People felt there was enough staff to provide safe and effective care. People had a small group of regular staff who provided all their care and who they knew well and were comfortable with. One person told us, "I think all the carers really understand my needs. I am very happy and hope I can use them for as long as I can." Another person told us, "I always have the same staff each week. If one member of staff is on holiday, I have another, but I always know who they are." Another person told us, "I have been using this company for a long time now and they are the best." One social care professional told us, "They will not leave until that person is safe. This has meant, on occasion as needed, working additional time without the expectation of being paid because they were ensuring that all needs are met."

Staff had a good understanding and knowledge of safeguarding people and knew how they may recognise possible abuse or neglect. The staff understood their responsibilities to report any concerns and one member of staff told us, "If we see anything out of the ordinary then we just report it. There is a team of people who look after safeguarding and they can investigate this if we report it. We know there are different types of abuse and this includes neglect."

Risks associated with people's care and support were recognised and managed. Staff knew people well and where people used equipment to move around their home, this was included in the assessment of risk. An environmental risk assessment was completed for hazards in the home including any electrical or gas equipment the staff would be expected to use. Smoke detectors were checked on a weekly basis to ensure these were still working. The assessment also included whether there were any known infection control issues. Personal protective equipment such as gloves and aprons were available and the assessment highlighted whether additional equipment was needed, such as face masks.

Where people needed support to take their medicines, they were confident they received these as required. One relative told us, "The staff give [Person who used the service]'s tablets twice a day. The staff make sure they have gone before signing for them in the care plan." The care records included information about what medicines people needed and the level of support required. Where people needed medicines on an 'as required basis' the staff told us that the manager would visit to help people take these medicines to make sure they were suitably administered. Where staff identified that any medication had not been given, they reported this to the office. One member of staff told us, "We have to do something about it there and then so we can find out what to do. We don't ignore it."

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, including previous experience and training.

The provider recognised errors and reflected on situations to make on going improvements. For example, they reviewed how medicines were received and checked in people's homes. Previously only the tablets had been checked; an error was identified as a person had received other medicine from the pharmacy which

had not been prescribed to them. The registered manager told us, "We now check everything that comes into the home, no matter what it is so we can make sure everything is right."

Is the service effective?

Our findings

New staff received an induction into the service and worked alongside experienced staff member so they had an opportunity to get to know people. People were confident that staff knew how to support them and they received care from a small team of staff who they knew well. Staff were supported to complete nationally recognised vocational training and received training to enable them to meet the specific needs of people using the service. For example, where people needed support to help them to move, the training had been organised to reflect the equipment people used. One member of staff told us, "We let the trainer know what people use so the training is useful and we can put into practice what we learn."

Staff were provided with support through individual supervision and were encouraged to reflect on their practices and how they supported people. During supervision, the staff explained that they discussed their work practices, any concerns and further development. Unannounced spot checks were also completed to check whether staff continued to work with people safely. The staff told us the registered manager checked their knowledge, whether they supported people in the way they wanted, used protective equipment to maintain infection control standards, arrived at the correct time and whether they were suitably dressed. Where concerns were raised this was discussed at supervision and used to support further learning. Where people received the support from two organisations, the registered manager liaised with the manager of that service to ensure consistent care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether applications had been made to the Court of Protection.

People who used the service had capacity to make decisions about their care and support. We saw people had signed their support plan and medicine consent form to demonstrate their agreement to this care. The registered manager and staff understood that where people were no longer able to make decisions for themselves, other people could help make the decisions in their best interests. The registered manager had sought guidance from the commissioning authority to enable them to be able to carry out the necessary assessments if they were needed.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. People told us that they staff recognised changes in their health and sought prompt care. One person told us, "One morning I wasn't feeling very well. The staff rang the doctor and they stayed with me until my family arrived. I know they had another call to go to and I would have been okay but they insisted in the office that the staff stay with me."

When people received support from community health care professionals, the staff had received further

training to enable them to give the care people needed. For example, when people had food and medicines given through a tube in their stomach, the staff had received training and knew to administer medicines and how liquid food should be given. One member of staff told us, "We know what to look for if the site becomes infected. We have to be really careful as it is an open wound; people can become ill quite quickly if we don't take the right action."

People had choice and flexibility about the meals they ate and were responsible for providing their food for staff to prepare. People chose what they wanted to eat and staff helped to prepare this. We saw one member of staff had visited a local supermarket to purchase fresh vegetables. They told us, "They needed some new food so it's no problem just popping and getting this. They like the food we make. Where we can make fresh food which they enjoy so much more."

Is the service caring?

Our findings

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One relative told us, "[Person who used the service] is treated like she is special." One person told us, "No matter what needs doing the staff always smile. I really appreciate what they do for me." A relative told us, "GC Homecare do what they say they will on a daily basis they are not like paid carers; it's like having [Person who used the service] looked after by a family member and they are so professional."

People's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered. One person said, "I couldn't be treated with any more respect and also when I am in the bathroom, the staff keep me covered up as much as possible to maintain my dignity." One social care professional told us, "This service is a rare commodity with their focussed and flexible approach. They have been extremely successful in supporting people and enabling them to re-gain some quality and dignity back into their lives."

People were encouraged and supported to be as independent as they wanted to be. One person told us, "It's lovely how they help me. They step in when they need to but not too often. We have a good relationship and they know only to help me when I need it." One relative told us, "When the staff first came, [Person who used the service] was very reluctant to do anything to help themselves, but with kindness and persistence they only need one staff now."

When organising support the registered manager took into account people's preferences. The provider had an equality policy and staff understood that people's support was based on their individual needs. People were asked if they preferred to be supported from staff of a specific gender. One person told us, "When I started here I was asked if I was okay with ladies coming in. I said I didn't mind so I have both and they are all great." People's plans covered all aspects of their lives and staff knew about the plans and told us how they supported people in line with them.

Information about people was kept securely in the office. The registered manager ensured that confidential paperwork was collected monthly from people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

People's care and support was planned to meet their needs and they contributed to the development of their plan. An assessment was carried out before starting to care for people. On the first visit, the registered manager accompanied staff so they could be introduced and they could explain what support people wanted. One person told us, "Before I started to have help, the office staff came and we went through everything I could possibly need and we put in my care plan. The staff write in it every day and then about every six months the manager comes back and we go over it and if things have changed it's written down."

People received support at the time they wanted and staff arrived when expected. We saw the calls were the agreed length of time and people were visited within half an hour of the agreed time. One person told us, "I can't think of a time when they haven't been there. I can almost set my watch by them." People told us where staff may be late, they would receive a telephone call to explain and staff apologised.

People had care records which included information about their care needs and how they preferred this to be provided. Staff were knowledgeable about people's needs and preferences and reviews were carried out to ensure the records matched how people wanted to be supported. The staff completed records of each visit which provided a brief overview of the care provided and any changes in their wellbeing.

People were confident their concerns would be responded to and knew how to raise complaint if needed. People told us they had not needed to raise any concern and one person said, "There is a complaints procedure in the front of the care plan I would know what to do if we weren't happy and I am sure it would be sorted out."

People were supported to pursue activities and interests that were important to them. Some people were helped with their cleaning or staff accompanied people when out; for example when shopping and going to a local pub. During these support visits, personal care was not provided and therefore this support is not regulated by us.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

There was a registered manager in post. The staff felt part of a supportive team and told us the registered manager was approachable and listened to them. People knew who the registered manager was and felt the service was well led. The provider sought people's views on the quality of service provision during any review and annually using a satisfaction survey. We saw feedback was positive, however if people had raised any concerns this was addressed straight away with the person.

The registered manager and staff were proud of the service they had developed and enjoyed working in the service. The registered manager had a clear vision for the service and was committed to continuing to provide this service to a small number of people. They told us, "We do not want to grow any bigger than we are. I know everyone that uses this service and we want to give that personal touch. If we grew any larger we might lose this. We have the necessary systems in place to do what we do well." The registered manager had considered how information could be reviewed, including how this was presented to people. For example, by providing a complaints procedure in large print. This would ensure information could be read and understood by people who currently used the service.

There was a process for auditing records coming in from people's homes. Daily records, timesheets and medication records were reviewed to evidence these had been completed and recorded how people had received their agreed support. Where any issue was identified, for example, an omission on a medication record, this was addressed with staff to support their learning and development.

The registered manager had liaised with commissioners of the service to ensure that people received the right care. One social care professional told us, "The manager is very supportive of the staff and have a person centred, partnership approach working towards the needs of the people, ensuring that all records of visits, financial and medication management are kept up to date."

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.