Gardiner's Homecare Limited

Gardiner's

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 and 30 November 2017. This was an announced inspection as Gardiner's is a Domiciliary Care Agency (DCA) and we needed to be sure someone would be at the office. A DCA is a provision that offers specific hours of care and support to a person in their own home.

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

The service was rated at the previous inspection of September 2015 as safe and remained safe. Sufficient staff were employed to manage people's needs, and enable them to engage in activities of their choice, through appropriate risk management. Staff knew how to safeguard people from abuse and were aware of the protocols to follow should they have concerns. Staff reported that they would not hesitate to whistle-blow if the need arose. Where staff were involved in medicine management this was managed safely. Staff were competency checked annually and audits were completed monthly to ensure people were supported by staff with the necessary skills to keep them safe.

The service remained effective. Support was delivered by a highly trained staff team, who were able to respond appropriately to people's changing needs. Staff were supervised and supported by an effective management team, who made certain they were available to staff at all times. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service remained caring. Staff were reported to be polite, respectful and ensured they maintained people's dignity when supporting them. They encouraged open communication and worked on motivating people to increase their independence. Evidence of using systems of communication that reflected the person's choice highlighted that staff communicated with people in the way they wished.

The service remained responsive. Care plans were individualised, focusing on people's specific needs. The service took necessary action to prevent and minimise the potential of social isolation. Activities were arranged and co-ordinated by the service to increase community engagement, and increase well-being. People reported having accessed the community after considerable length of time of not doing so. This reportedly made them feel a sense of belonging. People and staff were protected from discrimination. The service understood the importance of ensuring Equality Diversity and Human Rights (EDHR) was met, and that people's protected characteristics were not discriminated against. Measures were in place to allow people to be treated equally, with systems continually being reviewed to ensure exemplary practice was maintained. Systems to monitor and investigate complaints were in place.

The service had developed exceptional methods of good governance that provided real time evaluation of practice. A thorough quality assurance audit was completed annually with an action plan being generated, and followed upon. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service. We found evidence of compliments and complaints that illustrated transparency in management. Staff spoke highly of the registered manager's skills and how these were shared with staff to continually help them grow and achieve good practice. The service focused on developing relationships with the community and with relatives of people, so to ensure good practice was maintained for the person continually. The service was considering offering family carers the opportunity to attend training that would enable them to have an insight into their loved one's lives and how they saw the world. The service developed systems to help people achieve a fulfilling life. The service was well-led and focused on staff having ownership 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?

Good

The service remains good.

Robust recruitment procedures remained in place.

Staff knew how to safeguard people from abuse, and how to report any concerns.

Assessments to mitigate risk were in place and used appropriately.

Is the service effective?

Good

The service remains good.

People were involved in making decisions related to their care.

Staff had the necessary skills and training to effectively carry out their duties.

Staff received regular supervision, appraisals and observational checks to ensure effective support was provided to people.

Where applicable people were supported with nutrition and hydration.

Is the service caring?

Good

The service remains good.

Staff were respectful, compassionate and caring towards people.

People's privacy and dignity was maintained.

People's method of communication was respected and as far as possible used.

People were paired based on knowledge, experience and background with staff who worked with them.

Is the service responsive?

Outstanding

The service remains Outstanding.

Systems to manage complaints were in place. People were encouraged to use advocates or family members to raise issues.

Care plans were individualised and reflective of people's changing needs.

Measures were in place to help reduce social isolation and encourage community engagement.

People were protected from discrimination.

The service ensured that information was presented to be people in a format that was accessible to them.

Is the service well-led?

Good

The service remains good.

The management team continually focused on progressive methods of improving the service.

Governance of the service was consistent, and outcome focused.

The service successfully focused on developing community links and reducing people's isolation in an innovative manner.

The service ensured that they worked in partnership with families, offering them the opportunity to access training provided to staff.

The service ensured they took the appropriate steps to equally treat people and staff.

The service was well-led with a transparent management team described as being approachable and continually available.

Gardiner's

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 checked 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.

This inspection took place on 27 and 30 November 2017. This was a comprehensive announced inspection. The provider was given 48hrs notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection. The inspection was completed by one inspector over both days.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. The service is predominantly provided to privately funded people therefore we received minimal feedback. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service. As part of the inspection process we also looked at the Provider Information Return (PIR). 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. We had received the PIR for Gardiner's and used this to help inform our inspection plan.

During the inspection we spoke with six members of staff, including one care support worker, three care managers, the registered manager and the nominated individual. We further sent out surveys to three care staff. We spoke with eight people who are supported by the DCA staff.

Care Plans, health records and additional documentation relevant to support mechanisms were seen for nine people. In addition a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for 11 of the regular staff team were looked at.

Good

Is the service safe?

Our findings

The service remained safe.

Staff were able to describe the protocol for reporting and acting on potential abuse. The procedure was available for senior staff to see within the office and discussed frequently within supervisions and circulated within staff newsletters. We were told by staff that they would "not hesitate" to whistle-blow if they had concerns. One member of staff said, "Absolutely report it, would not have any hesitation." Staff training in safeguarding was kept up to date and refreshed frequently, with staff attending courses arranged by the company in line with the local authority protocols. The staff handbook detailed what constituted abuse, and what processes to implement if this was suspected. All new staff were provided with a copy of this when they commenced work.

The service continued to protect people from risks where possible. Staff continued to assess and document how to manage these within risk assessments and care plans. Risk assessments sought to minimise the risk whilst allowing people to maintain independence within their own homes. For example, if people were identified to be at risk of falls, staff identified what may heighten the probability of the risk occurring, and suggested ways to mitigate this. People were encouraged to follow these guidelines in the absence of staff, when in their homes alone. Staff assessed fire risks in people's homes and encouraged them to consider ways to keep themselves safe. People were consulted to ensure their independence and choice was respected. Where people did not know what to do and were happy for the local fire service to carry out a risk assessment, this was arranged. This was recognised as something, not usually done by a DCA, however the service felt it important for people to know what to do in case of an emergency.

People continued to receive support as required with their medicines from well trained and assessed staff. Medicine support was evidenced and signed off on an electronic MAR (medication administration record) sheet. Observations of staff administering medicines were completed every three months to ensure staff remained competent to complete this task. Where people did not require support with their medicines, staff did not assist. However, if concerns were identified about people's ability to safely self-administer, this was then raised with the registered manager, and the relevant discussions were had to ensure people remained safe. On some occasions this meant staff observed medicines being taken, whilst on other occasions staff prompted people. The service uses an electronic recording system that is connected to the office computers. Where medicines are not given or an error is detected, an alert is sent to the office. This enables a prompt response to the issue

Robust recruitment procedures were used to ensure the provider was doing all that was necessary to keep people safe, when recruiting potential staff. This included character reference checks, appropriate relevant training, information and behaviour checks in last social and health care employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. We found on day one that not all staff had exact dates of employment noted within their records, for example, some had years only. We spoke with the registered manager who immediately arranged for all staff records to be checked. By day

two of the inspection, all records contained month and years of employment with appropriate gaps explained.

Incidents and accidents were monitored. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to reduce the likelihood of similar incidents.

Good

Is the service effective?

Our findings

The service continued to provide effective care.

Staff underwent a comprehensive induction process upon commencing employment. This included completion of mandatory training and additional training that would be supportive to their role. For example, all staff had completed training in dementia which was relevant to the people they supported. However, the service had expanded on this knowledge base by recently inviting staff to attend an external "virtual dementia course". This would allow staff to experience life from the perspective of a person with dementia. The registered manager stated this was a crucial training course as it allowed staff to better understand the experiences of people whom they support. A care assistant reported, "this is one of the best courses I have attended… a total eye opener". New staff shadowed experienced staff until they felt confident to work independently. The training matrix showed that 100% of all required and suggested training had been completed or was booked. Staff were provided with the opportunity to attend continual rolling training offered by Gardiner's should they feel the need to refresh a course prior to its due date. An IT system was used by the service that alerted the manager in advance to when training was due to expire. This was effective in ensuring that staff knowledge and skills were continually updated. Senior management told us that staff competency was checked following training. This was checked through observations, meetings, staff discussion forums and supervisions. The management reiterated the need to feel "confident that our staff continue to deliver care with our ethos in mind." Each member of staff went through the same induction irrespective of qualifications or experience.

Staff continued to receive regular supervision and support from the senior management team. This ensured that staff and the relevant line manager had the opportunity to discuss their job role in relation to areas where extra support was needed, as well as areas where they excel. This was then used positively to improve both personal practice and that of the service. Annual appraisals were completed for each staff in addition to supervisions. Staff told us they found both the supervision and appraisal process useful. One said, "They are very useful."

Care plans indicated that people's right to make decisions related to their care was always respected and sought prior to support being delivered. Prompts and cues were in place to remind staff this needed to be done at each visit. One person we spoke with reported, "They always ask, even though they know that's what I need them for". Consent was addressed within each section of the care plan and reinforced within the communication section of the plan. Staff had received training in the Mental Capacity Act 2005 (MCA) and were able to clearly illustrate how this applied to their practice. The 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. The application procedure for this in DCAs is via the local authority to the court of protection. We found the service had made all the necessary applications to the court of protection where they felt this was not in

place already.

Care plans continued to indicate where people needed support with food and drink, and how this support was to be carried out. In addition people told us, "I'm always offered a drink before they leave" another person said, "… always make sure I have some food or a drink nearby."

Each person had a nutritional profile and health information in place where support was provided in this area. If a person had dietary requirements for medical, cultural or religious reasons, these were catered for. We saw evidence that multi-agency working was still being completed for assistance with food preparation if this was required. For example, guidance provided by the dietician was followed through which meant a comprehensive care plan had been prepared that was effective in meeting the person's needs.

The service made certain people were cared for in line with the Equality Diversity and Human Rights Act (EDHR). People were provided care and support that ensured they were not discriminated against. For example, people with protected characteristics such as a physical disability had plans to ensure they were supported appropriately. This meant that equipment to maintain their safety and allow them to receive effective care was in place and used according to need. The service further ensured staff needs were met in line with EDHR. We were told by one staff member, "All our staff, irrespective of faith, gender, sexuality, belief are treated equally. We cannot let anyone be discriminated against." The managing director provided an example of how staff shifts were changed during religious periods to accommodate staff practicing their faith.

Good

Is the service caring?

Our findings

The service continued to deliver good caring practice.

People were involved with the development of their care plans as far as possible. Where this was not a possibility an appropriate family member was involved. Information on how people wished to be supported, their likes, dislikes and information that could enable communication was sought. People we spoke with reported the staff were, "Very polite and respectful" and "always kind and considerate, can't fault them, no."

The service ensured people were visited by a consistent staff team, who had been selected based on their knowledge of the person's needs. In addition, as far as possible, staff and people were matched based on their general likes and dislikes. This would allow them to develop a relationship with people, and talk to them rather than being task focused. One member of staff reported, "Some people only have us as their social avenue. We try and talk to them about things that are important to them." The registered manager told us that when a person did not build a relationship with a member of staff, both were spoken with separately to determine the reason for this. Where applicable, a new member of staff was introduced. The service had introduced a new role that specifically focused on ensuring the correct staff were matched with people receiving care. They were then responsible for reviewing the relationship and ensuring people remained happy with the service they received. One compliment related to this read, "All the carers had a very personal and special relationship with my parent." Where enough was not known about a person, staff were encouraged to use resources from the office which would enable them to learn more about the person. This included the jigsaw library, memory books and reminiscence work.

People told us staff respected their privacy and dignity when they attended. Staff were able to describe how they maintained this. They told us they addressed people how they wished and always took note of what people wanted. For example, some people did not want staff to attend in uniform, but in normal clothes. This was respected. People told us staff respected their privacy when they attended their homes. One person said, "[name] will leave the room, if I get a private call."

The service did not currently provide support to anyone on end of life (EOL) care although staff had the skills to do this. The service was contracted to provide EOL care to one person, however they had worked innovatively with the person, catering to their changing health needs. This person was nursed to improved health and made significant improvement that meant they were no longer seen as an EOL. Gardiners' continue to provide the person with care two years after they were asked to provide the EOL service.

Confidentiality was promoted within the service. Staff ensured they did not speak about people in front of others, including families where possible. Records were maintained securely in the office and on the IT system operated by the service. Paper copies of records were maintained at people's homes, in their chosen location. Information related to people was circulated within the staff team on a need to know basis.

Outstanding ☆

Is the service responsive?

Our findings

During our inspection of September 2015 we found the service provided outstanding responsive care and support to people. We were provided examples of how the service exceeded their remit in supporting people. In one instance the service began to assist a person to rehabilitate. Although they were to provide a considerable amount of care hours, they also began to offer assistance, arranging appointments and encouraged the person to strive towards the process of gaining their independence. They motivated the person, to the point that they gained the physical and psychological strength to complete tasks independently, thus reducing the hours of support received by Gardiner's. In another example the service met the specific needs of a person following their discharge from hospital. In house training was developed in conjunction with district and specialist nurses so that the person's needs could be met by a consistent staff team. This meant that the person was able to start living at home again much sooner. In this inspection we found that the service remained outstanding. In addition to the practice illustrated in the 2015 inspection we noted the service had further focused on responsive practice.

People continued to have their needs assessed prior to support being offered to them. This involved family members at the request of people, or when they were not able to provide the necessary information needed for the assessment. The senior management team then used this information to develop a care plan and the relevant risk assessments. This was uploaded to the app (computer application) used by the service on their personal tablets and smartphones, with all information being available to the relevant key staff appointed to work with the person.

Care plans remained individualised. They contained information such as, the person's past history, how they liked things done and how they communicated their everyday care needs. The care plans were presented to the people in the most appropriate format, to ensure the service was responsive to people's individual communication needs. For example, if people required the font to be larger and bolder to ensure they could read the care plan, this was done. Any amendments required, were agreed and signed off by the person and representative from Gardiner's. The care plans were written in simple step by step guidance, which allowed staff to do their job effectively. A copy of this was kept by the person, so that they could be certain that care was being delivered in their chosen way. The service met the Accessible Information Standards (AIS) (2016), which is a new legal framework under the Equality and Diversity Standard. This legislation focuses on the need to provide communication to a person that is within a format that they can understand. Another example of the service offering exceptional care, specifically in relation to AIS, was with one person who was deaf. Staff established that the person's preferable form of communication was British Sign Language (BSL). The registered manager was seeking to recruit a member of staff who could communicate with the person using BSL. In the interim the manager had enrolled on a BSL foundation course, so that they could have improved communication with the person, and show them that the service wished to support them in their preferred way. The person had written to the service appreciating the level of support provided in relation to communication.

The service had a complaints procedure which was presented in a user friendly format and provided to people within the handbook they received when they enquired about Gardiner's services. It was recognised

that some people may need support to express a complaint or concern. Independent advocates or family members were suggested to act on behalf of people, and promoted by the service. We saw that any complaints received were appropriately logged and responded to as required. Where appropriate an investigation was completed. The service had received a number of compliments from professionals and families involved with the service. One relative said, "After the initial few weeks we found that we were fortunate in picking a team of first class carers who cared for my wife's needs." Another reported, "Gardiner's enabled my parents to stay in their own home for as long as possible. Every carer was delightful."

The service considered ways to reduce people's isolation, recognising that for many people, Gardiner's may be their only contact with the community. The service had recently introduced service user newsletters, which aimed to provide information to people about local events. One of these events was a coffee morning at the office. Staff facilitated people to attend so that they could socialise with others. One person reportedly hadn't been out for months, and was grateful for the opportunity.

Another example of continued outstanding responsive practice, involved a member of staff who was present when a person received a call from a cold-calling company that were seeking to extract the person's bank details. The member of staff calmly intervened, They reported this to the police and advised the person not to provide personal details to strangers. In another example, a staff completed a call and noticed a stranger loitering around as they were leaving the person's home. They approached the stranger and asked who they were looking for. The information was then shared with the local police, who patrolled the vicinity during the evening, so to ensure resident's felt safe.

Good

Is the service well-led?

Our findings

The service had a consistent registered manager, who had been in post for in excess of three years. 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. Staff reported positive feedback about both the managing director and the registered manager, who were based at the office. One staff reported, "The management is very approachable, you continue to learn from [registered manager], and [managing director] is also very good." Another staff member said, "The registered manager is very supportive, you can always approach her, even when you don't have supervision. She will make time to speak to you and help you."

At the last inspection of 2015, it was found that staff did not always feel that the registered manager was as available to them, especially when completing checks and audits. In response to this the registered manager reviewed her working practice and took steps to ensure that she was more available to staff and that they should feel they could approach her at any time. This included completing audits and taking a more proactive role in the field work.

The service was reported by both people and staff to have the needs of others as the centre of the work ethos. One member of staff who had worked with Gardiner's many years previously had returned recently. She reported, "They were excellent before, and excellent now. Most extraordinary." Another member of staff reported, "I have never worked in a better place. Just impeccable here… really proud to work here." One person reported, "The care received from Gardiner's has been outstanding", whilst another reported, "We cannot recommend Gardiner's highly enough for their prompt, efficient and compassionate care." When asked to further elaborate on what made Gardiner's good, staff reported that they are constantly offered training, support and guidance. The service worked, "Like a family unit." If for some personal reason a staff member was unable to attend work, everyone, including the managers rallied round to ensure that all the staff's calls were covered. We were told and saw evidence of management on call systems that meant staff had access to senior managers at all times, should they need them. Systems were in place that meant if they could not get through to one manager, a second was available. All on call manager's received handover prior to being on call therefore were kept abreast of any issues or concerns that may be identifiable; with a backup plan in place should this be needed. Staff were confident that they could speak with management about people, and they would know who they were. This was achieved through the dedication of the registered manager and management team in ensuring staff were valued members of the organisation. They were encouraged to "pop in for a chat and a coffee". During our two day on-site inspection we saw evidence of a number of staff attending the office, for general chats and discussions about people they were supporting. One of the management team would put the kettle on and sit with the member of staff for as long as need be, to discuss issues. The office was designed to facilitate an "open door policy" making the concept easy to practice as well as visualise. The hands on approach of the management team when working alongside the staff team embedded the service values, and allowed the team to focus on the company ethos during calls.

Staff reported they were kept up to date with any changes that were occurring within the service. Newsletters were sent out quarterly to update them on changes in operational practice. As well as to advise and seek nominations of staff for recognition of good practice, as well as provide practical information. For example, staff were encouraged to have the flu vaccination due to the nature of the work making them more susceptible to becoming ill. If there were financial implications of having the immunisation, Gardiner's agreed to reimburse the cost of the flu vaccination, so to ensure people and staff wellbeing. In another example of staff wellbeing, one staff during the month of Ramadhan had her work schedule amended as management acknowledged that she became progressively tired throughout the day. The management and staff team demonstrated commitment in ensuring equality and inclusion within the workforce, and reported the need for all staff to feel equal regardless of their faith, ethnicity, sexuality and disability. Staff were supported with supervisions every three months, and annual appraisals. Spot checks and observations were completed in addition to this, so to continually evaluate staff practice and seek methods of improvement.

The service had recently offered staff training in "virtual dementia". This training programme had proven highly productive with exceptional feedback received from staff that had attended. One member of staff reported that the training was, "An eye opener. It allows you to understand how a person lives with dementia". Another member of staff reported, "It gave me food for thought and question how I approach and work with our clients". One member of staff reported, "I have discussed this training with [person's name] wife, and have given them pointers. I think they would truly benefit from this course." We asked staff to further elaborate on how the course had changed their working practice. We were told that by experiencing the confusion, and environmental changes a person with dementia experiences, they were able to comprehend the complexities felt by completing basic tasks. Whilst the classroom based dementia course provided the theory, the practical experience was invaluable in understanding experience. This created an empathetic staff team that gave people more time to process information. They aimed at making the person's environment safer for them and less confusing. Some staff had been unable to attend the course, therefore the service were seeking to re-run the course in early 2018. The registered manager advised that they were currently in consultation with external health services to see if they would be interested in attending and making up the numbers. In addition, the management were seeking to offer relatives the opportunity to attend the course. The thought process behind this initiative was described by the registered manager. "They are the frontline carers, who don't have any training. If we can offer anything, we want them to understand how their loved ones feel and see the world."

We saw strong evidence of good governance, which highlighted accountability, monitoring of practice and mitigated risk, whilst aiming to continually improve the service. The registered manager had systems in place that allowed her to audit what staff had done per visit. The service had recently embarked on using electronic methods of recording and documenting in real time. This meant each member of staff had extensive training in how to use IT systems efficiently. Apps were downloaded to each person's electronic devices (e.g. mobile phones) that provided access to documents related to people they visit. Daily records and feedback were completed and submitted prior to the call ending. Staff are unable to attend the next call until they have completed records for the current call. This system alerted the registered manager when calls were late, longer / shorter than required and if staff had not provided adequate information. The appropriate action was then taken by the registered manager, to ensure people are always kept safe. This may be as simple, as a welfare call, or request for staff to attend the office for further investigation. By using a real-time IT system, the service was able to continually monitor the service, and consider measures to improve practice as and when needed. For example, feedback from one staff visit identified a potential risk with smoke detectors in a person's home. This was recorded in the application, and verbally fed back to the registered manager. An alert message was then set up to remind all staff to discuss fire safety with people at each visit. Where they agreed, staff were to liaise with the external professionals and arrange a visit to the person's home. This method of governance helped people to remain safe.

Quality Assurance Audits were completed annually by the service. These sought feedback from stakeholders, people, and staff. This information was then used to create an action plan. The action plan was completed with evidence of how the feedback had helped to effectively change the service. Staff reported, "No idea is frowned upon", another staff said, "There is never a shutdown, they always listen." This meant staff felt ownership of the service, and how it progressed.

The service was seen as part of the wider community, and aimed at supporting other organisations. We saw evidence of the management and staff engaging in supporting charities. They encouraged people to partake in events that not only enabled them to feel positive about giving back to the community, but allowed them to access the community and as far as possible reduce isolation. Recently, staff and some people completed the "walk for Alzheimer's". People reported feeling, "Happy to give back to the community".

We found there to be continued good management and leadership. The registered manager was supported by a strong management team, who worked well together. The managing director offered support to the team. The registered manager stated she did not hesitate to ask for assistance to ensure the service was well led.