Genii Home Care and Lifestyle Services Limited

Toller House

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

Toller House is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults or adults with disabilities.

Not everyone using Toller House received the regulated activity; the Care Quality Commission (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 our inspection, one person was receiving personal care.

This inspection took place on the 1 and 4 October 2018. This was the first comprehensive inspection for the service since it registered with the CQC in October 2017.

There provider is the registered manager 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.

Staff received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received induction training when they first started to work at the service. On-going refresher training ensured staff were able to provide care and support for people following current best practice guidance. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Staff were able to support people to eat and drink sufficient amounts to maintain a varied and balanced diet. Records about people's health requirements were documented. Staff were able to support people to access health appointments if required.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People had their privacy, dignity and confidentiality maintained at all times. The provider had

a complaints procedure in place to manage and respond to complaints.

People had their diverse needs assessed, they had positive relationships with staff and received care in line with best practice meeting people's personal preferences. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered manager who was also the provider was a visible role model in the service. People told us that they had confidence in the registered manager's ability to provide consistently high quality managerial oversight and leadership.

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 was safe.

Staff were knowledgeable about protecting people from harm and abuse.

Staff had been safely recruited and there were enough trained staff to support people with their needs.

Staff were trained in infection control, and people were protected from the spread of infection.

Is the service effective?

Good

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could receive support with food and drink if they required it, and their consent was gained before carrying out any care.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were supported to make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good

The service was well led.

People knew the provider, and were able to see them when required.

People were asked for, and gave feedback which was acted on.

Quality monitoring systems were in place.

The provider worked with other agencies to ensure effective care and support for people.

Toller House

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.

This comprehensive inspection took place on 1 and 4 October 2018 and it was announced. The provider was given 48 hours' notice, because we needed to ensure someone was available to facilitate the inspection.

Two inspectors conducted the inspection.

Inspection site visit activity started on 1 October 2018 and ended on 4 October 2018. On 1 October, we visited the office to review the documents associated with the running of the service. On 2 and 3 October we made telephone calls to relatives of people that used the service care staff. On 4 October we met with the person who was using the service.

We used information the provider sent us in the Provider Information Return to help us in our judgements of the service. 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 improvements they plan to make. We also reviewed other information we held about the service. This included statutory notifications regarding important events which the provider must tell us about. We contacted commissioners and no information of concern was received about the provider.

During the inspection, we visited one person that received personal care from the service in their own home. We spoke with one relative, two care staff and the registered manager. We viewed the care records of one person using the service and three staff recruitment files. We also viewed records relating to the management and quality monitoring of the service, such as audits and feedback.

Good

Is the service safe?

Our findings

People felt safe in their own homes with the staff that supported them. One person we spoke indicated that they were safe. A relative told us, "I've never had any concerns about [family members] safety."

The provider had a clear safeguarding procedure and staff knew what steps to take if they were concerned. One member of staff said, "I have a lot of experience in safeguarding adults and children and I wouldn't hesitate to raise any concerns." We saw that where any issues around safeguarding had been raised, the provider had taken the appropriate steps to address the concerns.

Individualised risk assessments had been created for each person, to manage any risks that may be present. They documented the level of risks, and the actions that should take place to minimise any risk. For example, a risk assessment on moving and handling explained what procedures the staff were required to follow to ensure the person was safe during the process. Staff we spoke with all felt the risk assessments were clear and detailed, and helped them to support people safely.

People were supported to manage environmental risks within their own homes. Staff carried out regular fire and health and safety checks to ensure people remained safe. People had personal emergency evacuation plans [PEEPs] in place which ensured staff had access to people's support requirements in an emergency situation.

There was sufficient staff to meet people's needs. One relative told us, "We have never been let down by the staff, at times when staff have been required elsewhere the manager [provider] comes in to support". Only one person at the time of the inspection received the regulated activity of personal care. The person received the majority of their care and support from a different provider and staff working for Toller House provided additional support four times a day.

We saw that a dedicated staff team had been set up to provide this support, and there were no shortages in staffing. An 'on call' telephone service was in operation for out of hours' concerns or emergency situations. The provider told us the on-call service supported them to make sure unplanned absences and emergencies were covered, so people's safety was not compromised. Staff told us the provider was available at any time if they had any worries or concerns.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the service.

Staff followed infection control practices, for example, when providing personal care. The staff we spoke with told us they always had access to personal protective equipment such as gloves and aprons, to ensure that infection control was managed appropriately.

At the time of the inspection, the service was not supporting anyone with medicines. Policies and

procedures were in place and staff had received training in medicine management in preparation to support people in the future.

All staff understood their responsibilities to record any accidents and incidents that may occur. We saw that there had been one incident recorded relating to moving and handling and this had been addressed in a timely manner by the provider. Records were clear about what actions were taken to ensure that lessons would be learnt from any mistakes made. We saw that there was a clear path for information to be shared and used to make improvements when necessary. The provider and staff told us that team meetings, formal and informal meetings were used to ensure that lessons would be learnt from any mistakes made.

Good

Is the service effective?

Our findings

People received a full assessment of their needs before receiving any care. The provider told us they would complete assessments with people and their family when required, to make sure that the staff were able to provide the correct care and fully understand their needs. This process ensured that the service only supported people with needs they could meet. One relative told us, "The manager [provider] came out to see us on a few occasions before we agreed to take them [service] on-board. We asked lots of questions to satisfy ourselves that we were making the right decision."

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. The provider showed us the induction programme that new staff were undertaking. Which included the provider's mandatory training sessions and an opportunity to shadow more experienced staff. Some of the staff working at Toller House had worked there since the service was registered, supporting people with personal care and their lifestyle choices.

Staff were provided with the training they required to ensure they could provide safe care and treatment to people. This included safeguarding training, infection control and specialist training like Percutaneous Endoscopic Gastrostomy (PEG) which was delivered by specialist nurses. PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth.

One person required their nutrition and fluids to be administered through a percutaneous endoscopic gastroscopy (PEG) tube. Instructions were available for staff about how to manage the PEG and for maintaining and checking the PEG regularly. Care workers we spoke with knew how to administer nutrition and fluids through the tube and said they had received training so they could do this safely.

Staff were able to support people to access health care professionals, but did not currently provide this support to the person who received care, as the service was not the main provider of care for this person. Information about people's healthcare needs and conditions were documented within their files, and systems were in place to monitor people's health and input from other professionals should they require it.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make some 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working with the MCA principles. Assessments of people's needs took account of the person's capacity to consent to their care and treatment. The provider and staff team understood their responsibility around MCA. People using the service and relatives confirmed that staff

sought people's consent, offered choices and respected their decisions.

As the service only provided support to one person with personal care needs who received their main support from another provider, the mental capacity assessments and best interest meeting were completed by the other service. However, the provider and staff were aware of the principles of the MCA and how to support people with decision making. One health professional told us, "The staff support [person] using choice cards, the staff are really familiar with them and know the smallest of signs if [person] does or doesn't want something to happen."

Good

Is the service caring?

Our findings

People and their relatives were happy with the care and support they received. One relative told us, "Lovely carers, always treat [person] with kindness."

Staff we spoke with felt they were able to develop positive relationships with people. One staff member told us, "I have worked with the same person for quite a while and I am confident with all of their care needs, and I have got to know most of their family." Another staff member said, "We go in to people's own homes, so we all respect the way they want things done and speak to people in a kind manner."

The provider told us that care staff always met the person using the service before they provided any care or support. Care staff confirmed this happened. One care worker told us, "We always do shadow shifts with people before working on our own."

People and their relatives could express their views and be involved in their care. One relative told us, "I am fully in control of everything. [Person] has their own care budget so we are fully involved in care planning and ensuring the staff have all the right information." The provider told us of the plans to regularly review people's care to ensure they continued to meet people's needs, and to allow people to feedback and have control of the care they received.

Staff knew people well and encouraged people to express their views and to make their own choices. Care plans included people's preferences and choices about how they wanted their care and support to be given. Care plans were detailed, and the views of the person and their relatives [where appropriate] were included.

A relative we spoke with told us that staff were always respectful of their family members privacy and dignity. A health professional told us, "[Toller House staff] are really good with [person], they know how [person] likes their care delivered and they are very respectful of that, always stating what they are going to do next and if what they are doing is okay." All the staff we spoke with were aware of the need to make sure people's privacy was respected when personal care was being carried out. People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

People and relatives received information about the service. This information included the standards of care they should expect to receive.

At the time of the inspection, the person the service supported used their relatives to advocate on their behalf. We spoke to the provider about what support was available should a person not be able to represent themselves or had no family to help them. The provider explained that if that situation did arise they would support the person to get an advocate. An advocate is an independent person who can help support people to express their views and understand their rights.

Good

Is the service responsive?

Our findings

People received care that was personalised to their needs. We saw that care plans outlined what people's communication preferences were, as well as likes, dislikes, and preferences. Care plans showed that time had been spent getting to know people and recording the things that were important to them. People's life history was also documented in their care plans so care staff were able to have meaningful conversations with the person.

The service understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. One person using the service has communication cards which the staff team used consistently to ensure that they understood the person's wishes.

People and their relatives told us they felt they had regular opportunities to feedback their views about the care they received. Records showed the provider carried out home visits and surveys to seek feedback from people using the service and their relatives.

A complaints policy and recording procedure was in place, and people and their relatives knew how to use it. The provider told us that no complaints had been made, but if any were, then they would be recorded and investigated promptly. A relative we spoke with confirmed they would be happy and comfortable to raise any complaints with the staff or the provider, and they had faith that they would be responded to promptly. Staff said they felt any concerns or complaints would be dealt with appropriately. One member of staff said, "The management take on board and appreciate people's feedback."

No end of life care was currently being delivered. However, as the service grew, the registered manager was aware that some people may wish to make plans for, or receive, this type of care. The provider told us that systems were in place to record people's wishes, and further training would be provided to staff to ensure they were aware of the best way to provide end of life care to those that may need it.

Good

Is the service well-led?

Our findings

The service was open and honest, and promoted a positive culture throughout. The staff we spoke with told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "The manager [provider] is very supportive, the team in general is very good." Another staff member said, "We have the support we need from management."

People, relatives and staff all confirmed they had confidence in the management of the service. The provider was aware of their responsibilities; they had a good insight into the needs of people using the service. People said the provider, and senior staff were very approachable.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. Staff said that team meetings were held which covered a range of subjects, and information from management meetings was passed to staff so they were aware of updates in the organisation. One staff member said, "I am confident to ask any questions, I don't need to wait for a meeting, the management team are very approachable like that."

Quality assurance systems were in place but were still in their infancy. At the time of inspection, the service had only been providing personal care for a few people, in the previous twelve months. The provider was able to show us that audits on things like medication administration and staff training would be conducted to ensure that standards remained high. We saw that care plans and staff files were checked for quality, and feedback was often sought from people to ensure that any changes to care could be implemented, and problems resolved.

People had the opportunity to feedback on the quality of the service. We saw that a quality questionnaire was being devised to send out to people to comment on the quality of care they received. The provider said the information collated from the questionnaires would be analysed to identify where improvements could be made.

The provider was aware of the requirement to send notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. No notifiable incidents had occurred since the service had begun providing personal care.

The service worked positively with outside agencies. For example, meetings had taken place with the department of work and pensions with a view to employing staff who may need some additional support to undertake their role. The provider also supported people with 'whole life plans' which were tailored to support people achieve their goals and aspirations.