Gemcare South West Limited

Gemcare South West (Modbury)

Inspection report

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05 November 2018

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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

Gemcare South West (Modbury) is a domiciliary care agency. It provides personal care to people living in their own homes. It currently provides a service to older adults who need support with their personal care. The service supports people within the localities of Modbury and surrounding villages. The service is owned by Gemcare South West Limited, who also have another domiciliary care agency in Plymouth, Devon.

The service was registered with the Care Quality Commission in December 2017, therefore this inspection was the Provider's first inspection.

The inspection was announced and started on 29 October 2018 and ended on 05 November 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

Not everyone using Gemcare South West (Modbury) received a 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 there were 21 people receiving personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

People told us they felt safe, with one person commenting, "I feel very safe with my carers". People were protected from abuse because staff were confident about what action to take should they suspect someone was being abused, mistreated or neglected.

People were supported by staff who had been recruited safely to help ensure they were suitable to work with vulnerable adults. People told us staff always wore their uniform and ID badges to help confirm their identity.

Overall, people told us there were enough staff to meet their needs and staff arrived on time. When staff were running late people told us, that overall, they were contacted to keep them updated. People also told us there was consistency to staffing which meant that people saw the same staff, with one person telling us, "Our three regular carers are really good". Staff told us the registered manager was very good at making sure their schedule was geographically planned, with adequate travelling time.

People's risks associated with their health and social care were documented and known by staff.
Staff told us environmental risk assessments were also in place to help keep them safe when working in

people's property.

People were protected by infection control practices, because staff received training in infection control and prevention and wore personal protection equipment (PPE), such as gloves and aprons.

People's medicines were managed safely. Staff received annual medicines training and people had care plans in place which helped guide staff as to what support each person needed.

The provider was pro-active and outward thinking which helped ensure learning took place when things went wrong. For example, a full review of the organisations vison and values was promoted, when a person had provided feedback about their care and support.

People and their relatives told us their needs were met by staff who had received suitable training.
New employees joining the organisation completed an induction to introduce them to the providers policy and procedures and to the ethos and values of the agency, which the provider called the 'Gemcare Way'.

People's individual communication needs were known by staff and recorded in their care plans. Staff told us how they adapted their own communication styles to help support people effectively. The provider had taken account of the Accessible Information Standard (AIS) in the delivery of the service. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

People were supported to obtain help from external professionals if their care needs were changing. Staff told us they always obtained people's consent before making a call to people's health professionals and/or family, and always spoke with the registered manager.

When required, people were effectively supported with their nutrition and hydration. People's care plans detailed their likes and dislikes, and any nutritional concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to be part of decisions relating to their care, and people's individual equality and diversity was respected.

People told us staff were kind, compassionate and displayed appropriate humour to help brighten their days. People told us their privacy and dignity was respected and their independence promoted.

People received personalised care and had a care plan in place which was regularly reviewed to help ensure they received care which met their needs, and was delivered in line with their wishes and preferences. At the time of this inspection no one was receiving care at the end of their life. However, the registered manager told us they had previously supported people at this time and, that care plans had been put into place which detailed the person's wishes.

People told us the service was well managed and said that they would recommend it to others. People's concerns and complaints were listened to and then used to help improve the service people received. The provider worked in partnership with external agencies in an open and transparent way, for the benefit of people.

The provider's organisational values were of "Integrity, Inclusion and Competence". The positive findings of

this inspection, demonstrated that these values were at the heart of the service and underpinned in staff practice.

People received a service which was effectively assessed and monitored by the provider, to ensure its ongoing safety and quality. The registered manager told us they felt well supported by the provider.

The provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. Staff told us there was a positive and inclusive culture, and that they felt valued.

Further information is in the detailed findings below.

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.

People's risks associated with their care were known by staff.

People told us there were enough staff to meet their needs.

People were protected from abuse, and told us they felt safe when staff entered their home.

People's medicines were managed safely.

People were protected by infection control procedures to help reduce the spread of infections.

The provider learnt when things went wrong, in order to improve the service.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the right skills and experience.

People's health and social care needs were assessed to help ensure their needs were met.

People were supported to obtain help from external professionals if their care needs were changing.

People's individual communication needs were known by staff.

When required, people were effectively supported with their nutrition and hydration.

People's human rights were protected in line with the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People told us, staff were kind.

People's privacy and dignity was respected.

People were supported to be part of decisions relating to their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

People's concerns and complaints were listened to, and were positively used to help improve the service.

People were cared for with respect at the end of their life.

Is the service well-led?

Good

The service was well led.

People received a service which was effectively assessed and monitored by the provider, to ensure its ongoing safety and quality.

Staff told us there was a positive and inclusive culture, and that they felt valued.

People, staff and the public were involved in the ongoing development of the service.

There was continuous learning taking place to help facilitate improvement.

The provider worked in partnership with external agencies in an open and transparent way, for the benefit of people.

Gemcare South West (Modbury)

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.

The inspection was announced. It was undertaken by one inspector, and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. We also used information the provider sent us in the Provider Information Return (PIR). 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. In addition, we contacted Healthwatch Devon. Where feedback was provided, it can be found throughout the inspection report.

We gave the service 48 hours' notice of the inspection visit because we needed to ensure that there would be someone in the office to support the inspection process. It also allows us to arrange to speak and visit people receiving a service in their own homes.

Inspection site visit activity started on 29 October 2018 and ended on 05 November 2018. We visited the office location on 29 and 30 October 2018 and 05 November 2018 to see the manager, office and care staff; and to review care records and policies and procedures. On 02 November 2018 we visited people who used the service.

During our inspection, we spoke with 12 people and seven relatives on the telephone to obtain their views and visited three people in their own homes. We also spoke with two out of six members of staff, the

registered manager, and the provider.

We looked at six people's care records, training records, staffing rotas, policy and procedures and the provider's monitoring checks.

Good

Is the service safe?

Our findings

People told us they felt safe, with one person commenting, "I feel very safe with my carers". People's families also told us, "I also feel very safe with the carers", "Dad feels safe with them" and "He trusts the carers completely and they help to keep him safe". Staff told us how they knocked on people's doors and always announced their arrival upon entering people's homes.

People were protected from abuse because staff had undertaken training, had access to the provider's safeguarding policy and were confident about what action to take should they suspect someone was being abused, mistreated or neglected. The manager had undertaken management training in safeguarding, and had a good understanding of their safeguarding responsibilities. They explained how they had recently informed the local authority about their concerns relating to one person and the positive active which had been taken by all agencies to 'protect' the person.

People were supported by staff who had been recruited safely to help ensure they were suitable to work with vulnerable adults. The provider followed their recruitment policy, and undertook checks with disclosure and barring service (DBS) and obtained references from previous employers. People told us staff always wore their uniform and ID badges to help confirm their identity, with one person commenting, "In the nine months I have been having care they always turn up in their uniform and have their ID Badges".

People told us there were enough staff to meet their needs and staff arrived on time, commenting, "They arrive pretty well on time" and "Generally they are on time". When staff were running late people told us, that overall, they were contacted to keep them updated.

People also told us there was consistency to staffing which went that people saw the same staff, with one person telling us, "Our three regular carers are really good". The registered manager told us this was important so that people and staff could build positive relationships, and ensured the continuity of people's care. People received a copy of a rota so that they knew who was coming. Staff told us the registered manager was very good at making sure their schedule was geographically planned, with adequate travelling time. In the event of adverse weather or significant staff sickness, the provider had an emergency staffing contingency plan which helped ensure people still received support, in such circumstances. People had access to an out of hours contact number for the agency, which they could use in an emergency.

People's risks associated with their health and social care were documented and known by staff. For example, people who had diabetes had risk assessments in place which detailed what action to take should someone become unwell. People who needed support to mobilise also had detailed plans in place to help keep them and staff safe. In the event of someone falling, and to reduce the impact on emergency services having to attend to help lift the person back into their chair or bed, the provider had a piece of moving and handling equipment called a 'camel' which safely lifted people off the floor. There was also a red exclamation mark on the side of people's care plans who had risks associated with their care, to help easily identify this to staff.

Environmental risks were taken seriously. For example, the manager had recently asked one person to move bags of garden rubbish from the side of their house, as it was a hazard to staff in the dark evenings. Staff told us environmental risk assessments were in place to help keep them safe when working in people's property. For example, so that they were aware of pets, clutter or any trip hazards. Staff told us there was a lone working policy which helped to keep them safe. Staff were provided with a torch and a personal alarm. The provider also told us in their provider information return (PIR), that "We have an on-call team which is available seven days a week, 24 hours a day, so employees can always seek advice and guidance if they find themselves in a difficult situation".

People were protected by infection control practices, because staff received training in infection control and prevention and wore personal protection equipment (PPE), such as gloves and aprons. People confirmed, "They do use plastic aprons", and "They do wear aprons and gloves". The provider had an infection control policy, and staffs ongoing competence was assessed by the registered manager who carried out unannounced spot checks.

People's medicines were managed safely. People and their relatives told us, "I do my own tablets but they do my creams and record they have applied them", "Dad is diabetic and they get his tablets out for him and he checks they are right" and "They give me my medication. I check as I know what it is for. They do write up in the book they have given it to me". Staff received annual medicines training and people had care plans in place which helped guide staff as to what support each person needed. The provider was introducing a new medicine competency booklet which would be used to help assess staffs ongoing understanding and practice of medicine management.

People who needed topical medicines (creams) applied, had body maps in place to show staff which part of their body it had to be applied. However, when people were on more than one cream, the name of the cream was not documented on their body chart. This meant there could be a risk that they received cream on the wrong part of their body. The registered manager told us they would take immediate action to rectify this by adding the information to the body charts.

The provider was pro-active and outward thinking which helped ensure learning took place when things went wrong. For example, a full review of the organisations vison and values was promoted, when a person had provided feedback about their care and support.

Good

Is the service effective?

Our findings

People and their relatives told us their needs were met by staff who had received suitable training. Comments included, "Yes, I do think they are trained well enough to meet my care needs", "I am happy about the way they work with me, so I feel they are trained to meet my needs" and "Most definitely. They are really good. They know how to use his standing frame and have trained me".

Staff received training which the provider deemed as mandatory. This included, food hygiene, first aid, safeguarding, moving and handing, medicine management, health and safety, dementia and the values of the organisation. When people had specific needs, staff undertook sperate training. For example, one person had a percutaneous endoscopic gastrostomy (PEG) feed. A PEG allows nutrition, fluids and/or medicines to be put directly into the stomach. Although, staff did not manage the PEG, they received training to help them to understand what a PEG was, so they could be vigilant in looking out for any signs that something could be wrong. The provider told us in the provider information return (PIR), that "Service Users with specialist or complex needs are supported by carers who have been trained to meet their individual needs. This training must be completed before providing our service. We are able to see from the scheduling software which carers have which skills and how often they have visited people to help ensure they match carers appropriately". Staff were complimentary about the training and support they received, but told us they would like more spot checks. The registered manager was already aware of this, and action was being taken to increase these.

New employees joining the organisation completed an induction to introduce them to the providers policy and procedures and to the ethos and values of the agency, which the provider called the 'Gemcare Way'. The providers induction followed the principles of the Care Certificate. The Care Certificate is a national induction training programme introduced to support all staff new to care to obtain a basic level of understanding of good care standards. In addition, they were paired up with staff who had worked for the agency for a longer period, so that they could 'shadow' them, and get to know people and essential processes. People confirmed that this happened in practice commenting, "We have only ever had one new carer and she did shadow the more experienced ones first" and "Yes they do shadow a more experienced carer". Staff told us they found the induction helpful and robust in giving them the skills to commence their role.

Before people used the agency, the registered manager carried out a pre-assessment to ensure the agency and staff could meet their needs effectively. One person told us how the registered manager had come to visit them in their own home and had asked questions. The pre-assessment was then used to create a person's care plan, which then helped to ensure they received the care they needed, and in line with their wishes and preferences.

People's individual communication needs were known by staff and recorded in their care plans. Staff told us how they adapted their own communication styles to help support people effectively. For example, by speaking louder to those who had hearing difficulties, and explaining and directing people to their medicines who had sight difficulties. The registered manager told us how they had sent a care rota in large

font to one person who had difficulties with their eyesight, so they could read it more easily. They also told us how they would ensure policy and procedures and care plans were produced in different formats as needed. This demonstrated that the provider took account of the Accessible Information Standard (AIS) in the delivery of the service. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

People were supported to obtain help from external professionals if their care needs were changing. People told us, "We can talk to the carers if we think things aren't right. They will also draw my attention to any problems they feel my husband might be having with his skin for example, as he tends to get sore skin, so I will inform the GP. They also pick up when I am getting really stressed and tell me I need help and ensure that something is done, for example putting him in respite to give me a break. They will, if they think it necessary, phone the Doctor or the District Nurse". Another comment included, "In the past if he has been unwell the carer will contact one of his daughters and if necessary call the GP and ask him to visit dad". Staff told us, they always obtained people's consent before making a call to people's health professionals and/or family, and always spoke with the registered manager.

When required, people were effectively supported with their nutrition and hydration. People's care plans detailed their likes and dislikes, and any nutritional concerns. One person told us, "He [their relative] leaves out my lunch and the carer gives it to me. They make sure I have plenty to drink and a snack. They are very good and always ask what I want". During our inspection, one member of staff went shopping in their own time, because they noticed that one person did not have enough food in their fridge.

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. We checked whether the service was working within the principles of the MCA and found that they were. Staff had a basic understanding and people's mental capacity was detailed within their care plans so that their human rights were protected. The provider told us they recognised that further training for managers and staff was needed to help improve confidence in the implementation of the legislation. So, action was being taken to source training and implement it.

Good

Is the service caring?

Our findings

People told us staff were kind, compassionate and displayed appropriate humour to help brighten their days. Comments included, "The wife and I have a laugh and joke at times", "They are lovely, we have a good rapport", "My husband and I get on so well with the carers", and "They are like family now. We can talk to them".

People told us how staff went above and beyond their role, telling us "One carer was so helpful. I had an accident as I couldn't get to the toilet on time and wet my chair. When the carer had helped clean me up and the chair, she went off to the supermarket and returned with some sheets to protect my chair should it happen again". Another person told us, "My carer washed my hair for me and it was very time consuming for her, as my husband couldn't do it. She also bought me some extra-large sanitary products as my husband had gotten the wrong ones. I hadn't asked her to or paid her for them. She popped them in when passing my house and said happy Christmas Then left. She is so kind and thoughtful". One relative told us, "They helped set us up with our pharmacist blister packs for my husband's tablets as they were concerned he was taking too many. They did this even though they don't give him his medication. I was grateful they organised this when I was not able to do it or had even thought about it".

Staff spoke fondly of the people they supported telling us "I treat people as I would want to be treated when I am older". Staff told us that they did additional things because they truly cared. For example, they had spent extra time rubbing cream into one person's feet because they knew they liked the feeling of the massage. Another member of staff told us, how they had taken flowers and a sympathy card to one person, because they had suffered a death in their family. A member of staff had agreed in their own time, to pop in to check on a person as they were feeling a bit unwell. This was to make sure they were safe, had a drink to hand and to offer company.

People told us their privacy and dignity was respected, telling us "I am not modest but staff do ensure I am covered properly and when they do my bottom half and put on my creams they don't embarrass me". "They always make sure the doors are shut before doing my personal care and wrap me in towels to protect my modesty" and "They always cover me in towels when carrying out my personal care. I asked them not to wait in the room when I am using the toilet so they don't. I shout when I am finished and they come back to help me". The provider told us in their provider information return (PIR) that "During our Induction and related Training Courses we demonstrate and discuss how to complete personal tasks whilst preserving dignity, privacy and respect, at all times prioritising personal choice. These human rights principles are also put into practice when we include service users in the creation of their care plan risk assessment. This is also monitored closely when completing spot checks and quality monitoring".

The registered manager and staff knew people well, and called people by their preferred names. People who were important and part of their lives were known, this included pets. One person told us how their cat was very much part of their family, and how staff were respectful of this. People's care plans contained information about their personal history and what they had done previously in their life. This helped staff to have meaningful conversations with people.

Staff told us they encouraged people to be as independent as possible with one person telling us, "Yes they do and I am able to wash the top of my body but they help with the rest". Relatives commented, "They do and ensure he keeps doing what he can. He has been having lots of physio recently in hospital before he comes home and the carers will ensure he does what he can when he gets home", and "They do encourage him to wash himself whenever possible".

People were supported to be part of decisions relating to their care. Telling us, "I know my care plan has been reviewed and nothing needed to change", "I have only been having Gemcare a short while but they have done a review and I didn't need any changes", and "We requested a review and it was undertaken as I wanted to increase my number of visits".

People's individual equality and diversity was respected. The service had a culture which recognised equality and diversity amongst the people who used the service and staff. Staff were sensitive and respectful to people's religious and cultural needs. People were not discriminated against in respect of their sexuality or other lifestyle choices. The provider recognised the benefits of having a diverse community of staff and this was evident in their recruitment processes.

Good

Is the service responsive?

Our findings

People received personalised care. They had a care plan in place which was regularly reviewed to help ensure they received care which met their needs, and was delivered in line with their wishes and preferences.

People told us, "I was involved in the setting up of my care plan as was my wife. Recently we had a review but didn't require any changes. The staff always record what they have done in the book and what time they came and went"; "I and my family were involved in the setting up of my plan. We got what we wanted including the times we wanted. They did a review recently but I needed no changes. I have a copy in the folder here in the house and they write in it every time they come detailing what they have done". Staff told us everyone had a care plan in place and that they were reflective of people's current care needs. One member of staff told us, "I love our care plans, they are so detailed".

At the time of this inspection no one was receiving care at the end of their life. However, the registered manager told us they had previously supported people at this time, and, care plans had been put into place detailing the person's wishes. Staff told us that as required, people's resuscitation wishes were documented in their care plans. The registered manager told us they would always go above and beyond to try and keep someone in their own home at the end of their life, by adjusting visit schedules and increasing the number of visits. A recent thank you card received by the service confirmed this. It read, "Please pass on my thanks to you and your colleagues for the care and support you gave Mum in her final days. She had wanted to stay at home for as long as possible and wouldn't have been able to without your invaluable support".

People and their relatives told us if they had any worries or concerns they could informally speak to staff. They told us, "My husband knows if he feels worried or concerned about anything that he can tell them and they will support him where possible, or refer it to other relevant people", and "I am sure if I was upset or worried that I could tell them and they would be compassionate".

People had a copy of the provider's complaint policy, and told us "I would certainly know how to make a complaint" and "I have a copy and know what to do should the need arise". People's concerns and complaints were listened to and then used to help improve the service people received. For example, one person had complained that their loved one's creams were being applied too roughly, and another person had complained that their loved one was not supported with their meals effectively. The registered manager had taken immediate action to speak with the complainant and to staff, and continues with ongoing monitoring. During our inspection our expert by experience, who had been making phone calls to people to obtain their feedback, received a complaint. We shared this with the provider, who promptly responded by contacting the person and arranged a home visit to speak with them. This demonstrated that the provider took complaints seriously and positively in order to help improve the service. The provider told us in their provider information return (PIR), that "If the complaint is not resolved the Directors will get involved and make direct contact with the complainant. Concerns and complaints are recorded and analysed for themes".

Good

Is the service well-led?

Our findings

People told us the service was well managed and said that they would recommend it to others. They said, "The manager is very good. You can talk to her and she listens to what you have to say. I feel if ever a problem arose she would deal with it to my satisfaction. She helps out with my care when they are short staffed". Other comments included, "I have met the manager. She is lovely. You can talk to her and she does listen and I am sure if I was ever unhappy with the care provided she would make the changes required"; and "She responds well to suggestions".

The provider's organisational values were of "Integrity, Inclusion and Competence". These values had been derived from staff and people's feedback, and formed the basis of a workshop which was delivered to all staff. The workshop entitled the 'Gemcare Way', was a chance for staff to reflect on their own values and whether they matched those of the organisation. The positive findings of this inspection, demonstrated that these values were at the heart of the service and underpinned in staffs practice.

People received a service which was effectively assessed and monitored by the provider, to ensure its ongoing safety and quality. The provider had checks in place to look at the quality of record keeping and how the registered manager was managing complaints and incidents. A computer system prompted the provider and registered manager to perform tasks and checks when they were needed. The provider felt that the system was effective and robust. The provider visited the service approximately once a month to meet with the registered manager and also completed random care visits to people, to obtain their views and feedback. In addition, they commissioned an external auditing agency to complete an annual review of the service, helping to identify where improvements were needed.

The registered manager told us they felt well supported by the provider, and received informal and formal supervision of their practice and leadership. This was the registered managers' first inspection, and they had told the provider that they were feeling nervous. The provider was therefore present to support them during the inspection. This demonstrated that the provider valued their registered manager and wanted them to feel as confident and relaxed as possible.

The provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. For example, they told us that due to the difficulty in recruiting care staff, the registered manger had been having to complete some care visits. This had impacted on some of their managerial work, for example not being able to carry out regularly spot checks of staff practice. However, ongoing action was being taken to try and fill staffing vacancies. This reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Staff told us there was a positive and inclusive culture, and that they felt valued. There was a whistleblowing policy in place and staff told us that they would not hesitate to report poor staff conduct to the registered manager, so that action could be taken. They also told us they had direct access to the providers contact details, should they want to speak with them directly.

The provider worked in partnership with external agencies in an open and transparent way, for the benefit of people, and there was continuous learning taking place to help facilitate improvement. For example, the process of recruitment had been reviewed to help ensure staff that were employed held the same values as the organisation. The provider had introduced 'role playing' into the interview process. This had been because they had found through people's feedback that some staff did not have the inter-personal skills that they had spoken of and shown at the time of interview. The provider told us in their provider information return (PIR) that, "We provide exercises that enable us to observe their behaviour and challenge their judgments in role simulations. These exercises enable much better predictions of competencies and effectiveness".