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Goldfinch Care Agency

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out the inspection on 19 November 2015. 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 in available. This was the first inspection of the service since it registered in 2013.

The service is a home care agency that provides live-in carers to people. The carers provide personal care to people in their own homes. At the time of our inspection 10 people used the service.

The service had a registered manager. 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 that they felt safe in their own homes?. Risks were assessed and managed to protect them from harm. Staff understood what to do in an emergency.

Summary of findings

Staff had received training to meet the needs of the people who used the service. People received their medicines as required and medicines were managed and administered safely.

Staff respected people's homes. People's independence was promoted and choice making encouraged. People remained part of the wider community if they wished to and links with people important to them were maintained.

Some people had the capacity to make decisions about their care and the support they received. These people were involved and their opinions sought and respected. Where people required support to make decisions, the service did not follow the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager and staff team were unclear of their role in ensuring best interest decisions were made for people.

The registered manager had assessed the care needs of people using the service. Staff had a clear understanding

of their role and how to support people who used the service as individuals. Where people had more complex needs these were being met and support was tailored to people's changing needs.

Staff knew people well and treated them with kindness and compassion. People received a consistent level of support. Where additional staff were required to support when regular staff members were not able to these staff were also well known to people.

People were supported to maintain their health and wellbeing. Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the registered manager and had confidence that they would address issues if required. Family members found the registered manager to be approachable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People told us they felt safe and the staff team knew how to keep people safe from harm. Risks were assessed and managed to protect them. Staff understood their responsibility to protect people from harm and report concerns. The service had robust recruitment and training policies which were followed to ensure staff members were safe to work and trained to provide safe care to people.

Good



Is the service effective?

The service was not consistently effective.

We saw that staff received appropriate training to enable them to meet the requirements of their role. We saw that the service had not completed assessments of people's capacity to make informed decisions around aspects of their care in line with the Mental Capacity Act 2015

Requires improvement



Is the service caring?

The service was caring

People were encouraged to make choices and independence was promoted. Staff treated people with kindness, dignity and respect.

People's privacy was maintained and staff sought people's consent to provide care. People were supported by staff that they felt comfortable with and who they knew well.

Good



Is the service responsive?

The service was responsive

Feedback from people who used the service and their relatives was actively sought. People were aware of the complaints procedure and felt able to raise any concerns. Where concerns had been raised these had been dealt with in a timely manner.

We saw that the registered manager reviewed the care that people received monthly. Where people's needs changed this was reflected in their support. Staff were available to offer support to people at times that they needed it and were flexible to meet people's preferences.

Good



Is the service well-led?

The service was well-led

The service had a statement of purpose. Staff had a clear understanding of the aims and objectives of the service. People using the service or their relatives were clear on the service they should expect to receive.

Good



Summary of findings

Staff felt supported by the registered manager and that they could be contacted at any time. People using the service felt able to contact the registered manager and discuss any issues with them.

Goldfinch Care Agency

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 team consisted of an inspector and an expert 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. We spoke to two people who used the service and four relatives of other people who used the service.

We looked at the care plans of three of the people who used the service at the time of our inspection. After the inspection we spoke with six care workers employed by the service. We looked at three staff recruitment files to see how the provider recruited and appointed staff. We also looked at the records the registered manager provided concerning their procedures for monitoring the quality of the service and evidence of staff training.

Before the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

People told us that they felt safe. One person told us “Yes everything is safe. If it wasn’t I would talk to [registered manager].” A relative of someone who uses the service told us “We feel safe with the current girl, yes.” Another told us “Yes, everything is safe.”

Staff were aware of how to report and escalate any safeguarding concerns that they had. We saw that there was a policy in place that provided details of how to report safeguarding concerns and all staff had access to this policy when they were working. Staff had received training about their responsibility to keep people safe. Staff told us that they felt able to report any concerns. We saw that there were systems in place to help prevent and protect abuse, for example staff were required to maintain clear records around the use of people’s finance.

We saw that the service had a recruitment policy in place which was followed to ensure that all relevant checks were carried out on staff members prior to them starting work. We looked at the recruitment files for three staff members. We found that all relevant pre-employment checks had been carried out before staff commenced work.

Risks associated with people’s care had been assessed and assessments were reviewed. Staff were required to sign these to show that they understood them and were able to follow the guidelines to keep people safe. Staff had access to these risk assessments at all times while they were working. Risks associated with the environment were also

assessed to ensure that staff and people using the service were safe. Staff were required to contribute to maintaining the safe environment by carrying out health and safety checks such as weekly fire alarm tests.

We saw from records held at the service that people were supported to access emergency health professionals if required. Staff had access to emergency contact telephone numbers and were clear on how to summon help if required.

People could be assured that they would receive their medicines as prescribed by their doctor. One person told us “The meds are on time, very much so. She’s [staff member] always got things organised.” Staff receive training to enable them to give people their medicines safely. We saw that clear records were kept to enable staff to know when and how to help people take their medicines.

We were told that suitable staff were available to ensure people remain safe and supported by people who understood their needs when their regular carer was unavailable either due to planned breaks or sickness.

Accidents and incidents were recorded and the registered manager was made aware of these in a timely fashion. We saw from records that when an accident had occurred staff had responded appropriately to the situation such as contacted emergency health professional help but also that they had looked to seek a longer term solution to prevent further occurrences. We saw that a risk assessment and care plan had been amended to reflect a ‘near miss’ incident.

Is the service effective?

Our findings

People were supported to have sufficient to eat and drink. One person told us “[Carer] does top quality cooking.” We were told by a staff member that they supported a person using the service to receive their nutrition via PEG feeding. PEG feeding refers to a medical procedure in which a tube (PEG tube) is passed into a patient’s stomach to provide a means of feeding when oral intake is not adequate. The regular staff member that supports that person along with additional staff who may be called upon to provide planned or emergency cover had received training. This training ensured that the person’s nutritional needs were being met.

We saw that people were being supported to maintain good health. The records that the service kept on people were clear and in depth. They reflected the wishes of the person and what was important to them. Staff were clear on the information within these records and used them to ensure that people received the care they required.

Staff told us that they received training when they started working at the service that enabled them to understand and meet people’s needs. This included manual handling and health and safety training. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they had been allowed to support people on their own. We saw training records that confirmed this.

The staff training records showed that staff received regular refresher training and ongoing learning. Staff told us that they had attended courses such as, dignity in care, safeguarding and some practical sessions with the hoist and slings. We saw that the registered manager had attended a course which then enabled them to carry out training in that subject, known as a train the trainer course. The registered manager then provided the training in those areas for other staff at the service.

We saw that staff’s understanding of the training materials had been assessed. Staff were required to complete

understanding based evaluations after they completed training sessions. The registered manager confirmed that there had been an occasion when a newly employed staff member had received induction training however did not demonstrate that they were competent to implement all their learning. As a result the registered manager did not offer the staff member any work placements.

The Mental Capacity Act 2015 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and support. It ensures people are not unlawfully restricted of their freedom or liberty. We found that the registered manager was not able to demonstrate that the service was following the legislation. Where people had the capacity to understand and consent to their treatment we found that they had done so and been actively involved in decisions around their care. Where people did not have the capacity to consent to care and treatment the necessary assessments to confirm this and ensure that the person received the care that took into account their specific needs and wishes had not been made as required by the legislation.

Staff had not received training with regard to the Mental Capacity Act and did not fully recognise where people were at risk of being deprived of their liberty. We were told of forms of monitoring such as pressure sensor mats that had been put in place to prevent harm but that people had not expressly consented to. Some people’s relatives had applied for and been granted Power of Attorney. Power of Attorney describes the legal process that allows someone to make decisions on behalf of another person when they are no longer able to do so themselves. Where this was the case staff were aware but were not clear on the specific circumstances under which relatives could make decisions on behalf of people using the service. The registered manager assured us that they would develop and implement a policy which addressed the requirements of the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

People told us that the service they received was caring. People who used the service felt that the service took into account their needs for dignity and respect and that they received care that reflected this. One person said “Care is different things to different people, they leave me completely alone for a period if I ask.” another said “I’m not encroached on at all by having her here. There’s a plan and she knows what to do, or not do. She knows me.”

There was clear guidance for people who used the service as to the standard of care that they should expect. The statement of purpose for the service stated that people who used the service should be supported with respect at all times and that independence should be encouraged. Family members of people who used the service told us “[Staff member] does keep [family member] independent as much as possible.” One staff member told me “I follow [person using the service], to know what she is comfortable with, I don’t push my standards on her”

People using the service were treated with dignity and respect. The staff members that we spoke to understood that they were visitors in people’s homes. They were aware of the need to give people space and respect their privacy. Staff understood the need to support people at a pace that suited them. One of the relatives of a person using the

service told us “We can’t rate [staff member] highly enough, as she’s tried to activate his mind, does quizzes with him and rings people he knows to come around, visit and have coffee.”

People told us that staff got to know them and their needs well. When staff changed or another staff member was required to cover breaks or sickness the new staff member was given opportunities to meet and work alongside the existing carer so that they could help with the introduction and ensure that continuity of care was maintained. The registered manager told of one staff member who worked alongside the existing staff for three days before they were required to support a person on their own. The staff member confirmed this and that it had helped them to feel confident to support that person and that the person had been given the opportunity to start to develop trust in the staff member.

Family members told us that their relatives were able to remain independent and relaxed due to being cared for in their own homes. Relatives were involved in helping staff to understand significant events in people using the service’s lives. This meant that staff could engage with them about the things that were of interest to them. The registered manager told us how the use of music from a particular time had helped one person to remain calm and settled during the period of the day when they had previously displayed signs of anxiety.

Is the service responsive?

Our findings

People told us that they felt that the service was responsive to their individual needs. One person told us “I have a buzzer which I press and they come in two minutes.” A relative told us “[Staff member] knows exactly what to do next, we have all the equipment we need.” We asked the relatives of some of the people who used the service if they felt that the care their relative received met their needs. One told us “Yes, I think so, this carer particularly is very useful.” Another said “I can’t fault them.”

People’s views were sought and listened to. One person told us “[Registered manager] came out and discussed with me and we agreed on what I wanted.” Another person told us “Yes, I was fully involved in planning what I wanted my care to be.” One relative told us “We’d go to the agency and speak to [registered manager] if we needed anything changing” another said “If we had a complaint, we’d go to [registered manager]. People using the service and their relatives were made aware of the service complaints procedures. People felt that the registered manager was approachable and that they would respond to their concerns. One person told us “I did go to [registered manager] with a concern once.” They told us that the concern was about staff compatibility with other members of the household. When asked how things were resolved, the person using the service told us that the registered manager had changed the staff member and that they were happy with the solution.

Staff were responsive to people’s changing needs. We saw from care records that when a person using the service was experiencing poor health, staff and the registered manager were quick to involve health professions and relatives. As the person’s support needs changed these were assessed and new support plans implemented. We saw that plans were reviewed and updated to reflect changing needs three times over a six month period for one person.

Staff employed by the service reviewed the care notes, medication records and other person specific reports on a monthly basis and compiled a report. This enabled the registered manager to see if the service was meeting people’s needs. We were able to see from these reports that one person using the service had benefited from improved mental health. This was attributed to the encouragement and support of the staff member in helping the person access the community more.

The registered manager met with people who used the service regularly. They also conducted surveys with people who used the service and their relatives to find out if the service was meeting their needs and expectations. People were encouraged to feedback and we saw that changes had been made to people’s care packages as a result of the feedback.

The records that the service maintained were detailed, respectful and took into account the individual preferences of people. For example a person who used the service was supported to access their preferred hair dresser in the community and maintain links with people they had known for years. People were supported to access their preferred place of religious worship.

The registered manager was able to demonstrate that they understood the implications of change of staffing to people who use the service and implemented systems to ensure that change was managed as smoothly as possible. These systems empowered the people using the service to feel involved in the process of change. People using the service or their relatives were provided with staff profiles so that they could see the staff’s skill set and interests. This helped them to make an informed decision about if they wanted that staff member to support them.

Is the service well-led?

Our findings

People told us that they thought that the service was well led. One person said “It’s a very well run service, small but very well run.” A family member said “We can contact [registered manager] whenever - we have a mobile number, office number and e-mail and [registered manager] is normally very, very prompt in getting back to us.” Another family member told us “it’s excellently run. I can’t fault it.” We saw email exchanges between the registered manager and the family members of people who used the service.

The registered manager was clear on the aims of the service and told us that staff were expected to “Exercise dignity and respect at all times.” Staff confirmed that they were clear on their role and the expectation of the registered manager as well as people who use the service and their families. This was reflected in the service statement of purpose.

The registered manager met with all people who were interested in receiving support from the service. Their needs were assessed and the manager ensured they or their relatives were clear on what service they would receive and what they would expect from the care staff. The registered manager also explained to people and their family members the role of the carer staff and the expectation that they would receive their allotted breaks and that their living facilities met their needs. We were told that this helped to ensure that all parties understood what was expected of them. People or their relatives were required to sign contracts outlining the specifics of the support to be provided.

The registered manager maintained their own learning and we saw that they had recently accessed training courses on advanced care planning and dementia care. They had also received some training specific to the care needs of one person who used the service so that they were able to step in and support this person in case of an emergency. We saw that the registered manager had actively sought alternative forms of training for their staff and that they took into account different people’s learning styles. One example was the use of media to reinforce a topic. A training feedback form had recently been implemented to enable the registered manager to review the effectiveness of the training.

Staff told us that they felt supported by the registered manager and would be confident to discuss issues as and when they arose. The registered manager conducted regular supervision and observations of practice with staff members. The registered manager maintained contact with staff via phone calls, messages and emails. One staff member told us “[registered manager] is a great communicator.” Most staff told us that they felt that the level of support that they received suited their needs and we saw that some staff received more contact than others dependent on their needs. One staff member told us that they had informed the registered manager that they felt that they did not feel comfortable offering support to a person using the service. The registered manager took these comments on board and arranged cover for the person using the service. The staff member was offered an alternative assignment that better suited them.

The registered manager was aware of the requirements upon them to notify the Care Quality Commission or other agencies of significant events within the service.