

GND Support Limited

# GND Support

## Inspection report

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MK6 2HB

Tel: 07581231760

Date of inspection visit:  
14 June 2023

Date of publication:  
29 June 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

GND Support is a supported living service providing personal care to 2 people with mental health support needs at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People felt safely supported by staff and told us their needs were met. Staff were recruited safely and trained to support people with mental health support requirements. Risk assessments were in place to document any risk present in people's lives.

Medicines were administered in a safe manner, and staff followed infection prevention and control principles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems and processes were in place to ensure that any mistakes were found and acted upon. Staff practice was monitored by the registered manager. Notifications were made to CQC when required. People felt the service was well run and were able to feedback to management as required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 6 January 2022).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for GND Support on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.  
Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.  
Details are in our well-led findings below.

# GND Support

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 June 2023 and ended on 16 June 2023. We visited the location's office on 14 June 2023 and made calls to people and relatives on 16 June 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During our inspection we spoke with 2 people who used the service, 1 relative of a person who used the service, 3 staff members, and the registered manager. We looked at 2 peoples care plans and associated risk assessments, and other documents such as audits and training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they were safely supported by staff in a safe environment. One relative told us "[Name of person] is very much in the right place, their care and support is excellent."
- Staff understood safeguarding procedures and were confident that anything reported to management would be followed up appropriately. Staff were trained in this area.
- The registered manager understood their responsibilities to report certain information of concern to the relevant organisations.

Assessing risk, safety monitoring and management

- Risk assessments were in place to cover the risks that were present within people's lives. This included risks around any medical conditions people had, mobility, and any distressed behaviours people may display at times.
- Staff we spoke with felt confident in managing risks with people, and said the training they received prepared them for the role.
- Risks were regularly reviewed and updated as required.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Safe recruitment procedures were in place. All staff employed had previous employment references, ID checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff available to meet people's needs safely. One person we spoke with told us, "There

are always staff around. I get the support that I need."

#### Using medicines safely

- People received their medicines as prescribed, on time and in the way they preferred them by competent and knowledgeable staff. Medicines were stored securely, and documentation we looked at was accurately completed.

#### Preventing and controlling infection

- Staff were trained in preventing and controlling infection.
- Staff were provided with personal protective equipment (PPE) for example disposable gloves and aprons, to reduce the risk of cross-infection. People and their relatives confirmed staff made appropriate use of PPE.
- The provider had an infection control policy in place to provide guidance to staff.

#### Learning lessons when things go wrong

- Any incidents or accidents that occurred were recorded and investigated by management. People's care plans and risk assessments were reviewed, and measures put in place to reduce the risk of recurrence.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- Checks included regular observations on staff, monthly analysis on things such as medicine administration, infection prevention and control, and accidents and incidents. We saw that where improvements were required, this was discovered and acted upon promptly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives we spoke with felt the service was well run and promoted a positive culture. One relative told us, "It's managed well and they [staff] care for the people they support. [Name of person] wasn't being cared for in the last placement, but his life has improved tenfold now."
- The registered manager and staff all had good knowledge and understanding of the people they were supporting, and knew them well.
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.
- Staff told us they were clear about what their roles and responsibilities were, were happy working at the service, and felt supported by the registered manager. One staff member said, "I have good support in place. The manager is accessible."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were able to feedback formally and informally on the care that was being received. We saw that feedback forms had been sent out and completed, with largely positive results. We saw one written comment which said, 'The change in [name of person] since he moved to GND in nothing

short of miraculous.'

- Staff surveys were also in place to ensure staff could feedback on their experience and make suggestions. Staff we spoke with felt the service was open and honest, and that they could raise issues if they needed to.

Working in partnership with others

- The service worked alongside other health and social care professionals as and when required to ensure people received joined up support that met their needs.