

G Care Ltd

G Care

## Inspection report

Unit 19i  
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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

### About the service

G Care is a domiciliary care service providing personal care to older and younger adults, including those with physical disabilities and living with dementia. The service was supporting 29 people at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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

The service had been developed with a clear person-centred focus. The provider was dedicated to improving and driving up standards of care. Quality assurance was used effectively to support this; learning was shared amongst staff. This approach inspired staff. Feedback from people and staff was used to inform changes.

People felt their care was safe and reliable. Staff followed infection prevention and control guidance and wore PPE appropriately to protect people against the risk of infection. Staff supported people using positive risk taking, supporting their independence.

People received a consistent standard of effective care from staff who were knowledgeable and skilled at providing care. The provider was committed to staff development. This had a positive impact on the quality of people's care. One relative told us, "The care is consistent across the staff team, they are all friendly." Staff worked effectively as a team and with health and social care professionals.

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.

Feedback from people and their relatives on the caring approach from staff was consistently positive. People benefited from this, with staff respecting their wishes and values. People were central to decision-making about their care. One care worker said, "I would absolutely have G Care look after my family."

People's care was developed responsively to suit their changing needs. The provider was very aware of the risks linked to people's social isolation during the COVID-19 pandemic. Staff monitored people's wellbeing. People's communication needs were supported, staff used this information to guide their approach.

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 service was registered with us on 31/10/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on when the service was registered.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# G Care

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the CQC. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 19 May and ended on 23 June 2021. We visited the office location on 19 May.

#### What we did before the inspection

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

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, supervisor, senior care workers and care workers. We spoke with one health professional that worked alongside the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to their recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, training information and quality assurance documents were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care staff supporting them. Comments from people included, "I feel absolutely safe."
- The provider had a safeguarding policy and procedure. Staff received training on how to identify and report any safeguarding concerns.

Assessing risk, safety monitoring and management

- People were supported to take positive risks, promoting their independence. For example, one person had been advised by a speech and language professional to follow a specialist diet to reduce the risk of them choking. Staff recognised this negatively affected the person's wellbeing and worked with the person and the health professional to balance risk and the person's wishes.
- Risk assessments were used effectively to highlight risks specific to each person and guide staff in how to reduce and manage these.
- Risks linked to people's home environments and equipment were identified by the provider to keep people safe.

Staffing and recruitment

- People received regular care visits for the length of time needed to meet their care needs. One relative said, "They are always reliable and there."
- Care visits were monitored to ensure people received timely support to keep them safe.
- Safe recruitment processes were in place and followed. All appropriate pre-employment checks were completed prior to new staff commencing employment.

Using medicines safely

- People were supported to manage their medicines independently and to work towards this where possible.
- Staff had received medicines training and had their competencies assessed.
- As and when required protocols were not always in place to guide staff in when people may need these occasional medicines. The registered manager agreed to implement this.

Preventing and controlling infection

- People and their relatives told us PPE was used appropriately by staff to protect them against the risk of infection. One relative said, "The PPE and precautions G Care have use have protected my relative throughout the pandemic."

- The provider carried out observations to check staff were following best practice for infection prevention and control and PPE use.

#### Learning lessons when things go wrong

- People received appropriate support following accidents and incidents.
- The provider looked at possible causes for accidents and incidents to prevent reoccurrences.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received support from a consistent team of staff, who were familiar with their needs.
- People's care needs were assessed prior to their support commencing to ensure the provider could meet these.
- Staff supported people to work towards short and long term goals to meet their chosen outcomes.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to provide people with effective care. They completed training across a range of topics including moving and handling, nutrition and hydration and falls prevention.
- The registered manager was committed to developing staff knowledge and skills.
- New staff completed an in-depth induction programme involving training and shadowing. This helped people feel confident in new care workers supporting them. One relative told us, "[Family member] appreciates meeting new care staff before they start."
- Supervisions and spot checks were used to support staff and monitor their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received effective care and support to make sure they ate and drank enough. People were left with drinks by care staff to keep them hydrated. One person said, "They [staff] lay out a drink for me, they try to keep it in easy reach for me."
- People were supported to have the meals, drinks and snacks of their choice.

Staff working with other agencies to provide consistent, effective, timely care

- People received a consistently high standard of care from staff supporting them.
- People received effective, coordinated support from the provider and other professionals supporting them. For example, when one person experienced several falls, the provider worked with the person, their district nurse and social worker to identify the cause of this and manage it jointly.
- Information following any changes in people's needs or situations was communicated effectively amongst the staff team and recorded.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services appropriately by staff. One person told us, "I had bad legs one day, they [care workers] took photos of these and I got some cream."
- Staff were knowledgeable about people's health conditions and how these may affect their care. At times,

this was not thoroughly recorded. The registered manager agreed to address this.

#### Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People made decisions about their care and felt staff listened to and respected their choices.
- People were supported in-line with the MCA. Staff had received training in this area and were able to identify when people's capacity may fluctuate and how this may impact on their decision-making.
- The provider was aware of local advocacy support available to people and knew when to signpost people to this service.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind, compassionate care. Care staff understood what mattered to each person. For example, allowing one person time to express themselves in their own words. This improved the person's confidence and wellbeing.
- Feedback from people and their relatives about care staff was consistently positive. One relative said, "The friendliness and approachability of staff is key. They have a knack of being able to build a relationship with people."
- People enjoyed the company of staff and formed positive, caring relationships. A relative explained, "The staff chat to [person], which bring [person] out of themselves. They look forward to their care visits."

Supporting people to express their views and be involved in making decisions about their care

- People led their care. One relative said, "[Family member] is fully involved in all conversations, it is directed by [person]."
- People were supported to live according to their wishes and values; their lifestyle choices were respected.
- People told us staff would always check they were comfortable and satisfied with their care before leaving their visit.
- The provider was committed to looking at ways to improve people's care and welcomed feedback. One care worker said, "I could go to the office and say 'I think this would work better.' [Senior staff] would look at it and see if it would be better for that person."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity by care staff. One person told us, "My dignity and privacy is respected. They [staff] help me get dressed and immediately they will put a towel over my lower body to protect my dignity."
- People felt respected and treated with kindness and consideration. One relative said, "They treat [family member] with the utmost respect. It's the way they speak to [person] and help [person]. They always ask permission."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to re-gain and maintain their independence. One person told us, "The care workers helped me with having a shower to start with. I then said that I wanted to do it myself. I've now been doing it myself."
- People's care was developed and adapted to meet their changing needs and preferred routines. A care worker described how they would adapt the support they provided to help a person with their moving and handling depending on how they were that day.
- People's care was reviewed routinely and altered in response to any changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed. This was recorded to guide staff in how to effectively share information with people.
- Staff were skilled at understanding people's communication needs and adapted to these. One relative said, "The care workers helped [family members] get their speech back. They gave them time to express themselves."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were mindful of the impact COVID-19 had on people's social isolation and monitored their wellbeing. One care worker told us, "It's really important we have time to talk to people, some of them don't see a lot of people." A relative said, "[Staff] keep [person] upbeat when they get down. The staff always notice; they know how to bring [person] round and get them talking."
- Staff respected people's family lives, providing care discretely with awareness of others sharing the household. This helped people to accept and feel comfortable with their care.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable contacting the provider if they were unhappy about the service. They felt reassured any issues would be resolved quickly. One person said, "If I needed anything to change I'd speak to the registered manager and anything would be done immediately."

- The provider worked with people and their relatives to address any minor issues, preventing them escalating to complaints.

#### End of life care and support

- Staff had an awareness of people's end of life preferences and how to provide support during this life stage. The registered manager planned to develop training in this area.
- Information was clearly recorded about whether people had decided to refuse resuscitation if the need arose.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong person-centred culture, with people at the heart of the service. One person said, "They come across as like a member of the family, they really do care, they care about everything they do and every single member of staff has been exemplary."
- People and staff felt the service was consistently well-led. One care worker explained, "I rate the registered manager. She's always got time for staff and people that use the service." This approach inspired staff.
- Staff achievements and examples of high quality care were celebrated. This promoted a positive culture and helped to raise standards.

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 understood their responsibility to be open and honest if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance checks were used to monitor quality and safety across the service and drive improvement. The provider identified when additional audits were needed to support service development and used these to good effect.
- Office staff monitored care records and visits via an electronic care plan system and responded to any issues promptly.
- The provider shared findings from their audits with staff to improve the service.

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

- Feedback was regularly requested from people and staff to seek their views on the service.
- The provider valued staff feedback and used this to inform service development. They held discussions with staff prior to introducing new systems, such as the electronic care system to seek their views.
- The provider had communicated with people that used the service throughout the COVID-19 pandemic to reassure them of the steps they were taking to keep people safe.

Continuous learning and improving care; Working in partnership with others

- Staff were committed to providing high quality care and used feedback and learning to improve

standards. One care worker said, "G Care have very high standards, we always work to 110%."

- The registered manager shared feedback on the service and areas for improvement with staff to ensure they understood their role in this.
- The provider worked effectively in partnership with a range of health and social care services to support people.