

G & P Healthcare Limited

# G&P Healthcare Ltd

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

G&P Healthcare Limited is a domiciliary care agency providing personal and nursing care to people living in their own homes. There were seven people receiving the regulated activity of personal care at the time of our inspection.

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

People were cared for safely and staff understood their responsibilities to keep people safe from abuse or harm. Risk assessments were completed and ensured staff knew what to do to minimise the risks identified. Where people received support with their medicines this was done following safe practice guidelines. There were effective practices in place to protect people from infection.

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. Staff received the support they required and had access to training.

Staff were kind, caring and motivated in their work. People told us they were supported in a way that ensured they felt in control of their care and staff were respectful. People's dignity and privacy was maintained.

People had individualised care plans which ensured they received person-centred care. Plans considered people's preferences, likes and dislikes and their cultural and religious backgrounds.

People knew who to speak to raise concerns and had experience of being listened to. Staff were described as patient and caring.

The registered manager was open and transparent in the way they worked with staff and other organisations. They looked at ways to improve the service. Staff felt well supported and people were confident in the service. Staff liaised with other health professionals and looked at ways to improve people's life experiences.

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

The last rating for this service was good (published 1 October 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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&P Healthcare Ltd

## 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 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 24 June 2019 and ended on 8 July 2019. We visited the office location on 24 June 2019.

#### What we did before the inspection

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We sought feedback from the local authority and professionals who work with the service. The provider completed a 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.

During the inspection-

We contacted three people using the service and were able to speak with one person. We contacted three professionals and were able to speak with one professional. During the office site visit we looked at records, which included three people's care, daily care records and medicines records. We checked staff recruitment files, training and supervision records. We also looked at a range of records about how the service was managed. We spoke with the provider of the company who is also the registered manager, we contacted five staff and were able to speak with two staff.

After the inspection –

We asked the registered manager to provide evidence they had completed some remedial work to staff files. We received this immediately after the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person we spoke with told us they felt completely safe with the staff who cared for them. They commented, "They are always there, I feel safe, I have no worries no matter what support they give me."
- Staff received training in safeguarding people and were provided with policies and procedures for safeguarding and whistleblowing.
- Staff knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately.

Assessing risk, safety monitoring and management

- Risk assessment and management plans were in place in relation to each person receiving care in their own home environment. These were reviewed regularly and any additional risks noted by care workers were passed on to the provider who would update the assessments and inform the rest of the team.
- There was a business continuity plan to inform decision making in the event of disruption to normal business operations, for example through fire, flooding or severe weather. This included the names and telephone numbers of people to contact.

Staffing and recruitment

- One person told us they were supported by a consistent team of staff and due to the length of calls never experienced a time when staff did not arrive or were not on time.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- We did note the provider had removed photographic identification from staff recruitment files in a misunderstanding of the General Data Protection Regulation (GDPR). Following discussion with the provider, they made immediate arrangements to rectify this.

Using medicines safely

- There were systems in place for the safe administration of medicines.
- Staff had received training in relation to medicines and were aware of their role and responsibilities when supporting people with their medicines.
- Medicines administration records (MARs) were completed by staff and returned to the office for monthly auditing.
- Where staff assisted people with medicines this was clearly recorded.

### Preventing and controlling infection

- Records showed and staff confirmed they received training in infection prevention and control.
- Staff told us they had access to protective personal equipment which was available to them in the provider office.
- Checks were carried out on staff, including 'spot checks' of their performance, to ensure they were following infection control procedures.

### Learning lessons when things go wrong

- Arrangements were in place to report and manage incidents and accidents and an appropriate policy was in place. The provider was aware of the importance of reflecting on incidents and reviewing care plans and risk assessments to minimise future incidents.
- Information was shared with staff through team meetings and supervision.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- The provider made an initial consultation visit to all prospective people, wanting to use the service, to understand their needs. They used this visit to listen to the person and their families if present, to gain as much information as possible and to ensure they were able to meet the person's needs.
- Care plans were personalised to the individual and kept under review to ensure they continued to reflect people's choices and preferences as their needs changed.

Staff support: induction, training, skills and experience

- People received support from staff who were well trained and understood their responsibilities.
- A person we spoke with spoke positively about the skills of the staff who supported them. They told us, "Staff are very calm and understanding they work well as a team."
- Staff completed an induction which set out the knowledge, skills and behaviours expected of their specific job role.
- A health care professional confirmed staff received specialist training when it was needed. For example, staff received training to support someone who required tracheotomy ventilation. (this is an opening surgically created through the neck into the trachea (windpipe) to allow direct access to the breathing tube. A tube is usually placed through this opening to provide an airway and to remove secretions from the lungs.)
- Staff told us they felt supported in their day to day work, and they received regular formal supervision and appraisals.

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

- Where people required support in relation to food and drink this was recorded in their care plans and daily notes by staff.
- A person we spoke with told us they received the help and support they needed to maintain a healthy diet.
- Staff understood the importance of protecting people from the risk of poor nutrition and dehydration, and notified the management team to seek additional support if required.

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

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

- The health care professional we spoke with confirmed they found the service extremely professional and the registered manager easy to contact.

- People were supported to maintain their health and well-being.
- Care plans contained important information regarding people's medical conditions and healthcare needs.
- The person we spoke with told us, "If I am not well staff contact my local surgery and my GP will visit."

#### 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- The service had policies and procedures to help them meet the requirements of the MCA.
- Staff understood when it was necessary to make decisions in people's best interests if they lacked the capacity to fully understand or consent.
- The person we spoke with told us they had complete control over their lives and staff supported them. They said, "I am actively involved in my care."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- The person we spoke with told us they felt they were respected and their cultural needs were met. They told us, "[Registered manager] adapts my plan as and when needed. They support me to keep contact with my family and friends. It is really important to me."
- The service promoted a strong person-centred culture and the team were committed to making a difference to people's lives wherever possible.
- Staff were motivated to deliver good quality care by the provider's values and commitment. This was promoted by the training staff received.
- Staff confirmed they had received equality, diversity and human rights training to enable them to have a better understanding of people's rights and diverse care needs.
- Staff were committed to building up meaningful relationships with people. A person we spoke with commented, "I feel they (care staff) love and care for me."

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

- The service helped people to express their views so that staff understood their views, preferences and choices. One person told us, "They really listen, communication is very good."
- Care plans provided staff with information on people's communication needs. This ensured staff had the information they needed to involve people in their care.
- Care plans were written in a way that respected people's choices, wishes and individuality. This included, where possible, signed consent to care forms and how they wished staff to address them.

Respecting and promoting people's privacy, dignity and independence

- The person we spoke with told us staff respected their privacy and dignity. They commented, "Staff treat me as they would want to be treated. Care is consistent across the team and I am seen as an equal, part of the team."
- Staff we spoke with were aware of the importance of promoting people's independence, respecting their privacy and maintaining their dignity.
- A health care professional we spoke with told us, "[Registered manager] is diligent in getting the right staff to support people."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 had individualised care plans, which detailed the care and support people wanted and needed. For example, one person's plan described how they preferred to be showered.
- Care plans ensured that staff had the information they needed to provide consistent support for people which was person-centred.
- Staff knew people well and spoke about giving people choices. A staff member told us, "We get to know people well as we only do longer calls."
- Care plans detailed how people were involved, where possible, in developing the team, which looked after them. It showed they had prior approval of all staff joining the care team.

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 were assessed. Where a person had a visual impairment, the care plan identified the need and the plan detailed the support staff were to provide.
- People were supported where possible to develop and maintain relationships. A person told us, "My care plan has been changed so I can see my friends in an evening. I can also see my family. It's much better."

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint. A person said, "I would speak to [registered manager] it would be dealt with. They are brilliant, they are responsive to any issues, it is dealt with before it becomes an issue really."
- There was a complaints procedure in place and people were given information as to how to make a complaint. Where a complaint had been received by the service it was dealt with appropriately. The registered manager also shared the issue with the staff team to ensure everyone could learn from the outcome.

End of life care and support

- The service was not providing end of life care at the time of the inspection. However, staff received all relevant training to enable them to support people in their own home should it be required.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People were at the centre of everything the service did; people could be assured they would be involved with their care.
- Staff understood the importance of treating people as individuals and respecting their wishes.
- The registered manager and staff focussed on ensuring the support and care people required to meet their individual needs was person centred and high quality.
- The service promoted people's independence and choices as to how they lived their lives.
- One staff member told us, "This is a happy and helpful service, we're here to help people we care for."
- There was an effective on-call system in place which ensured there was always someone for people and staff to contact if they had any concerns. This enabled the service to respond to people's individual needs at any time.

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

- Staff we spoke told us the registered manager was accessible and approachable.
- The provider was aware of their responsibility to notify the appropriate authorities if things went wrong and share the outcomes with people and staff to ensure lessons were learnt.
- Staff knew about the whistle-blowing policy and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff we spoke with were very confident any concerns they raised would be dealt with promptly.

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

- There were systems in place to monitor the quality of the service.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work were undertaken which ensured they provided the care and support at the standards required.

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

- People's feedback was regularly sought through one to one conversation and 'spot checks'. The information was used to drive improvements. One person we spoke with told us they felt 'listened to'.
- Staff met on a regular basis and communicated effectively; they told us they felt able and encouraged to speak up and share ideas.
- The registered manager had introduced a newsletter to share information with staff and people using the service.

#### Continuous learning and improving care

- The registered manager was proactive and receptive to ideas and took up learning opportunities where they became available.
- The registered manager ensured that staff were kept up to date with best practice guidance and ensured all specialist training was delivered to accommodate the people's needs. A staff member told us, "If we need any extra training [registered manager] arranges it."

#### Working in partnership with others

- The staff liaised with local GPs, district nurses, occupational health team, dietician and pharmacies to ensure people could access the services they needed, and staff gained a better understanding of people's needs.
- A healthcare professional we spoke with told us the registered manager always attended review meetings and 'keeps the commissioners in the loop.'