

GEP Support Limited

# GEP Support Limited

## Inspection report

Office, 14 Evans Business Centre  
Dane Street  
Rochdale  
Lancashire  
OL12 6XB

Tel: 01706751212

Website: [www.gepsupport.co.uk](http://www.gepsupport.co.uk)

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13 March 2020

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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

GEP Support Limited is a domiciliary care service providing personal care to one person at the time of the inspection.

The address for this service has changed to 2 Oakdene Road, Middleton, Manchester, M24 2FQ. We inspected this service at the new address. The registered manager was in the process of changing the registration details of the service with Care Quality Commission.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People were satisfied with the support they received and felt safe. Risks were well managed. Medicines were managed safely, and staff worked with other healthcare professionals to meet people's needs.

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's needs were assessed. Care and support had been planned proactively and in partnership with them.

People were positive about the service. People told us staff were kind and caring. People were treated with dignity and respect and were involved in their care planning and delivery. People's right to privacy was upheld. The registered manager could provide people with information about local advocacy services, to ensure they could access support to express their views.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed. People knew how to complain, and felt concerns raised would be listened to and acted upon.

The management team worked in partnership with a variety of agencies to ensure people received coordinated care which met their needs. People were happy with how the service was managed. Staff felt well supported by the management team. The registered manager and provider completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained at the home.

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

This service was registered with us on 08/12/2016 and this is the first inspection.

Why we inspected

This was a planned inspection.

### 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 ●

# GEP Support Limited

## 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 (CQC). 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 12 March 2020 and ended on 13 March 2020. We visited the office location on 12 March 2020 and telephoned people, relatives and staff on 13 March 2020.

#### What we did before inspection

We reviewed information we had received about the service. 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. 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. We also requested feedback from Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents

the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the one person who used the service and their relative about their experience of the care provided. We spoke with two members of staff including the registered manager and a support worker.

We reviewed a range of records. This included one person's care records and risk assessments. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The provider managed risk through effective procedures. Care records confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- The registered manager developed individual risk assessments. Risk was managed and addressed to ensure people were safe. The registered manager kept these under review and updated them where required to ensure staff had access to information to support people safely.
- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff had a good understanding of what to do to make sure people were protected from harm.

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way.
- The registered manager provided appropriate out of hours support for staff.
- Staff had been subject to appropriate checks when they were recruited.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely and people received their medicines when they should.
- The registered manager conducted regular audits of medicines to ensure any concerns were identified and addressed.
- Staff had access to protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.

Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents. There were no recorded accidents or incidents.
- The registered manager assured us accidents and incidents would be investigated and actions put in place to minimise future occurrences. The registered manager told us that lessons learned would be shared with staff to improve the service and reduce the risk of similar incidents.

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

- The registered manager completed comprehensive assessments to ensure people's needs could be met. Records were consistent. Staff provided support that had been agreed during the assessment process. People and relatives confirmed this when we spoke with them.
- The registered manager regularly reviewed care and support and updated care plans where people's needs had changed. This ensured people received the level of care and support they required.
- People's nutritional needs were included in their care plan.

Staff support: induction, training, skills and experience

- Staff had completed various training courses specific to the people they supported. Additional training could be sourced by the provider if this improved the knowledge and support staff could provide.
- Staff were competent, knowledgeable and carried out their roles effectively. New staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care.
- Staff told us they were supported in their roles and received regular supervisions. One staff member told us, "I have supervision and work closely with the registered manager to ensure safe support."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The registered manager obtained the necessary detail about people's healthcare needs and had provided guidance to staff regarding what action to take if people became unwell.
- Staff had a good understanding about the current medical and health conditions of people they supported.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records contained evidence to demonstrate care planning was discussed and agreed with people. Consent documentation was in place and signed by the person receiving care or their relatives where this was necessary.
- People were not subject to restrictions. The registered manager understood when and how to apply if this was needed.

# 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 were supported by caring staff. People and relatives told us that staff were attentive.
- Staff had a compassionate approach and talked to us about people in a respectful and kind way. They knew people's communication needs well and were able to communicate effectively with them.
- Staff had a good understanding of protecting and respecting people's human rights. They told us about the importance of supporting people's different and diverse needs. Care records documented people's preferences and information about their backgrounds.

Respecting and promoting people's privacy, dignity and independence

- A relative told us staff respected their loved one's privacy and dignity and consent was sought before staff carried out any support tasks. People told us they were always treated with respect and felt comfortable in the care of staff supporting them.
- Staff gave examples of how they respected people's privacy and promoted their independence. A staff member said, "I encourage [person] to do as much as they can for themselves and be as independent as possible."

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

- The registered manager and staff team supported people with decision making. The registered manager said, "We are holding a review soon for [person] and we will ensure their voice is heard and this will dictate their revised care plan."
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

# 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; End of life care and support

- Care records were person-centred and individualised documents reflected each person's assessment of needs. Care plans included people's personal care needs including nutritional support, social interests and communication needs. Staff were able to describe people's needs and how these were met.
- The registered manager and staff team ensured support was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.
- People's end of life wishes could be recorded in care files if they chose to discuss this.

Meeting people's communication needs; Improving care quality in response to complaints or concerns  
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 and support required was documented.
- The provider could produce information in different formats or languages if required. For example, the complaints procedure could be made available in an easy-read format.
- The complaints procedure was shared with people when they started using the service. People and relatives were confident any complaints would be listened to and acted upon in an open and transparent way.

# 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.

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

- The registered manager understood their legal obligations, including conditions of CQC registration and those of other organisations. They were in the process of updating us with their new office address.
- People spoke positively about how the service was managed. The registered manager was accessible and had a good understanding of people's needs and backgrounds.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- The registered manager demonstrated appropriate knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary. Staff confirmed they were clear about their role and between them and the registered manager provided a well-managed and consistent service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted an open culture and encouraged people to provide their views about how the service was run. People's views were currently gathered over the telephone and at care reviews due to the size of the service. Future plans to gather feedback included issuing surveys and holding regular meetings.
- People received safe and coordinated care. There was good partnership working with relevant healthcare and social care professionals. This ensured people consistently received the support they needed and expected.
- Staff contributed to the way the service was run through their supervisions.

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

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The provider had systems in place to ensure the quality of service was regularly assessed and monitored. The service had a wide range of audits such as medication and care records.

