

## GMS Carers

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### 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

GMS Carers is a domiciliary care service registered to provide personal care to people with learning disabilities. The service supports four people living together in a house which they rent under a shared tenancy agreement.

There was a registered manager at the service. 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.

At the last inspection, the service was rated Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People supported by GMS Carers told us they felt safe and staff provided them with the support they needed.

Staff were aware of their responsibilities in keeping people safe.

Policies and procedures for the safe management of medicines were in place.

There were robust recruitment procedures in operation to promote people's safety.

Staff were provided with relevant training and supervision so they had the skills they needed to undertake their role.

People receiving support said staff were nice and kind.

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 care plans contained relevant person-centred detail to inform staff. The support plans had been reviewed to ensure they were up to date.

People said they could talk to the staff and registered manager if they had any worries.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# GMS Carers

## 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.

This inspection took place on 14 January 2018. The registered provider was given 48 hours' notice because the location provides a domiciliary care service for adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Neither had received any information of concern regarding the service.

During the inspection we spoke with the registered manager, the business manager and two care workers. We spoke with the four people receiving support, two people at their shared home and two people at their day service. We also spoke with one person's personal assistant and one social care professional to obtain their views. We looked at two people's care plans, two staff personnel files and other information relating to the running of the service.

# Is the service safe?

## Our findings

People told us they liked living at their shared tenancy. Comments included, "It's nice," "I like them all [staff]" and "I am safe here."

All staff confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. This meant staff understood their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

We checked to see if medicines were being safely administered. We found there was a policy on safe handling of medicines in place to inform staff.

We checked three people's medication administration records (MAR). These had been fully completed. The medicines stored corresponded to the medicines recorded on the three people's MAR checked. Some people were prescribed medicines to be taken on an 'as and when needed' (PRN) basis, for example, pain relief. Whilst staff were aware of the circumstances when the PRN medication was required, no written protocols were in place to make sure this information was available. We discussed this with the business manager who developed written protocols and forwarded a copy of these the day following this inspection. This meant full information was available so that safe procedures were adhered to.

At the time of this inspection, no people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. The registered manager was aware of the storage and administration requirements should CD's be required in the future.

Training records showed staff who administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us senior staff observed them administering medicines to check their competency. We saw regular audits of people's MAR were undertaken to look for gaps or errors and we saw records of medicines audits, which had been undertaken to make sure full and safe procedures had been adhered to.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked two staff recruitment records. They contained all the information required by legislation. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We checked to see if enough staff were deployed. There were four people who received care and support

from GMS Carers. People were provided with an allocated number of hours each week for one to one support. At other times there was one member of staff supporting all four people. In total the registered manager, the business manager and three care workers were employed. During the night a care worker 'slept in' so there was always someone available to assist people. The staff rota showed there was consistently enough staff on duty to keep people safe and allow them to lead a full and meaningful life.

We looked at two people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. For example, one person had a specific health condition and risk assessments were in place to address this. We found risk assessments had been reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We found policies for infection control were in place so that important information was provided to staff. Staff were provided with equipment, including gloves and aprons, to ensure they could provide care safely.

Records seen confirmed the registered manager monitored records of accidents and incidents so that any trends or patterns could be identified and acted upon and action plans were put in place to reduce the risk of them happening again.

We found each person had a personal emergency evacuation plan for staff to follow in case of emergency. This showed that people's safety was promoted.

## Is the service effective?

### Our findings

People receiving support spoke highly of the staff. They said care workers knew them and supported them well. One person told us, "The staff are great, they know me." Another person said, "They [staff] support me. It's good."

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to the registered manager at any time. Staff were knowledgeable about their responsibilities and role. Staff confirmed they had been provided with an appraisal within the last 12 months.

We found the service had policies on induction and training to inform practice. We saw staff had a rolling programme of training which included covering all the mandatory subjects such as, moving and handling, fire training, food hygiene and care planning. Staff had also completed additional training in subjects such as epilepsy awareness and end of life care. This helped to ensure people who used the service experienced the best quality of life and staff had appropriate skills and knowledge to support people.

The two care plans checked showed people were provided with support from a range of health professionals to maintain their health. These included GPs, falls team, speech and language therapists, opticians and dentists. The records contained clear details of people's health needs and how these were supported. Where people had specific health conditions, the care plan included information on the condition to inform staff. They showed the registered provider had contacted relevant health care specialists for advice so that appropriate support was provided. For example, one person had a specific health condition and the registered provider had sought advice prior to providing specialist equipment to reduce identified risk. This showed that people's health was looked after and promoted.

We found people were supported to enjoy a balanced diet in line with their preferences. Each person was supported to make choices, which meant they could eat foods that were to their specific tastes and which met their cultural needs. Staff had a good awareness of people's varying needs. We saw staff asking people their choices and respecting these.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA, so staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and they had choices. One person told us, "They [staff] always ask me about things." The care plans we checked all held signed agreements to evidence their consent. In addition, daily 'talk time' took place for the four people in the shared tenancy, so that people could talk about what was important to them and staff could share information. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

The support workers spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

# Is the service caring?

## Our findings

People told us they liked the staff. They said staff were respectful and kind. Comments included, "I like it here. I do things I like. The staff are nice," "It's all right here because of the staff. I get on with them. I get support living here. I go out with [name of staff] sometimes and they always ask what I want to do" and "They [staff] are my friends. They are good."

In questionnaires returned within the month prior to this inspection, relatives said they felt their family member was well cared for. Written responses included, "[Family member] is very happy with the care they receive from GMS carers, and if they are happy, so is their family," "GMS carers go above and beyond the call of duty for [name of family member] and all the [people receiving support] at [shared tenancy.] They are caring, compassionate, but also very professional," "We are satisfied that [name of family member] is being looked after very well. I have no faults with GMS carers," "We are happy with the care provided by GMS. We feel that people in the house are respected and have quality of life" and "GMS provide fantastic support to [family member.] GMS listen to my [family member]. They are respectful and treat them as an individual. GMS always keep me informed on all aspects of [family member's] life."

Two social care professionals spoken with told us, "GMS carers do a wonderful job. The people that live in the house are all happy when they attend day services. All the staff at GMS carers are friendly and approachable and are very good at communicating with us anything that we need to know" and "The staff here are very good, a small family that really care. [Name of person supported] really likes it here. I have no worries or concerns. The staff are kind and always involve people, ask them their choices."

We spoke with care workers about people's preferences and needs. Staff described good relationships with the people they supported. They were aware of people's history, interests and what was important to them. This showed support staff knew the people they supported well.

During our inspection, we spent time observing interactions between staff and people receiving support. We saw frequent and friendly interactions, shared laughter and mutual respect. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff who were kind, patient and respectful. We saw staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

The provider had a privacy and dignity policy which described people's rights and how staff should promote privacy and dignity. For example, it explained this was the person's home and anyone entering the home must respect this. Staff told us they had received training in privacy, dignity and confidentiality. Staff we spoke with could describe how they promoted dignity and respect. For example, treating people how you would want to be treated, supporting by encouragement, respecting people's choices and not sharing private information. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

The care plans seen contained information about the person's identified needs, preferred name, their history, mental health, hobbies, preferences and how people would like their care and support to be delivered. It was clear from the plans that people receiving support, or their representatives, had been involved in and consulted about writing their care plan. This showed people had been involved in discussions about support and important information was available so staff could act on this.

All four people who used the service had people who advocated for them on their behalf. These were either family members or healthcare professionals. People spoken with told us they had someone to go to if they needed help or advice.

## Is the service responsive?

### Our findings

People receiving support told us they got the help they needed and they could talk to staff if they had any concerns. One person told us, "I can talk to staff if I am worried about things."

The two care plans checked were specific to the individual and person centred. They contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified needs, interests, hobbies, likes and dislikes so that these could be respected. The plans detailed what was important to the person, and gave clear details of the actions required of staff to make sure people's specific needs were met.

All staff were responsible for making sure care plans and risk assessments were up to date. Care plans were reviewed each year (or sooner if required) and people's relatives, friends and healthcare professionals were involved in the reviews. Entries in people's care plans showed their care and support needs were being reviewed and updated regularly.

We found the service was responsive to people's changing needs. For example, specialist equipment had been identified as needed to minimise risk, and specific training had been provided to staff by health care professionals to support people's changing needs.

As people who used the service went out on most days, care plans were focussed around making sure care and support was provided to people in a timely manner so they would be ready for their social activities and work commitments.

We found 'Data Processing Forms' (DPFs) were completed by staff and people using the service. They documented any issues or positive information raised by the person themselves or others involved in their care. A copy of the DPF was given to the person so they could keep referring to it and remember any discussions.

People who used the service were also supported by staff from other agencies. We saw GMS Carers had introduced a daily note book for each person. Staff from other agencies could write information about how the person was whilst in their care, what they had eaten or purchased etc. This helped to ensure the person was provided with consistent care and support and that the transition between services was safe.

Each person was allocated a number of hours each week, when they were provided with individual support from one member of staff (one to one time). Each person had a development plan which detailed the person's choices, aims and goals for the next year. People had included going on holiday, seeing a family member or learning a new skill. Some of their one to one time was spent fulfilling their goals. People spoke happily of their one to one time and described their future plans, such as trips out and holidays, which they were looking forward to.

People told us they took part in lots of social activities which included walking, going to the cinema,

shopping and crafts. They also attended day centre's where they painted and did craft work.

The provider had a complaints policy and procedure. The policy gave details about who people could complain to, how their complaint would be dealt with and what timescale they should expect a response. They were no outstanding complaints about the service.

We saw people had a copy of the complaints policy in their care file. Everyone we spoke with said they could go to the staff and talk to them if they had any worries or concerns. One person told us "I've not got any worries but I can talk to (named all staff) if I had. Yes, I feel safe here."

Staff had been provided with training on end of life care so that they had the skills and knowledge to provide support at this sensitive time should this be required.

## Is the service well-led?

### Our findings

The manager was registered with CQC. 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.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager and business manager. Staff told us there was always a good atmosphere at the service. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "We are a small team, a family. We all support each other. I could go to the manager about anything" and "The manager is very good, a part of the team."

We saw an inclusive culture at the service. Staff spoken with were fully aware of their roles and responsibilities and the lines of accountability within the service. All staff said they were part of a good team and could contribute and felt listened to. All the staff spoken with felt communication was good and they could obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff told us they enjoyed their jobs and all the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work. Comments included, "We are a good team and we all pull together. We are like a family," "The best thing about GMS carers is trust, you are trusted by the managers and the service users" and "The manager is great. I love working here."

People using the service also spoke positively about the registered manager. Comments included, "[Name of registered manager] is nice" and "She is good."

Staff told us and records showed staff meetings took place to share information.

People who used the service also met with staff to discuss such things as menu's and activities. Every two months the 'Jaunty Journal' newsletter was sent out to people their relatives, day services and work places. This showed what had been happening in the house with photographs of activities and information about upcoming events.

Discussions with staff and review of records showed that representatives from a variety of health and social care professionals were actively involved in supporting people. For example, social workers, day centre workers and hospital consultants. This showed partnership working was promoted by the service.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. We saw that checks and audits had been made by the registered provider and registered manager. These included medication, care plans and health and safety audits.

As part of the services quality assurance procedures, surveys had been sent to people using the service, staff and visiting professionals. We found the results had been audited and a report and action plan compiled from this so that information could be shared with interested parties.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.