

GPS Care Services Ltd

# GPS Care Services

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

GPS Care Services is a domiciliary care agency which means staff go into people's own homes to provide care and support. 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. At the time of the inspection there were seven people using the service.

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

People and a relative told us they were happy with the care and support they received. However, the service was not managed in a manner which promoted safe care. Quality checks were completed infrequently, and records relating to people and staff were disorganised or in many cases not present. Staff were not always safely recruited and appropriately supported by the management team to carry out the duties they were employed to perform. People's needs were not always identified through a robust assessment of needs and care plans lacked detail, which meant staff did not have access to clear information about how to support people in a person-centred way. People's health and safety risks were not consistently identified by the provider and measures to reduce such risks were not explored or implemented. People's care plans were not being regularly reviewed to ensure they reflected their wishes, feelings or changing needs.

Most people received their medicines as prescribed. However, we found a number of record keeping issues and people's medicine support plans lacked the detail necessary to facilitate safe administration.

People consistently told us staff were kind and they received support from the same core group of staff, which promoted good continuity of care. People praised the registered manager and told us they benefitted from a 'hands on' approach to managing their concerns or queries. However, not all practical steps to empower people to be more in control of their care had been taken, such as ensuring everyone had access to a copy of their care plan or giving people regular opportunities to review their care.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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 17/12/2020 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines, managing risk, assessment of people's needs and care planning, recruitment, staff training and support, and the provider's systems of governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

# GPS Care Services

## 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 two inspectors.

#### 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 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

The inspection was unannounced.

Inspection activity started on 6 January 2022 and ended on 3 February 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. 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.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care assistant and four care staff. The registered manager is also the nominated individual, referred to as the 'provider' in this

report.

We reviewed a range of records. This included three people's care records. We looked at seven staff files in relation to recruitment and staff support. 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 and what actions they had taken in relation to feedback.

# 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 inadequate. This meant people were not always safe and were at risk of avoidable harm.

### Staffing and recruitment

- Recruitment practices were not safe. There were systemic failings with the provider's recruitment processes, which meant we were not confident all staff had received appropriate background checks as required by law. For example, we saw key checks were missing, such as checks to DBS, or references from a recent employer. It is essential providers ensure all recruitment processes are followed to promote safer recruitment decisions.

We found no evidence that people had been harmed. However, the provider had failed to operate effective recruitment procedures to ensure all persons employed were suitable for the purposes of carrying on a regulated activity. This placed people at an increased risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff employed to ensure people's needs were met. People and a relative told us they received support from the same core group of staff, which promoted good continuity of care.
- We received feedback staff mostly arrived on time, and the office team would usually call ahead to let people know if calls schedules were expected to change. A relative told us how this negatively impacted a person's evening routine as staff would put them to bed early if they arrived early.

### Assessing risk, safety monitoring and management

- Risks relating to people's health and safety were not effectively managed. Risk assessments were frequently not in place even though there were occasions where there was a clear need to explore risk and mitigation through further assessment. For example, we saw one person who had a history of falls and had mobility needs, but there was no risk assessment or mobility plan in place.
- Care records held in people's own homes were not person-centred, which meant staff did not have access to clear information on how support people safely. The office held slightly more information about people's care needs, but as this information was not freely available for staff to access in people's own homes, we were not assured risks were being effectively managed. For example, we visited two people who received care in their own homes, and we saw there was no care plans or risks assessment for staff to access.

We found no evidence that people had been harmed. However, the provider's failure to assess the risks to the health and safety of all people receiving care or treatment and to do all that is reasonably practicable to mitigate any such risks placed people at an increased risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our concerns about the provider's risk management practices, the feedback obtained from people and their relatives about the care they received was mostly positive. People commented they felt safe in the company of staff.
- The provider's systems for monitoring whether care was delivered in line with people's support plans was not robust. Staff told us when daily records and administration records were returned to the office for archiving these were checked. However, we found checks were completed infrequently.

#### Using medicines safely

- The provider's systems which promoted safe medicines management were not always operated effectively, which placed people at an increased risk of medicine-related harm. For example, the provider was not consistently risk assessing people to ensure all medicine-related risks were known and mitigated against.
- People's medicine support needs were not always identified because in many cases a robust assessment of their needs had not taken place. Staff did not always have access to essential information to facilitate safe administration, such as the name of the medication, dose, time and administration route.
- People's medicine support plans lacked detail, which meant their needs or preferences were not always known by staff and therefore less likely to be followed.
- Records of administration were mostly accurate and up to date; however, we received information staff occasionally assisted one person with their medicines despite it being recorded in their care file they were to self-medicate. There were no records of staff supporting this person with their medicines.

We found no evidence that people had been harmed. However, the provider had failed to ensure the proper and safe management of medicines. This placed people at an increased risk of medicine-related harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our concerns about how medicines were managed, most people we spoke with told us they received their medicines as prescribed. The registered manager assured CQC they will address our feedback.

#### Preventing and controlling infection

- Systems and processes were in place for controlling the risk of infection spreading. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures.

#### Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place for reporting and investigating potential abuse. At the time of inspection there were no recorded accidents, incidents or safeguarding concerns. People who used the service told us they felt safe when receiving support from staff.
- We saw a policy on safeguarding vulnerable adults was in place and the management team were clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.



# 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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- The provider's processes for assessing people's needs was not robust. We found the provider did not complete an assessment of people's needs before they started receiving care from the service.
- Care planning was not effective and did not support staff to provide person-centred care. Care plans were not always in place. Where care plans were in place, they were stored at the provider's office and not in people's own homes for staff to access with ease. Information held in people's homes resembled a 'task list' and provided bullet points with brief details about the care they required. For example, one person's task list directed staff to 'provide a meal' but did not give any detail about their dietary requirements, likes or dislikes.
- As pre-admission assessment processes were not robust, we had concerns with the overall quality of people's care plans held in the provider's office.

We found no evidence that people had been harmed. However, the provider had failed to ensure all people had received a robust assessment of their needs and preferences. This placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had not received appropriate induction and training to prepare them for their role. Records showed most staff had not received a full program of training or an induction at the start of their employment.
- The registered manager told us they provided some staff training internally on medicines, moving and handling, and catheter care. However, we found trainers did not have the skills or qualifications to train staff in these areas.
- Staff had not received regular supervisions in line with the provider's policies and procedures. In addition, staff who had been employed with the provider for longer than a year had not received an annual appraisal.

We found no evidence that people had been harmed. However, the provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff provided effective support for people who received support with eating and drinking. However, the lack of clear information about people's eating and drinking preferences placed people at increased risk of

not receiving support in a person-centred way.

- People spoke positively about the meal support they received. People also said they were always offered a choice of meal.

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

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- People were encouraged to maintain good health and well-being, and the service supported people to attend medical appointments.

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 provider's processes in regard to identifying and supporting people who may lack the mental capacity to make decisions for themselves was not robust. For example, pre-assessment documentation did not address people's mental capacity to consent to their care and support arrangements. In addition, people's care plans did not refer to their ability to make decisions for themselves.
- Staff demonstrated a practical awareness of the need to gain consent before providing care.

# Is the service caring?

## Our findings

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider had not taken all reasonable steps to support people to take control of their care and support. For example, most people were not provided with a service user guide or a copy of their care plan, which meant they did not have access to clear information about the care they received.
- People and their relatives told us they had been involved in decisions about their own care and support delivery. However, these discussions were not always clearly evidenced in people's care records or care reviews.
- People we spoke with all confirmed they were treated with dignity and had their privacy respected.

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

- People and their relatives were complimentary around the caring nature of staff and how they felt respected.
- Through talking to staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

# 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 requires improvement. This meant people's needs were not always met.

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

- People's care plans lacked person-centred detail to guide staff.
- People's care plans were not always reviewed at the frequency as set out in the provider's policies and procedures. This meant people's care records were less likely to reflect their current support needs.
- Despite a lack of person-centred information in people's care plans to guide staff, all staff we spoke with said they knew people and their families well and therefore were still able to provide person-centred care. This was reflected in feedback we received from people and their relatives.

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.

- Due to a lack of a robust pre-admission assessment process, we were not confident the service was consistently identifying people who fell within the scope of AIS so that information could be presented according to their assessed needs.

Improving care quality in response to complaints or concerns

- We were satisfied the provider had followed their complaints policy for the one recorded complaint.
- People told us they felt comfortable speaking to the provider if they needed to raise a concern. One person said they speak to the provider every other day, so any concerns about their care were always acted on quickly.

End of life care and support

- At the time of our inspection, the provider was not supporting anyone who required end of life care. The provider told us they had systems in place to document a person's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process.

# 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 inadequate. This meant there were widespread and significant shortfalls in service leadership.

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

- The provider's systems to monitor the quality and safety of the service had not always been effective at meeting requirements in regulation or identifying the same shortfalls found at inspection. In addition, there were instances where the provider had failed to establish robust quality assurance systems which were necessary to monitor fundamental aspects of care. For example, the provider had no system for checking accuracy and quality of people's care records.
- Records relating to staff and people were disorganised and not easily accessible to authorised personnel. For example, when we asked to view staff files, we observed office staff trying to sort through a pile of paperwork as some staff records were mixed together. Staff told us they had received training, induction and supervision; however, we saw no record of this. People's records held in the office did not reflect what was held in people's own homes. During the inspection we encountered difficulties accessing key records as the provider told us their system was down or records were held on their home computer.
- The provider was not always following their own policies and procedures in regard to service delivery. This meant we were not confident the provider was consistently following processes which were good practice or required by law.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each person who received care; and, failed to maintain securely other such records as is necessary for persons employed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback about the service was positive, which assured us our findings had not impacted people's care. The provider understood the service needed to improve and demonstrated they were committed to addressing areas of concern.

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

- The provider understood their responsibilities to notify CQC of certain incidents or events.
- The provider's engagement practices did not robustly promote an improvement culture at the service. For

example, the lack of recorded discussions or meetings between staff and managers showed staff had limited opportunities to talk about the service. As referenced under the key question 'caring', people did not receive reviews of their care. We saw one person out of the seven had been asked to complete a feedback questionnaire.

- Although engagement practices needed to improve, people benefitted from a more 'hands on' approach from the provider when it came to listening to and acting on feedback. It was clear from discussions with people they were happy with the care from GPS Care Services and spoke positively of the provider.

Working in partnership with others

- The provider had links with key organisations to the benefit of people who used the service and to help with the development of the service.