

G & P Healthcare Limited

# G&P Healthcare Limited

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

G&P Healthcare Limited is a domiciliary care service delivering care and support to people in their own homes. It delivers services to adults, children and young people.

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.

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

Everyone complimented and highly praised the staff team and gave examples of the outstanding care that was delivered. One relative said, "The staff really seem to understand, it is more than a job for them, they are handpicked" and "The staff are great with the whole family. I was terrified about having people in the house but as well as being great carers my kids love them too."

People were extremely well-cared for. Staff knew the people they were supporting very well and care was provided with exceptional patience and kindness. The service went to great lengths to ensure people's privacy and dignity were always respected.

Staff were highly trained, knowledgeable and passionate about the service giving people the very best experience they could. People told us they were highly appreciative of the support provided to them. A relative commented, "Their communication round the rota and the staff being so well trained are the best points. I didn't think I would ever cope with [Name] being out of hospital and having carers looking after them, but it is brilliant, it works really well."

Robust systems were in place to ensure care was extremely person-centred and to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the registered managers. Staff consistently told us, "It's the best care organisation I've worked for." A professional commented, "I deal with a few care firms with my clients and I have never come across another one as good as this."

Care was completely centred and tailored to each individual. Risk assessments were in place and they identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks, including for positive risk taking.

The service was very flexible and adapted to people's changing needs and desires, enabling positive outcomes for all people. Records were very well-personalised, up-to-date and accurately reflected people's care and support needs. Effective systems were in place to identify what each person wanted to achieve, and how best to support them to do this. There was clear evidence of collaborative working and excellent communication with other professionals to help meet people's needs.

People were encouraged and supported to lead as fulfilled a life as possible. People were supported to foster their dreams and aspirations. There were several examples where staff had really gone the extra mile and supported people in different aspects of their lives.

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.

Staffing capacity was sufficient and staff deployment was effective to ensure people's needs were met in a safe, timely and consistent way. Systems were in place for people to receive their medicines in a safe way.

People, relatives and staff were very confident about approaching the registered managers if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development.

Strong processes were in place to manage and respond to complaints and concerns. The registered manager and management team undertook a range of audits to check on the quality of care provided.

Staff were encouraged to continue their professional development in order to progress and provide the best outcomes for people. Staff demonstrated that they really understood the importance and benefits of providing person-centred care.

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

#### Rating at last inspection

The last rating for this service was Outstanding (published 20 March 2020).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for G&P Healthcare Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# G&P Healthcare 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, a medicines inspector and one Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 two managers registered with the Care Quality Commission, one responsible for adult care and one responsible for paediatric care. 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it was a smaller service operating during the pandemic 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 16 August by reviewing documentary evidence, speaking with relatives and staff. We visited the office location on the 9 November 2021 and reviewed further evidence up until 16 November 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

Not everyone who used the service, communicated verbally or wished to speak on the telephone, therefore we spoke with seven relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, team leader and four support workers.

We reviewed a range of records. This included five people's care records and five medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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

- People were cared for safely and the systems and processes in place protected them from the risk of abuse.
- Staff had received safeguarding children and adults training and knew how to raise any concerns.
- Relatives told us people were safe with staff support and trusted staff. One relative commented, "I felt guilty not watching [Name] overnight, but now I can switch off and have a rest, knowing that they are totally safe with the staff."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks.
- Risk assessments included environmental risks and any risks due to the health and support needs of the person.
- Systems were in place to help ensure people and staff received support in the event of an emergency. An on-call service was available when the office was closed.

Learning lessons when things go wrong

- Learning from accidents and incidents was shared with the staff to raise awareness and promote safer working practices.
- Any accidents or incidents were recorded and monitored. Reports were analysed, to look for trends, enabling any safety concerns to be acted upon.

Using medicines safely

- Medicines were managed safely.
- Medicine administration records assured us medicines were given as prescribed. They contained supplementary information to guide staff in what the medicines were prescribed for.
- Medicines risk assessments were in place, with medicines care plans that were detailed and person specific.
- The service worked with people to promote self- administration where possible.

Staffing and recruitment

- There were sufficient staff to support people. Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met consistently. One professional said, "It is good for [Name] to have the same faces as they get to know them, and it helps if [Name] knows them."

- Relatives said staff were reliable, arrived as arranged and stayed for their allocated time. One relative commented, "We always know which member of the staff are coming at least two weeks in advance" and, "We have a package of the same staff all the time. There has been little turnover of staff which has been great."
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. Relatives and people were involved in the recruitment process.

#### Preventing and controlling infection

- Systems were in place to reduce the spread of infection.
- Staff were trained and regularly updated with best practice infection control and prevention procedures.
- Staff were equipped with Personal Protective Equipment (PPE) which included masks and gloves and spot checks were completed to ensure it was being used correctly. One relative told us, "All the staff wear the right PPE and amazingly when the whole country didn't have any the manager had foreseen the situation and staff had enough to wear and make sure their clients were safe."

# 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

- Before people received care, a detailed assessment took place to check if people's needs could be met.
- Assessments included information about people's medical conditions and other aspects of their daily lives. A relative told us, "In the past other people/care agencies have found [Name] and their equipment daunting but the carers and manager just get on with it, they get it right they have a complete understanding of [Name] and their needs."
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs. Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a better quality of life.

Staff support: induction, training, skills and experience

- Staff followed a comprehensive training programme to develop their knowledge and skills. One professional commented, "The manager understands they need trained staff that work in specialised needs." One relative told us, "The staff are fully trained, they are very knowledgeable, it is such a comfort to me."
- Staff completed an intensive induction programme at the start of their employment including shadowing regular staff members to learn about their role. One relative told us, "We have a care package with the same staff all the time. If a new member of staff is ever needed, then the new person comes in and shadows the existing for quite a while before they do a shift by themselves."

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

- People were supported to maintain their health and well-being.
- Care plans were in place to promote and support people's health. Staff supported people with accessing other health services when needed.
- Where people needed assistance, staff alerted a health care professional or family member if they had concerns. A relative told us, "They [staff] would let us know and they would call an ambulance" and "Staff are very good communicators, they let us know if there has been a problem in the night or how [Name] has slept."
- The service worked alongside local community and medical services to support people and maintain their health. A healthcare professional commented, "The standard of communication is excellent, they keep us up-to-date with the patient's situation, report issues or concerns immediately, work closely with patients, families and other professionals."
- Staff made sure people were supported if needed, by arranging assessments for specialist equipment that

might enhance their lives. A professional commented, "Staff will make a referral for equipment and sort out appointments."

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

- People were supported with their food and drink where needed.
- Care plans described people's eating and drinking needs and food likes and dislikes.
- Staff followed guidance provided by healthcare professionals for any specialist nutritional needs. A professional told us, "[Name] likes sweet things so staff help them choose healthy choices as well as cake." Staff supported a more dependent person to move from a pureed diet, to a less restrictive diet with speech and language therapy intervention. The team worked with the person and they have an interest in food again.

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.

- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately. Records were available to show where lasting power of attorney (LPA) was in place. LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

# 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 outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were very well-supported and treated with dignity and respect.
- We received consistently positive feedback about the caring nature of the service and staff's empathetic approach. Relatives constantly referred to the trust, kindness, understanding and sensitivity to people's individual needs as reasons why they felt the service was exceptional. One relative told us, "I never wanted people in my house I didn't think I could cope, I struggled a long time by myself, but when the manager came in they just put me at ease straight away, I can't tell you enough without sounding gushing how amazing the staff are."
- Staff promoted an exceptionally strong person-centred culture where people were at the heart of the service and were committed to ensuring they received the best possible support. One relative commented, "This is totally more than a job, this is a company where staff go completely above and beyond."
- Staff worked sensitively and compassionately with people and people trusted the staff who supported them. Staff were aware of and had an in-depth understanding of people's needs, anxieties and aspirations. They established consistent and trusting relationships with people which enabled people to relax with the support provided. There were several examples of where staff had gone 'the extra mile' to provide exceptionally caring and compassionate support and worked with people to improve their well-being and quality of life. Examples included, supplying a Motability car for a person, who was having trouble rearranging their own, so they could get out during lockdown. The relative said, "The manager just sorted us a suitable car that I could use for my family so we could just get out and about, just for drives but it kept us going."
- Carers provided additional support to families and sometimes travelled hundreds of miles to provide support on family and social occasions so people could attend and be part of events and family members could relax. Carers supported a person to become more independent and engaged, to leave the house to go to restaurants, concerts and to meet with friends.

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

- Every effort was made to ensure people were supported to express their views so that staff understood their preferences, wishes and choices, including where people may not communicate well verbally. Staff purchased virtual assistive technology for a person, it helped them have some independence rather than relying upon staff to control the radio. It enabled them to access things they enjoyed such as music and the news.
- Regular meetings took place with people and their representative to discuss their care and support needs which also included discussion about their future plans and aspirations.

- Bespoke communication methods were used to help people be involved in their care. A professional told us, "With this client there are cultural differences so their family sometimes see things in maybe a different way to how we may do things in our culture, they also do not speak any English. Staff support the person and have also built a relationship with their family. They use private interpreters and the family are very grateful, they are always saying thank you."
- Care plans were exceptionally detailed with a consistently high degree of personalisation and provided staff with an excellent guide to understanding each person, including people who may not communicate verbally.
- People received their care and support from a service which was entirely flexible and able to respond to individual requests and changes. A professional commented, "We have meetings about my client, and I am always so impressed about how positively open to new ideas they are."

#### Respecting and promoting people's privacy, dignity and independence

- There was a very strong culture of empowering people. Detailed and personalised care records documented how people's independence and autonomy were to be promoted and to ensure they were at the centre of all care they received. A relative told us, "They made such a change in [Name] and they also did lots of things for me, little things but what a difference they make."
- Staff fully understood the importance of people maintaining their independence and the benefits it had for their well-being. For example, one relative told us, "Staff get [Name] to do some chopping and they supervise them using a knife."
- Staff were extremely proud of their caring approach towards people and believed strongly in the values of the service. A staff member told us, "We are trained to put people first."

# 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

- Care was personalised and responsive to people's individual needs.
- Staff supported people with some complex physical needs, including acquired brain injuries, tracheostomy care and mechanical ventilation for breathing. Care was delivered by a team of staff who knew people extremely well.
- The provider employed nursing staff who were involved in carrying out assessments of people's health care needs and ensuring staff received the necessary training and guidance to meet people's care and support needs so they could remain in their own home.
- People and relatives were involved in the development of their care plans. Regular individual meetings took place to discuss their care and support needs which also included discussion about their plans for the future and their aspirations. One relative commented, "We have regular medicines reviews and care reviews, I go to lots of meetings."

End of life care and support

- At the time of the inspection no person was receiving end of life care but records showed this aspect of people's care had been considered and promoted within the service.
- Peoples' care records contained information about their religion and cultural wishes, so their needs could be met at this important time.

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.

- Information was accessible and made available in a way to promote the involvement of the person. The registered manager was aware of the accessible communication standards and gave examples for its use.
- People's care records gave guidance about how they communicated. Information showed that people made their needs known verbally or through body language and facial expressions. One relative commented, "[Name] is non-verbal but they love the staff's company, on the nights they don't work they really miss them, [Name] does not sleep nearly as well."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place with a system of regular monitoring to improve the quality of care provision.

- Relatives were very confident that any complaints made would be fully investigated and responded to.

# 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 Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service was exceptionally well-led. The organisation achieved 'Highly Commended' at the Great British care awards July 2020. This was awarded due to commitment to outstanding care, training of staff and comments made by people using the service.
- The registered managers led by example to create a culture which was incredibly caring and supportive to people who used the service and staff. A relative told us, "They are just wonderful, I don't know what more I can say to enhance their already excellent reputation."
- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people who were referred to the service. A relative commented, "I thought I knew everything there was to know about [Name], and no one could look after them like me. Then the manager came along with these carers and they have taught me things, they have educated me."
- Arrangements were in place to ensure people were central to the processes of care planning, assessment and delivery of care. A relative commented, "The manager is quite extraordinary, they work a two week shift in each job to know everything that a person needs from a carer, that way they can find the right carers for them. They take full responsibility for the company and it pays dividends."
- The management team were committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice. A professional told us, "They use consistent staff and they are very proactive in getting a multi-specialised learning disability needs trained team of staff together."
- Relatives told us communication was very effective from the office staff and with staff who supported them. A relative told us, "We have a full discussion at handover every day." (Sharing of information between staff and relative.)

Continuous learning and improving care; Working in partnership with others

- There was a strong focus on continuous learning and improvement and keeping up-to-date with best practice to ensure people's needs could be met. There were several examples of "good news" stories, as demonstrated in the report, where staff had worked in partnership with other social and health care professionals to ensure people received care appropriate to their needs and to enable them to enjoy a better quality of life.
- Management were fully committed to provider forums and events at a local and national level. They attended the Royal College of Nursing meetings keeping themselves updated on the latest legislation and

also sharing best practice, to ensure people received quality care. The management team took part in a recent Nursing and Midwifery Council consultation for specialist qualifications for social care nurses. Staff members have now started on the programme, which will assist in health care assessments for people being referred to the service. One of the registered managers was part of the pilot for the new manager's course with Skills for Care and the King's Fund and they attended the year long course, to obtain additional management and leadership skills.

- The service have an excellent record of being a role model for other providers. They work in conjunction with external professionals to improve services for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The ethos, vision and values of the service were led by the provider and registered manager. Relatives and staff told us the registered managers and management team were very approachable. One relative said, "I'd give the service provision more than 10/10. The registered manager is absolutely approachable. They are always looking for ways to improve."

- Staff shared the vision of the service to provide person-centred care and to put people first. All relatives commented very positively about support they received. One relative told us, "It feels like the staff really care, they always buy [Name] birthday presents and things, they don't have to do that, but it really is lovely."

- The registered manager worked well to ensure the effective day-to-day running of the service and had clear arrangements in place to cover any staff absences.

- Spot checks took place to gather people's views and to observe staff supporting people. A relative commented, "The manager comes out regularly and checks that everything is running smoothly."

- People received their care from a service that continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision.

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

- People had been engaged with throughout the pandemic to check their well-being and ensure their needs continued to be met. The registered manager had introduced additional initiatives for people and staff during this difficult time. Examples included, extra telephone calls to people, to keep in touch, 'goody' bags and hampers for staff to keep up morale. A relative told us, "During lockdown, I feel guilty saying it, people were complaining that they didn't see people, we were lucky we saw people every day, as staff were coming in to support [Name], it was great, it really helped us as a family."

- People and relatives told us communication was very effective. Communication was achieved in several ways, including via newsletters, email, telephone and home visits.

- The registered manager had considered how people, relatives and staff were meaningfully involved in making decisions about how the service was designed and run. Regular surveys were carried out with people, relatives and staff to collect their views. Newsletters detailed the results and action that had been taken as a result of people's feedback.